# Form 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private **foundation:** 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.

Jepan Freast	tment o 1ry	of the					2115pection
nter	o Pene	2021v	alendar year, or tax year beginning 06-27-2021 , and ending 06-25-2022	2			
		pplicable: change	C Name of organization EVERGREEN GOODWILL		D Employe	er identif	ication number
	ame ch	-	OF NORTHWEST WASHINGTON		91-056	8708	
	iitial ret nal	turn	Doing business as				
retur	rn/termi	inated d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	·e	E Telephone	e number	
		on pendin	700 DEADBORN DI ACE C		(206) 3	329-100	00
			City or town, state or province, country, and ZIP or foreign postal code				
			SEATTLE, WA 98144		<b>G</b> Gross rec	eipts \$ 17	7,874,600
			F Name and address of principal officer:  DARYL CAMPBELL		his a group re ordinates?	turn for	☐ Yes ☑ No
			700 DEARBORN PLACE S	H(b) Are	all subordina	tes	Yes No
r Ta	ıx-exer	mpt status	SEATTLE, WA 98144  5: ▼ 501(c)(3)		uded? No." attach a	list. See	e instructions.
			/ERGREENGOODWILL.ORG		up exemption		
, vv	ebsit	.e: ► E	PERGREENGOODWILL.ORG				
<b>∢</b> For	m of o	rganizatio	n: 🔽 Corporation 🗌 Trust 🦳 Association 🦳 Other 🕨	L Year of for	mation: 1923	M State of WA	of legal domicile:
		C				•••	
Р	art I		nmary escribe the organization's mission or most significant activities:				
	E	EVERGR	EEN GOODWILL OF NORTHWEST WASHINGTON IS A NONPROFIT (				
			NG AND BASIC EDUCATION TO INDIVIDUALS EXPERIENCING SIGN UNITY. OUR THRIFT STORE OPERATION IS AN INTEGRAL PART OF				
Ce			AINING AND FUNDING FOR TRAINING AND EDUCATION PROGRAMS.				
<u>e</u>	<u> </u>	FOR MO	RE INFORMATION.				
le l	-						
o s	-						
Activities & Governance	2	Check t	this box $lacktriangle$ if the organization discontinued its operations or disposed o	f more tha	n 25% of its r	net asse	ts.
es	3	Number	of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$			3	17
Ĭ	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	1 6
ACI	5	Total n	umber of individuals employed in calendar year 2021 (Part V, line 2a) $\cdot$			5	3,123
	6	Total n	umber of volunteers (estimate if necessary)			6	110
	7a	Total u	nrelated business revenue from Part VIII, column (C), line 12 · · ·			7a	0
	b	Net unr	elated business taxable income from Form 990-T, Part I, line 11 • • •	<u> </u>		7b	0
				<b>Current Year</b>			
9			utions and grants (Part VIII, line 1h)		2,027,5		12,219,075
enne/			n service revenue (Part VIII, line 2g)		111,005,2		136,412,576
B <sub>e</sub>			nent income (Part VIII, column (A), lines 3, 4, and 7d ) · · · ·		1,827,9		500,304
			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		427,3		242,629 149,374,584
	+		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-	
			and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4)		1,326,9	0.2	746,409
20			s, other compensation, employee benefits (Part IX, column (A), lines 5–1	n) ———	69,196,6	06	83,944,182
Expenses			sional fundraising fees (Part IX, column (A), line 11e)		03/230/0	0	00,511,102
per			draising expenses (Part IX, column (D), line 25) 308,370				
Ф	17	Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		43,605,0	29	51,473,813
	18	Total e	xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		114,128,6	17	136,164,404
	19	Revenu	e less expenses. Subtract line 18 from line 12		1,159,5	29	13,210,180
Ces of				Beginn	ning of Current Year	t	End of Year
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)		118,642,5	1 2	114,694,353
AB GB			abilities (Part X, line 26)		51,838,09		40,588,767
FE			ets or fund balances. Subtract line 21 from line 20		66,804,4		74,105,586
Pa	art II		nature Block				
			perjury, I declare that I have examined this return, including accompany	ing schedu	les and state	ments, a	and to the best of
			l belief, it is true, correct, and complete. Declaration of preparer (other the knowledge.	an officer) i	is based on all	l informa	ation of which
лер	urer n				023-05-15		
Sign	า	Signa	ature of officer	D	ate		
Her	e		NGUYEN COO/CFO or print name and title				
		7 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Ţ	Print/Type preparer's name Preparer's signature Da 20	te 23-05-15		TIN 00183358	_
Pai		}	Firm's name CLARK NUBER PS	se	elf-employed irm's EIN • 91-1		
	par	<u> </u>					
Use	On	ıly	Firm's address ► 10900 NE 4TH STREET SUITE 1400	P	hone no. (425) 4	154-4919	
			BELLEVUE, WA 98004				

May the IRS discuss this return with the preparer shown above? (see instructions) •

Cat. No. 11282Y

Form	rm 990 (2021)		Page <b>2</b>
Pa	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III $\cdot$ .		🔽
1	Briefly describe the organization's mission:		
	DODWILL PROVIDES QUALITY, EFFECTIVE EMPLOYMENT TRAINING AND BASIC ED GNIFICANT BARRIERS TO ECONOMIC OPPORTUNITY. BECAUSE JOBS CHANGE LIV		S EXPERIENCING
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 program	
	services?		Yes V No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three large expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the and the total expenses, and revenue, if any, for each program service reported.		
4a	a (Code: ) (Expenses \$ 117,457,409 including grants of \$	) (Revenue \$	134,761,576 )
	RETAIL PROGRAM:WE CONTINUE TO SEE STRONG COMMUNITY NEED FOR OUR BRICK AND MORTAR RE SELL QUALITY, VALUE PRICED MATERIAL GOODS SUCH AS; CLOTHING, HOUSEHOLD GOODS AND BOOKS OF DONATED GOODS; PROVIDING MUCH NEEDED VALUE TO OUR CUSTOMERS, TRAINING, EDUCATION MULTIPLE BARRIERS TO EMPLOYMENT AND THE ENVIRONMENTAL BENEFIT OF KEEPING THESE ITEMS OF	S. WE PROCESSED, SOLD AND RECYC AND EMPLOYMENT OPPORTUNITIES	CLED OVER 39,000 TONS
4b	<b>b</b> (Code: ) (Expenses \$ 9,577,470 including grants of \$	746,409 ) (Revenue \$	1,651,000 )
40	JOB TRAINING AND EDUCATION: EVERGREEN GOODWILL ENROLLS PEOPLE IN A VARIETY OF INSTRUCTIC PARTNERSHIP WITH OTHER ORGANIZATIONS, ONE-ON-ONE SERVICES, ADULT BASIC EDUCATION CLASS PROGRAMS. STUDENT ENROLLMENT IN OUR FREE JOB TRAINING AND EDUCATION CLASSES TOTALED 4 EMPLOYMENT SPECIALISTS PROVIDE JOB SEARCH AND RETENTION SERVICES WHICH HELPED 488 STUDENTS ENTER COLLEGE OR TECHNICAL TRAINING INSTITUTIONS AND ASSISTED 601 EARN THEIR C INITIATIVES.	ON AND TRAINING SETTINGS, INCLU SES AND INTENSIVE BUSINESS SECT 1,012. AS STUDENTS BECOME READ DENTS FIND EMPLOYMENT. WE ASSI	IDING WORKSHOPS IN OR TRAINING Y TO WORK, OUR STED 175 OF OUR
4c	c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4d		(Davanua d	
_		(Revenue \$	)
<u>4e</u>	Total program service expenses ► 127,034,879		Form <b>990</b> (2021)

Form	990 (2021)			Page :
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥌	2	Yes	
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		No
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	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments,	10		No

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Yes

Yes

Yes

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Form 990 (2021)

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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18

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20a

20b

21

Yes

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 🐯 . . . . . . . . . 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 🐿 . . . . . . . . . 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 🥦 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែងរនិទាំ១៩៥នា និទ្ធាទាខែង និងកែន dependent audited financial statements for the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . . 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 . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

VIII, IX, or X, as applicable.

15

16

17

m 990 (2021)					
art IV Checklist of Required Schedules (continued)					
		Yes	No		
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Yes			

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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 . . . . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or sayables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

 $\overline{\mathsf{Did}}$  the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

អ៊ីត៉េ<sup>ក្</sup>ពីទី៩ 6ម្បានអន្តែម៉ាស៊ីកិត្តមួយថា Me, terminate, or dissolve and cease operations? *If "Yes," complete schedule N, Part I* 

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wasen Granditz เอก Chedule R. Part II, III, or IV,

**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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

Statements Regarding Other IRS Filings and Tax Compliance

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

and complete Schedule K. If "No," go to line 25a . . . . . . . . . . . . . . . .

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

24a 24b

24d

25a

25b

26

27

28a

28b

28c

30

31

32

33

34

35a

35h

36

37

250

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1a

1b

Yes

Yes

Form 990 (2021)

Yes

Yes

23

Yes 24c

Yes

Nο

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Nο

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

No

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes			
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account the name of the foreign country:	4a		No		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts					
	WAS the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No		
	<ul> <li>Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</li> <li>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gift</li> </ul>					
-	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	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	Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8				
•	sponsoring organization have excess business holdings at any time during the year?					
	<ul><li>Sponsoring organizations maintaining donor advised funds.</li><li>Did the sponsoring organization make any taxable distributions under section 4966?</li></ul>					
	Did the sponsoring organization make any taxable distributions under section 4700:  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			D.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?	14b 15		No		
16		16		No		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				

year by the following: **a** The governing body?

Section C. Disclosure

apply.

13

14

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ı u	Governance, Management, and Disclosure. For each Tes Tesponse to lines 2 till	ougn .	7 D DEIOW, al	nu ioi a iv	0 16	spuiis	e to illie	3
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI	le 0. S	ee instructi	ons.				
Se	ection A. Governing Body and Management							
							Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a			17			
	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b			16			

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 

Did the organization have members or stockholders? . . . . .

**b** Each committee with authority to act on behalf of the governing body?

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization have a written whistleblower policy? .

**b** Other officers or key employees of the organization . . . . .

List the states with which a copy of this Form 990 is required to be filed

**10a** Did the organization have local chapters, branches, or affiliates?

2

Νo

file the organization become aware during the year of a significant diversion of the organization's assets? . .

4

Nο Nο Nο Νo

Νo

Nο

No

Νo

6 7a

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

9

10a

10b

11a

12a

12b

13

14

15a

15b

16a

16b

Νo

Νo

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7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**b** Describe on 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 . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

interest policy, and financial statements available to the public during the tax year.

▶MAI NGUYEN 700 DEARBORN PLACE S SEATTLE, WA 98144 (206) 860-5709

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .

Did the organization make any significant changes to its governing documents since the prior Form 990 was

(17) MICHAEL SEKITS

DIRECTOR

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related	unles	ore th	nan rsor cer a or/t	not one n is and	both a	an	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and related organizations
(1) DARYL CAMPBELL	40.00	x		Х				410,012	0	17,836
PRESIDENT & CEO	1.00							·		
(2) TIM MYERS  CHAIR (FROM 3/2022)	1.00	Х		Х				0	0	0
(3) BRODERICK SMITH CHAIR (THRU 3/2022)	1.00	х		х				0	0	0
(4) AMELIA RANSOM PAST CHAIR/COMMITTEE CHAIR	1.00	х		х				0	0	0
(5) SCOTT F WILSON TREASURER/COMMITTEE CHAIR	1.00	х		х				0	0	0
(6) AMY HANSON SECRETARY	1.00	х		х				0	0	0
(7) WAYNE LAU COMMITTEE CHAIR	1.00	х						0	0	0
(8) SCOTT MISSALL DIRECTOR	1.00	х						0	0	0
(9) ERIK ARNOLD DIRECTOR	1.00	х						0	0	0
(10) CATHERINE GIBSON DIRECTOR	1.00	х						0	0	0
(11) JACQUELYN M HOWARD DIRECTOR	1.00	х						0	0	0
(12) LIBBY JOHNSON MCKEE DIRECTOR	1.00	х						0	0	0
(13) DR ROSIE RIMANDO-CHAREUNSAP DIRECTOR	1.00	х						0	0	0
(14) KERRI SCHROEDER DIRECTOR	1.00	х						0	0	0
(15) DERRYL E WILLIS DIRECTOR	1.00	х						0	0	0
(16) DAVE WRIGHT DIRECTOR	1.00	х						0	0	0
(17) MICHAEL SEVITS	1.00		-			<del>                                     </del>				

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

(A) Name and title	,	(B) Average hours per week (list ny hours for	more pers	than on is	one bot	no bo h a	t chec x, unlo n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount of compen from	nated of other isation the
		related ganizations elow dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organiz and re organiz	lated
(18) MAI NGUYEN		40.00			Х				288,499	0		10,947
COO/CFO	'											
(19) SUZANNE EBLING		40.00			х				232,476	0	ı	7,522
CHIEF PEOPLE OFFICER (20) DERIEONTAY SPARKS												
• • • • • • • • • • • • • • • • • • • •		40.00			Х				225,128	0	1	5,912
VICE PRESIDENT, RETAIL OPERATIO (21) EILEEN APARIS												
		40.00			Х				199,045	0	ı	248
(22) FIREDT FIGURE												
SR. DIRECTOR ASSET PROTECTION		40.00					Х		165,714	0		8,270
(23) BRENDA GLASGOW		40.00										
DIRECTOR OF IT							Х		164,368	0	1	5,058
(24) STEVEN JONES		40.00					Х		139,430	0		9,904
SR. DIRECTOR OF LOGISTICS		•					^		139,430			3,304
(25) BRENT FRERICHS		40.00					X		139,732	0		6,268
DIV. VE OF E-COMMERCE STRATEG	′											
(26) MICHAEL GREER		40.00					Х		128,143	0	J	6,124
DIRECTOR OF ACCOUNTING	'											
(27) BARBARA NABOR-GLASS		40.00						Х	108,752	0	1	5,119
FORMER OFFICER												
1b Sub-Total						)	•					•
c Total from continuation s	•	ection A .				)	-		2.224.222			
d Total (add lines 1b and 10	<u>:)</u>			•			-		2,201,299	0		83,208
Total number of individe \$100,000 of reportable	, -					bov	e) who	red	ceived more than			
											Yes	No
<b>3</b> Did the organization list on line 1a? <i>If "Yes," con</i>	·				y er	-		or h	ighest compensate			
4 For any individual listed	,							otho	or componention fr	· · · 3	Yes	
organization and relate individual	•								•	4	Yes	
				•	•	•				. =		
5 Did any person listed or services rendered to th			•						-	ndividual for 5	;	No
Section B. Independe	ent Contractors									<b>_</b>		
Complete this table for compensation from the	your five highest c	ompensated										
	(A) Name and busir								Descript	(B) ion of services	(C Comper	
AMAZON INC	Name and Dusii	icaa uuui ess							ONLINE FEES/S			2,935,360
410 TERRY AVENUE NORTH												
SEATTLE, WA 98109									CONSTRUCTO	N CONTRACTOR	-	664 DE2
FIRST ONSITE									ICON2 I KUC I I O	N CONTRACTOR	1 1	,664,053

(A)	(B)	(C)
Name and business address	Description of services	Compensat
AMAZON INC	ONLINE FEES/SHIPPING	2,935
410 TERRY AVENUE NORTH SEATTLE, WA 98109		
FIRST ONSITE	CONSTRUCTION CONTRACTOR	1,664
131 S DEARBORN 6TH FLOOR		

UPS MAIL INNOVATIONS ONLINE SHIPPING 1,639,459

F CHICAGO, IL 60603

28013 NETWORK PL CHICAGO, IL 60673

VANTIV

FEDEX

8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249

PO BOX 371461

PITTSBURGH, PA 60094 2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$  33

1,473,378

1,390,695

MERCHANT SERVICE FEES

ONLINE SHIPPING

	990 (2021)						Page <b>9</b>
Part	VIII Statement of Revenue  Check if Schedule O contains a resp	onse or note to a	any line in this Par	<del>-1</del> VIII			
	Check it Schedule O Contains a resp	onse of flote to a	(A) Total revenue	(B) Related exempt	or :	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections
Contr	butions, Gifts, Grants, and OtherAmt Simila	b M c F d R e G f Al al g N lin	lembership dues undraising events elated organizatio overnment grants (cor ll other contributions, on the similar amounts no bove oncash contributions in the similar and similar amounts are similar and similar amounts no bove oncash contributions in the similar and similar and similar amounts are similar and similar	ntributions) gifts, grants, t included	1a	93,500 398,099 10,021,629 1,705,847 35,820	512 - 514
		Business Code	otal. Add lines 1a-	-1f	· ·	>	12,219,075
	2a RETAIL & SALVAGE	453310	134,761,576	134,	761,576		
e Revenue	b JOB TRAIN. & EDUCATION	624310	1,651,000	1,	651,000		
Program Service Revenue	d						
Prog	f All other program service revenue.						
	<b>9 Total.</b> Add lines 2a-2f	136,412,576	1	T			T
	3 Investment income (including dividends, other 4។ Meda earnown is between the stax-exempt to the stax-exem		645,77	/4			645,774
	(i) Real	(ii) Personal					
	<b>6a</b> Gross rents <b>6a</b> 139,008						
	b Less: rental expenses 6b 0		_				
	expenses 6b 0  c Rental income or 6c 139,008  d (Ness) ental income or (loss)		139,00	98			139,008
	(i) Securities	(ii) Other ►					
	7a Gross amount from sales of assets other than inventory	68,715	5				
	b Less: cost or other basis and sales expenses 7b 28,346,917	38,255	5				
	c Gain or (loss) 7c -175,930	30,460	-145,47	20			-145,470
Other Revenue	d Net gain or (loss)	23,443					115,770
Seve.	<b>b</b> Less: direct expenses	114,844					
ē	c Net income or (loss) from fundraising e	vents	-91,40	01			-91,401
Oth	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b						
	c Net income or (loss) from gaming activ	ities 🕨					
	10a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b		-				
	c Net income or (loss) from sales of inver	ntory					
	Miscellaneous Revenue	Business Code					
	11a UNREDEEMED GIFT CARDS	900099	9 139,88	37			139,887
	b INSURANCE PROCEEDS	900099					25,545
	C REIMBURSEMENTS	900099	,,,,,				21,504
	d All other revenue e Total. Add lines 11a-11d		8,08	56			8,086
	12 Total revenue. See instructions		195,02				
	Total Total Oce matractions	•	149,374,58	136	,412,576		742,933

Form 990 (2021)				Page <b>1</b> (
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colum	ons All other organ	izations must comple	te column (A)
Check if Schedule O contains a response or note to			<u> </u>	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22	746,409	746,409		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,624,729	470,774	1,153,955	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,579,596	65,086,206	3,299,311	194,079
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	362,207	296,638	58,770	6,799
Other employee henefits	6,305,215	6,073,767	223,233	8,215
9 Other employee benefits	7,072,435	6,723,496	333,628	15,311
10 Payroll taxes	7,072,433	0,723,430	333,020	13,31.
11 Fees for services (non-employees):				
a Management	141,131		141,131	
<b>b</b> Legal	54,785		54,785	
c Accounting			•	
d Lobbying	12,000		12,000	
e Professional fundraising services. See Part IV, line 17				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	7,541,809	7,108,376	411,283	22,150
O)  12 Advertising and promotion	1,396,743	I	1,396,743	
13 Office expenses	5,574,886	5,466,064	90,817	18,00!
<u> </u>	1,565,440	1,272,078	290,094	3,26
14 Information technology	1,505,110	1,2,2,0,0	250,051	3,200
15 Royalties	11,578,883	11,533,691	44,904	28
<b>16</b> Occupancy		1,297,881	57,743	22,590
17 Travel	1,378,214	1,297,001	57,745	22,590
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	421,222	378,628	41,816	77
21 Payments to affiliates	167,513	167,484	29	
<b>22</b> Depreciation, depletion, and amortization	5,097,442	4,425,758	671,684	
23 Insurance	1,548,455	1,501,855	42,205	4,39
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 COST OF SALES	3,839,901	3,839,901		
b POSTAGE & SHIPPING	3,732,817	3,711,644	8,949	12,224
c DISPOSAL	3,066,326	3,063,297	3,029	
d REPAIRS AND MAINTENANCE	2,396,359	2,296,049	100,310	
e All other expenses	1,959,887	1,574,883	384,736	268
25 Total functional expenses. Add lines 1 through 24e	136,164,404	127,034,879	8,821,155	308,370
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).				

		(2021)			Page <b>11</b>
P	art X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part IX			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	5,175,987	1	6,155,827
	2	Savings and temporary cash investments	13,885,425	2	3,920,788
	3	Pledges and grants receivable, net	301,589	3	398,884
	4	Accounts receivable, net	1,907,196	4	515,155
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$		6	
50	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,126,887	8	3,726,376
Ass	9	Prepaid expenses and deferred charges	1,347,049	9	1,664,172
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 113,297,571			
	b	Less: accumulated depreciation 10b 59,452,779	53,241,761	10c	53,844,792
	11	Investments—publicly traded securities .	39,381,078	11	43,624,178
	12	Investments—other securities. See Part IV, line 11	0	12	500,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	275,540	15	344,181
	16	Total assets: Add lines 1 through 15 (must equal line 33)	118,642,512	16	114,694,353
	17	Accounts payable and accrued expenses	16,773,414	17	16,993,988
	18	Grants payable		18	
	19	Deferred revenue	6,000	19	0
	20	Tax-exempt bond liabilities	21,294,030	20	20,196,937
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
-10	22	· · · · · · · · · · · · · · · · · · ·		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	10,000,000	24	0
	25	Other liabilities (including federal income tax, payables to related third	3,764,648	25	3,397,842
	26	parties, and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25	51,838,092	26	40,588,767
S	20		01,000,002	20	40,300,707
ce		Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.			
Balances	27	Net assets without donor restrictions	66,348,489	27	73,920,884
Fund B	28	Net assets with donor restrictions	455,931	28	184,702
Ē		Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and			
9	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	66,804,420	32	74,105,586
2	33	Total liabilities and het assets/fund balances	118,642,512	33	114,694,353

**b** Were the organization's financial statements audited by an independent accountant? 2b Yes

Both consolidated and separate basis

2c

За

3b

Yes

Νo

Form 990 (2021)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in

Consolidated basis

basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O.

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special C	ondition Description:	
	Special Condition Description	

# (Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

## **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.

Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization

		ST WASHINGTON	91-0568708				
Pa	rt I	Reason for Public Charity Status (All organizations must complete this par	t.) See instructions.				
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1		A church, convention of churches, or association of churches described in <b>section 170(b)</b>	(1)(A)(i).				
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)					
3		A hospital or a cooperative hospital service organization described in $\mathbf{section}\ \mathbf{170(b)(1)}(\mathbf{A})$	ı)(iii).				

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public

described in **section 170(b)(1)(A)(vi).** (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or

university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the

organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the

supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is

not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally

integrated, or Type III non-functionally integrated supporting organization. 

Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2021 Form 990 or 990-EZ.

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6							
	Section B. Total Support						
	alendar year or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
		1		ı		I	

- Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through
  - 12
- 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . 14

Section C. Computation of Public Support Percentage

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . 15

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization  $\ldots\ldots\ldots\ldots\ldots\ldots$ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990) 2021 in any activity that is related to the organization's tax-exempt

Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

**6 Total.** Add lines 1 through 5 7a Amounts included on lines 1, 2,

c Add lines 7a and 7b. .

(or fiscal year beginning in)

June 30, 1975.

VI.).

15

16

17

18

20

11, and 12.).

c Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of

Section B. Total Support

Amounts from line 6. .

Gross income from interest, dividends, payments received on

Unrelated business taxable income (less section 511 taxes) from businesses acquired after

capital assets (Explain in Part

Total support. (Add lines 9, 10c,

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

securities loans, rents, royalties and income from similar sources

from line 6.)

Calendar year

10a

and 3 received from disqualified

**Public support.** (Subtract line 7c

**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

purpose

persons

586,282,739

609,215,685

457,365

457,365

608,758,320

609,215,685

4,343,013

4,343,013

1.110.592

614,669,290

99.040 %

99.030 %

0.710 %

0.710 %

Schedule A (Form 990) 2021

(f) Total

Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

123,862,691

103,651

103,651

123,862,691

903,100

903,100

144,403

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . .

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . .

Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

124,910,194

(a) 2017

(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do 3,270,373 2,548,892 2,867,019 2,027,587 12,219,075 not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services

performed, or facilities furnished 120,592,318

94,618,984

97,486,003

143,008

143,008

97,486,003

967,108

967,108

274,367

98,727,478

(c) 2019

111.005.260

113,032,847

37,062

37,062

113,032,847

666,766

666,766

302,762

114,002,375

(d) 2020

136,412,576

148,631,651

106,073

106,073

148,631,653

784,782

784,782

195,022

149,611,455

15

16

17

18

(e) 2021

123,653,601

126,202,493

67,571

67,571

126,202,493

1,021,257

1,021,257

194,038

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

127,417,788

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**(b)** 2018

22,932,946

(f) Total (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021

Section A. Public Support Calendar vear

II. If the organization fails to qualify under the tests listed below, please complete Part II.)

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**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

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.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

**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

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

2a

2b

3b Schedule A (Form 990) 2021

Page **5** 

11	. Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and below, the governing body of a supported organization?	11c				
	A family many have for a super described as 14a above 2					
b		detail in 116				
С	Part VI	detail iii 110				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, 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 year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restricted in any, applied to such powers during the tax year.	tax ed the appoint				
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
S	Section C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or					
	trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the suppor	rted 1				
_	Section 5.0 And Type III Supporting Organizations	rteu				
	Section D. Air Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification.	the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided	_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> h					
	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's incom					
	assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organ					
S	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructi	ons):			
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	<b>c</b> ☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	ent entity (see				
2	Activities Test. Answer lines 2a and 2b below.		Ves	No		

more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

a 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

Parent of Supported Organizations. Answer lines 3a and 3b below.

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of За each of the supported organizations? If "Yes" or "No", provide details in Part VI.
- its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

constituted substantially all of its activities.

- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of

Page **6** 

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for 1 short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

3

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

6 7 8 Current Year 1 2

3 4

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990) 2021

5

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

See instructions.

a Excess from 2017. . . . . **b** Excess from 2018. . . . . c Excess from 2019. . . **d** Excess from 2020. . . . . e Excess from 2021. . . . .

3j and 4c. 8 Breakdown of line 7:

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.

- If the amount is greater than zero, explain in  ${\it Part~VI}$
- 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
- 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) (2021)

Schedule A (Form 990) 2021	edule A (Form 990) 2021 Page <b>8</b>						
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).							
Facts And Circumstances Test							
Return Reference	Explanation						
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: \$ 29,888. 2018 AMOUNT: \$ 59,755. 2019 AMOUNT: \$ 208,842. 2020 AMOUNT: \$ 27,373. 2021 AMOUNT: \$ 7,120. RESTITUTION INCOME - 2017 AMOUNT: \$ 78,560. 2018 AMOUNT: \$ 91,041. 2019 AMOUNT: \$ 38,778. 2020 AMOUNT: \$ 10,094. 2021 AMOUNT: \$ 966. REIMBURSEMENTS - 2017 AMOUNT: \$ 35,955. 2018 AMOUNT: \$ 32,872. 2019 AMOUNT: \$ 26,747. 2020 AMOUNT: \$ 39,244. 2021 AMOUNT: \$ 21,504. UNREDEEMED GIFT CARDS - 2020 AMOUNT: \$ 126,051. 2021 AMOUNT: \$ 139,887. INSURANCE PROCEEDS - 2018 AMOUNT: \$ 10,370. 2020 AMOUNT: \$ 100,000. 2021 AMOUNT: \$ 25,545.						
	Schedule A (Form 990) 2021						

## SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,
- line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III.

EVERGREEN GOODWILL	Employer identification number
OF NORTHWEST WASHINGTON	91-0568708
Part I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.

# Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for

- definition of "political campaign activities." 2
  - Political campaign activity expenditures. See instructions .....
  - Volunteer hours for political campaign activities. See instructions ......

## Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 2

- Enter the amount of any excise tax incurred by organization managers under section 4955 ......
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes Was a correction made? .....
- If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 1

- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........
- Did the filing organization file Form 1120-POL for this year? ┌ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
- organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.
- (b) Address (c) EIN (d) Amount paid from filing organization's
- (a) Name (e) Amount of political contributions funds. If none, enter received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. 3

5

Sche	edule C (Form 990) 2021				Pa	ige <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No		moun	t
_	During the year, did the filing organization attempt to influence foreign, national, state or local					_
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			,
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?	Yes				12,000
j	Total. Add lines 1c through 1i					12,000
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	501(c)	(5), c	r		
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			· <u></u>		

2b **2**c

3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ...... 4 Taxable amount of lobbying and political expenditures. See Instructions ...... 5

Part IV **Supplemental Information** 

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation

TO ENGAGE A WASHINGTON STATE LOBBYIST. THIS LOBBYIST HELPS US BUILD STRONG RELATIONSHIPS WITH LEGISLATORS, MONITORS BILLS FOR POTENTIAL MISSION IMPACT, IDENTIFIES OPPORTUNITIES TO ADVANCE OUR MISSION THROUGH LEGISLATION AND PURSUES STATE FUNDING OPPORTUNITIES. LEGISLATION OF INTEREST WERE RELATED TO

PART II-B, LINE 1: EVERGREEN GOODWILL PARTNERS WITH OTHER WASHINGTON STATE GOODWILL AFFILIATES PRISON TO POSTSECONDARY EDUCATION, DIGITAL EQUITY, PROFESSIONAL LICENSURE FOR INDIVIDUALS WITH PREVIOUS CRIMINAL CONVICTIONS, VOTER ELIGIBILITY FOR FELONS, TANF ELIGIBILITY, SUICIDE PREVENTION SERVICES, PROPERTY TAX DEFERRAL DURING COVID, MEDICAL CARE FOR INCARCERATED INDIVIDUALS, CHILDCARE BENEFIT ELIGIBILITY,

## **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

OMB No. 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Department of the Treasury

terr	nal Revenue Service Go to www.irs.gov/For	m990 for instructions and the latest infor	mation. Inspection
EVE	i <b>me of the organization</b> ERGREEN GOODWILL NORTHWEST WASHINGTON		Employer identification number 91-0568708
Pā	Organizations Maintaining Donor A Complete if the organization answered		
	complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		• •
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
ı	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat	<u>-</u>	
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the doi impermissible private benefit?	I donor advisors in writing that grant funds nor or donor advisor, or for any other purpo	can be used only for se conferring
Pa	rt II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the o		historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a qualified conservation contribution in t	ne form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transfetax year	erred, released, extinguished, or terminated	d by the organization during the
1	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy regardin violations, and enforcement of the conservation eas		ling of
5	Staff and volunteer hours devoted to monitoring, ins year	specting, handling of violations, and enforci	ng conservation easements during the
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing co	onservation easements during the year
3	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?		tion 170(h)(4)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	
aı	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Other Similar Assets.
La	If the organization elected, as permitted under FASI of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot	B ASC 958, not to report in its revenue sta eld for public exhibition, education, or rese	arch in furtherance of public
b	If the organization elected, as permitted under FASI art, historical treasures, or other similar assets held provide the following amounts relating to these item	B ASC 958, to report in its revenue statement of public exhibition, education, or researce	ent and balance sheet works of
(	(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, his following amounts required to be reported under FA	torical treasures, or other similar assets for	· · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1 · ·	<u>*</u>	▶\$
b	Assets included in Form 990, Part X · · · · ·		
	Paperwork Reduction Act Notice, see the Instructions		

3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records	, check a	ny of the f	ollowing that	are a signific	ant use of its			
а	Public exhibition		d $ abla$	Loan or e	xchange prog	grams				
b	Scholarly research		е [	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they	further th	ne organizatio	on's exempt pu	irpose in			
	Part XIII.									
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes No			
Pa	rt IV Escrow and Custodial Arrang Complete if the organization ans Part X, line 21.		m 990,	Part IV, l	ine 9, or re	ported an ar	nount on Form 990,			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						Yes No			
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing t	able:		Am	ount			
c	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	unt liability?	Yes No			
	• • •									
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation	on has bee	n provided ir	n Part XIII				
Рā	<b>Endowment Funds.</b> Complete if the organization ans	wered "Yes" on For	m 990.	Part IV. I	ine 10.					
	complete if the organization and	(a) Current year	(b) Prior			(d) Three year	s back (e) Four years back			
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	ent year end balance	(line 1g,	column (a	)) held as:					
а										
b	Permanent endowment 🕨									
c	Term endowment									
2-	The percentages on lines 2a, 2b, and 2c sho	•	:		d - d:-:-:-	- d 6 bb -				
3a	Are there endowment funds not in the posse organization by:	ssion of the organizat	1011 tilat a	ire neid an	u aummistere	ed for the	Yes No			
	(i) Unrelated organizations						3a(i)			
	(ii) Related organizations						3a(ii)			
b	If "Yes" on 3a(ii), are the related organization	ons listed as required	on Sched	lule R?			3b			
4	Describe in Part XIII the intended uses of the	e organization's endo	wment f	ınds.						
Pa	rt VI Land, Buildings, and Equipme									
	Complete if the organization ans									
	Description of property  (a) Cost or othe (investment)		ouiei Dasis	(otner) (	c) Accumulated	uepreciation	(d) Book value			
1a	Land		13,	347,668			13,347,668			
	Buildings		36,	869,942		12,831,638	24,038,304			
	Leasehold improvements		20,	437,739		16,282,886	4,154,853			
d	Equipment		38,	295,432		27,515,304	10,780,128			

4,346,790

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

2,822,951

1,523,839

	(Form 990) 2021  Investments - Other Securities.				Page
	Complete if the organization answered "Yes" on Form 99  (a) Description of security or category	0, Part ( <b>b)</b> Bo			00, Part X, line 12. of valuation:
	(including name of security)	valu	e Cost	or end-of-	year market value
(2) Closely-	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 99	0, Part	IV, line 11c. Se	e Form 99	90, Part X, line 13.
	(a) Description of investment	,	(b) Book value	(c)	Method of valuation: end-of-year market value
(1)				0000	one or your marker value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990	, Part	IV, line 11d. See	e Form 990,	, Part X, line 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colur	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>b</b>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25.	, Part	IV, line 11e or 1	.1f.	
1.	(a) Description of liability				(b) Book value
(1) Federal (4)	income taxes				
(5)					
(6)					
(7)					
(8)					
(9)					
-	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	3,397,84
	or uncertain tax positions. In Part XIII, provide the text of the foc 's liability for uncertain tax positions under FIN 48 (ASC 740). Ch				statements that reports th

3 4

1

2

3

Part XIII

ADJUSTMENTS:

ADJUSTMENTS:

ADJUSTMENTS:

ADJUSTMENTS:

-5,875,447

-95,434

149,374,584

136,293,405

148,411

136,144,994

149,470,018

Page 4

Schedule D	(101111 990) 2021
Part XI	Reconciliatio

nciliation of Revenue per Audited Financial Statements With Revenue per Return.

1	Total revenue, gains, and other support per audited financial statements	1	143,594,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		

33,567

2e

3

4c

464,570

-95,434

-6,373,584 Net unrealized gains (losses) on investments . .

Donated services and use of facilities 2b

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

Recoveries of prior year grants . . 2c 2d

Other (Describe in Part XIII.)

Add lines 2a through 2d . . . . . .

Subtract line 2e from line 1 . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Prior year adjustments . . . . . .

Other losses . . . .

Other (Describe in Part XIII.)

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Other (Describe in Part XIII.)

Add lines 4a and 4b . .

Supplemental Information

Return Reference

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .

SPECIAL EVENT EXPENSES 114,844.

DONATED AUCTION ITEMS 19,410.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements . . . .

NET UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP 464,570.

SPECIAL EVENT EXPENSES -114,844. DONATED AUCTION ITEMS 19,410.

Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a

2b 2c

4a

4b

Explanation

4a

4b

2d

33,567 114,844

2e

3

19,410 4c 19,410 136,164,404 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

**SCHEDULE G** (Form 990)

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Cat. No. 50083H

2021 Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Inspection Employer identification number

Schedule G (Form 990) 2021

	RGREEN GOODWILL NORTHWEST WASHINGT	ON					91-056870	8
Pa				_	zation answered "Yes	" on Form	990, Part I\	/, line 17.
_		ers are not require			· · · · · · · · · · · · · · · · · · ·			
1	Indicate whether the orga	anization raised fund	ls throug	h any of	-			
а	Mail solicitations				e Solicitation of n	_	_	
ь	Internet and email so	licitations			f Solicitation of g	overnment	grants	
С	Phone solicitations				<b>g</b> Special fundrais	ing events		
d	☐ In-person solicitation	ıs						
2a b	Did the organization have or key employees listed i services? If "Yes," list the 10 highe to be compensated at lea	in Form 990, Part VĪ est paid individuals o	I) or ent or entitie	ity in co s (fundra	nnection with profession	al fundraisi	ng Ye	es No undraiser is
(	i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(or ret	unt paid to ained by) er listed in Il. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
1 0								
Tota	al							
	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

	edule G (Form 990) 2021				Page 2
Pa	rt II Fundraising Events. Comp more than \$15,000 of fundra events with gross receipts gr	ising event contribut			
	evente with groot receiped gr	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		GREATER THAN GOOD (event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue					
	1 Gross receipts	233,131	188,411		421,542
	2 Less: Contributions	218,175	179,924		398,099
	3 Gross income (line 1 minus line 2)	14,956			23,443
	4 Cash prizes				
60	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs		4,325		4,325
ad X	7 Food and beverages	2,322	21,606		23,928
act	8 Entertainment				
ă	9 Other direct expenses	55,763	30,828		86,591
	10 Direct expense summary. Add lines 4	through 9 in column (d	)		114,844
	11 Net income summary. Subtract line 19 11 III Gaming. Complete if the org				-91,401
Ра	\$15,000 on Form 990-EZ, lin		res on rolli 990, P	art IV, lille 19, or rep	orted more than
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
ã	1 Gross revenue				
sesue	2 Cash prizes				
EXP	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	<b>5</b> Other direct expenses	_	<u> </u>		
	<b>6</b> Volunteer labor	Yes%  No	☐ Yes%_ ☐ No	☐ Yes%	
	7 Direct expense summary. Add lines 2	through 5 in column (d	)		
	Net gaming income summary. Subtract	ct line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	ition conducts gaming a	ctivities		
a b	Is the organization licensed to conduct	gaming activities in eac	ch of these states? .		☐Yes ☐ No
10a b	Were any of the organization's gaming I If "Yes," explain:	icenses revoked, susper	nded or terminated durin	g the tax year?	☐Yes ☐ No

Sche	edule G (Form 990) 2021				Page 3
11	Does the organization conduct ga	ming activities with nonmen	nbers?		Yes No
12			or a member of a partnership or other entity		Yes No
13	Indicate the percentage of gamin	g activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the o	organization's gaming/special events books a	and rec	cords:
	Name -				
	Address				
15a	_		whom the organization receives gaming		Yes No
b	If "Yes," enter the amount of gam amount of gaming revenue retains		organization  \$ andand	d the	
C	If "Yes," enter name and address	. ,			
	Name Name				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	* \$			
	Description of services provided				
	bescription of services provided				
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions:				
а	•	r state law to make charitab	le distributions from the gaming proceeds to		
	retain the state gaming license?				☐Yes ☐No
b		•	tributed to other exempt organizations or sp	ent	
Par	in the organization's own exempt rt IV Supplemental Inform		r * \$ anations required by Part I, line 2b, co	Jumn	c (iii) and (v): and
Fal	Part III, lines 9, 9b, 10		, as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
Α.	dditional Data		Sched	ule G (F	Form 990) 2021
AC	untional Data				Return to Form
		Softwar	re ID:		

**Software Version:** 

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule T OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** EVERGREEN GOODWILL 91-0568708 OF NORTHWEST WASHINGTON **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ✓ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) cash (book, FMV, appraisal, noncash assistance or assistance arant or government assistance other) (1)(2) (3) (5) (6)(7) (8)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) 2021

(a) Type of grant or assistar	nce	(b) Number of recipients	f <b>(c)</b> Amoun cash gra			(e) Method of valuation (book,	on <b>(f)</b> Description of noncash assistance	
		recipients	casii gra	iiit iioiicasii assi	istalice	FMV, appraisal, other	.)	
(1) JILL JONES AWARDS	·	149		74,591	FMV	E A A T V	EDUCATION ASSISTANCE, ENERGY ASSISTANCE, HOUSING, MEDICAL/DENTAL ASSISTANCE, VISION ASSISTANCE, TRANSPORTATION ASSISTANCE, DOMESTIC VIOLENCE ASSISTANCE, FOOD HANDLER PERMIT.	
(2) YOUTH STIPEND		244	96,738					
(3) AWARDS & GRANTS		1226		548,916	FMV	н	CLOTHING, FURNITURE, BEDS & BEDDING, HOUSEHOLD ITEMS, AUTO GAS, FOOD, GIFT CARDS, TUITION ASSISTANCE & SUPPLIES.	
(4) GED EXAM FEES & CERTIFE EXAM FEES	FICATION	4 8		2,261	FMV	E	EXAM FEES.	
(5) TRANSIT PASSES & BUS T	ICKETS	316		23,903	FMV		TRANSPORTATION BACK AND FORTH FROM HOME TO JTE SITE.	
(5)								
(6)								
(7)								
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
Return Reference	ference Explanation							
PART I, LINE 2:	JILL JONES AWARDS: THIS FUND HOLDS BOARD DESIGNATED AND DONOR RESTRICTED FUNDS TO HELP CLIENTS WHO NEED EMERGENCY FINANCIAL ASSISTANCE, FOR EXAMPLE, TO PAY DELINQUENT RENT OR UTILITIES. THIS ASSISTANCE IS GOVERNED BY A FUND POLICY AND							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PAYMENTS ARE PAID DIRECTLY TO VENDORS, NOT THE CLIENT, AFTER RECEIVING APPROPRIATE DOCUMENTATION. STIPEND: EVERGREEN

SUPPORT ENABLES STUDENTS WITH TRANSPORTATION BARRIERS TO ATTEND TRAINING.

GOODWILL OF NORTHWEST WASHINGTON'S RETAIL/CUSTOMER SERVICE SECTOR TRAINING PROGRAM OFFERS STUDENTS A STIPEND TO THOSE WHO MAINTAIN ATTENDANCE STANDARDS, ESTABLISHED PER POLICY. THESE STIPENDS HELP STUDENTS STAY IN THE PROGRAM, AS MANY HAVE LITTLE OR NO INCOME. YOUTH STIPENDS: EVERGREEN GOODWILL'S THREE YOUTH PROGRAMS PROVIDE PARTICIPANTS WITH GENERAL AND INDUSTRY SPECIFIC JOB SKILLS TRAINING, COLLEGE PREPARATION, THE COMMUNITY SERVICE HOURS REQUIRED TO GRADUATE FROM HIGH SCHOOL, AND AN OPPORTUNITY TO BUILD THEIR TEAMWORK, LEADERSHIP, AND OTHER SOFT SKILLS. THESE PROGRAMS SERVE AT-RISK YOUTH AGES 15-24 WHO HAVE NOT COMPLETED HIGH SCHOOL OR ARE NOT WORKING. THE PROGRAMS RUN BETWEEN NINE MONTHS TO TWO |YEARS. PARTICIPANTS ARE PAID A STIPEND THAT IS DEPENDENT UPON THEIR ATTENDANCE, PARTICIPATION, AND PROGRESS. AWARDS & GRANTS: CASE MANAGEMENT SUPPORT SERVICES HELP STABILIZE THE LIVES OF OUR CLIENTS, THEREBY IMPROVING RETENTION AND OUTCOMES. AWARDS AND GRANTS REFLECT COSTS FOR ITEMS PURCHASED OR PROVIDED TO CLIENTS THROUGH CASE MANAGEMENT, SUCH AS FOOD, CLOTHING, PERSONAL, AND HOUSEHOLD ITEMS. EACH YEAR, A FEW STUDENTS WHO HAVE GRADUATED FROM EVERGREEN GOODWILL JOB TRAINING AND EDUCATION PROGRAMS ARE SELECTED, ACCORDING TO ESTABLISHED GUIDELINES, TO RECEIVE MARTIN SMITH MEMORIAL SCHOLARSHIPS TO ASSIST THE STUDENTS WITH THEIR FURTHER EDUCATION. GED EXAM FEES AND CERTIFICATION EXAM FEES: EVERGREEN GOODWILL PAYS EXAM FEES FOR CLIENTS PURSUING THEIR GED OR HIGH SCHOOL DIPLOMA. TRANSIT PASSES/BUS TICKETS: STUDENTS MAY RECEIVE LIMITED FINANCIAL ASSISTANCE TOWARDS BUS TRANSPORTATION TO AND FROM JOB TRAINING AND EDUCATION FACILITIES. THIS

## **Compensation Information** Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Name of the organization

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service **Employer identification number** EVERGREEN GOODWILL OF NORTHWEST WASHINGTON 91-0568708 Part I **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study

	in Part III	8		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
a b	The organization?	6a 6b		N o
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a b	The organization?	5a 5b		N o
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes"-to any-of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4b 4c	163	N o N o
4 a	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?	4a	Yes	
	Form 990 of other organizations  Approval by the board or compensation committee			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (C) Retirement (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (D) Nontaxable (E) Total of (F) and/or 1099-NEC and other benefits columns Compensation in deferred column (B) (B)(i)-(D)(i) Base (ii) (iii) Other compensation reported as compensation Bonus & reportable deferred on prior incentive compensation Form 990 compensation 1 DARYL CAMPBELL 340,917 (i) 69,095 0 11,500 6,336 427,848 0 PRESIDENT & CEO -----(ii) ----- - -----0 0 0 0 0 0 0 2MAI NGUYEN 241,214 47,285 0 10,456 491 0 (i) 299,446 COO/CFO ------ - - -(ii) 0 0 0 0 0 0 0 **3**SUZANNE EBLING 194,191 0 38,285 0 1,890 5,632 239,998 (i) CHIEF PEOPLE OFFICER ----- - ------- - -(ii) 0 0 0 0 0 0 0 **4**DERIEONTAY SPARKS 184,843 40,285 0 0 5,912 231,040 0 (i) VICE PRESIDENT, RETAIL OPERATIONS - - ------- - -(ii) 0 0 0 0 0 0 0 **5**EILEEN APARIS 166,760 32,285 0 0 248 199,293 0 (i) VICE PRESIDENT, MISSION ---------(ii) 0 0 0 0 0 0 0 **6**ELBERT FISH III 165,429 285 0 6,622 1,648 173,984 0 (i) SR. DIRECTOR ASSET PROTECTION - - - -- - - -- - ----------- - -(ii) 0 0 0 0 0 0 0 **7**BRENDA GLASGOW 164,083 (i) 285 0 0 5,058 169,426 0 DIRECTOR OF IT - - ------(ii) 0 0 0 0 0 0 0 8BARBARA NABOR-GLASS 108,752 0 0 0 5.119 113.871 0 (i) FORMER OFFICER - - - -(ii) 0 0 0 0 0 0 0

Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation

Page 3

Schedule J (Form 990) 2021

PART I, LINE 4A BARBARA NABORS-GLASS, SR. DIRECTOR DEI AND PEOPLE TALENT, RECEIVED THE FOLLOWING SEVERANCE PAYMENTS: 5/13/22 -\$38.461.53 6/07/22 - \$2.685.55 6/08/22 - \$5.923.07 SUZANNE EBLING, CHIEF PEOPLE OFFICER, RECEIVED THE FOLLOWING SEVERANCE PAYMENT: 5/13/22 - \$69,230.77

PART I, LINE 7 RETAIL MANAGEMENT BONUSES ARE BASED ON, AMONG OTHER FACTORS, ACHIEVING REVENUE AND NET INCOME GOALS, WHICH INCLUDES REVENUE AS PART OF THE EOUATION. BONUSES ARE CAPPED AT 1.5 TIMES THE TARGET BONUS BASED ON PERFORMANCE AGAINST ESTABLISHED KEY PERFORMANCE METRICS. TARGET BONUSES ARE SET AT OR BELOW 12% OF SALARY DEPENDING ON THE POSITION. VICE PRESIDENTS' BONUSES ARE BASED ON INDIVIDUAL AND TEAM PERFORMANCE, AND WHETHER OR NOT THE ORGANIZATION

MEETS THE BUDGETED CHANGE IN NET ASSETS AND CERTAIN MISSION OUTCOMES. BONUSES ARE CAPPED AT 20% OF SALARY. CEO BONUS IS CAPPED AT 20% OF SALARY AND IS PAID AT THE DISCRETION OF THE BOARD AS RECOMMENDED BY THE COMPENSATION COMMITTEE.

Schedule J (Form 990) 2021



Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part Ⅵ, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Department of the Treasury

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

Internal Revenue Service

Name of the organization

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

OMB No. 1545-0047

Schedule K (Form 990) 2021

**Open to Public** Inspection Employer identification number

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

EVERGREEN GOODWILL 91-0568708 OF NORTHWEST WASHINGTON **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) O n (i) Pool behalf of financing issuer Yes No Yes No Yes No WASHINGTON ECONOMIC 91-1493002 03-01-2017 25,447,825 REFINANCE EXISTING Χ FACILITY DEBT DEVELOPMENT FINANCE **AUTHORITY Proceeds** C D 5,177,864 3 25,447,825 5 6 7 Working capital expenditures from proceeds 10 25,447,825 11 12 2017 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 bonds (or, if issued prior to 2020, a current refunding issue)? Χ Were the bonds issued as part of an advance refunding issue of taxable 15 bonds (or, if issued prior to 2020, an advance refunding issue)? Χ . . . . . . Χ 16 Does the organization maintain adequate books and records to support the final allocation 17 Х

Cat. No. 50193E

Schedule K (Form 990) 2021

Part II	Private	Business	Use
---------	---------	----------	-----

				4		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which property financed by tax-exempt bonds?			Х						
2	Are there any lease arrangements that may result in private business use of financed property?	bond-		Х						
За	Are there any management or service contracts that may result in private bu bond-financed property?	isiness use of		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot counsel to review any management or service contracts relating to the financ									
С	Are there any research agreements that may result in private business use of financed property?	f bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government			0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %						
6	Total of lines 4 and 5			0 %						·
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds issued?			Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis . $\cdot$	posed of.								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?									
9	of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.									
Pai	t IV Arbitrage									
			<b>A</b>		В		Ç		D	
		Yes	No	Yes	No	,	Yes	No	Yes	No

Χ

Χ

Χ

Χ

Χ

	Re	juiations	sections	1.141-12	anu	1.14.	3-2:
E	Part IV	Arbit	rage				
1				rm 8038-T	•		
	Pen	alty in Lie	eu of Arbit	rage Reba	te? .		

2

а

b

c

filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

If "No" to line 1, did the following apply? . . . .

If "Yes" to line 2c, provide in Part  $V\!I$  the date the rebate computation was performed . . . . . Is the bond issue a variable rate issue? . . . .

Rebate not due yet? . . . . . .

Exception to rebate? . . . . . . .

7

Sche	edule K (Form 990) 2021								Page <b>3</b>
Pai	Part IV Arbitrage (Continued)								
			A		В		c	ľ	D
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х							

BANK OF AMERICA NA

d	Was the hedge superintegrated?	Х						
е	Was the hedge terminated?	Х						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X						
b	Name of provider							
С	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6	Were any gross proceeds invested beyond an available temporary period?	X						

616.6666700000 %

requirements of section 148? . . .

Has the organization established written procedures to monitor the

Term of hedge . . . . . . . . .

Part V Procedures To Undertake Corrective Action								
		A	E	3		С	I	D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions). Part VI Return Reference **Explanation** 

SCHEDULE K, PART IV, LINE 4C: THE AMOUNT REPORTED ON SCHEDULE K, PART IV, LINE 4C REPRESENTS THE EFFECTIVE PERIOD OF THE HEDGE. THE TERM OF THE SWAP FROM THE DATE OF EXECUTION WAS SEVEN YEARS.



Schedule L		Trai	nsactio	ns with In	terestec	l Persons	;			ОМІ	B No.	1545	-0047
(Form 990)	► Comple		28b, or 28	nswered "Yes" Sc, or Form 990- ach to Form 990	EZ, Part V, lir	ne 38a or 40b.	25a,	25b, 2	26, 27,		20	<b>2</b>	1
Department of the Treasu Internal Revenue Service	-	Go to <u>www.i</u>		o <u>rm990</u> for inst			rmati	on.		0		to Pu ectio	
Name of the orga							En	ploy	er iden	tificat			
OF NORTHWEST WAS							91	-056	8708				
	s Benefit Tr												
	te if the organi Name of disqua			on Form 990, Pa ( <b>b)</b> Relationship					Z, Pari Descr				d)
1 (-)					nd organizati			transac				_	cted?
												Yes	No
<b>2</b> Enter the am					Programme and the second second		<u> </u>						
Com <sub>l</sub> orga	ns to and/o plete if the orga nization reporte (b) Relationship with organization	nization ansv d an amount	vered "Yes on Form 9 ( <b>d)</b> Loan orga	on Form 990- 90, Part X, line to or from the anization?		1	(g) defa	) In ault?	Appi by bo comm	h) roved ard or nittee?	(i ag	i) Writ greem	ent?
			То	From			Yes	No	Yes	No	Yes		No
Total .				<u></u> >	, <b>\$</b>								
	nts or Assist												•
	plete if the or					1			1.				
(a) Name of in		Nelationship erested perso organizat	n and the		f assistance	(d) Type of	assi	stanc	e (€	e) Purp	ose o	f assi	stance
For Paperwork Redu	uction Act Notice	see the Instr	uctions for	Form 990 or 990	<b>)-F7</b> (:	at. No. 50056A				chedul	- I (F	00	0) 2021

(2) SUBSTANTIAL CONTRIBUTOR

(3) SUBSTANTIAL CONTRIBUTOR

(4) SUBSTANTIAL CONTRIBUTOR

(5) SUBSTANTIAL CONTRIBUTOR

(6) SUBSTANTIAL CONTRIBUTOR

**Return Reference** 

**Supplemental Information** 

Part IV

Part V

organization's revenues? Yes

Page 2

No

Nο

Νo

Nο

Nο

Nο

Νo

Schedule L (Form 990) 2021

IV Business Transactions In	-		
Complete if the organization	answered "Yes" on Fo	orm 990, Part IV, lir	ie 28a, 28b, or 28c.
(a) Name of interested person	(b) Relationship	(c) Amount of	(d) Description of tra

SUBSTANTIAL

CONTRIBUTOR

SUBSTANTIAL

CONTRIBUTOR

SUBSTANTIAL

CONTRIBUTOR

SUBSTANTIAL

CONTRIBUTOR

SUBSTANTIAL

CONTRIBUTOR

Provide additional information for responses to questions on Schedule L (see instructions).

transaction

497,091 SUPPLIES

1,346,843 ADVERTISING

218,900 TUKWILA STORE LANDLORD

210,675 MAINLY PACKAGING

394,347 FORKLIFT SERVICE &

EOUIPMENT

1,806,908 RETAIL AND PRODUCTION

SUPPLIES

SUPPLIES

**Explanation** 

	person and the organization	
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	

SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

VER	e of the organization GREEN GOODWILL				Employ	yer identifica	ation nu	mber	
	ORTHWEST WASHINGTON				91-05	68708			
Pā	rt I Types of Property		1						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin 1g		Method of oncash conti		_	ıts
	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	1	68	0 FMV				
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts								
	Other (AUCTION	Х	1	19,41	0 F M V				
25	► ITEMS)			15.72	0 5 4 1 /				
26	Other (TRANSIT ▶ PASS)	X	1	15,73	UFMV				
	Other ▶ ()								
	Other ► ( )								
	Number of Forms 8283 received by for which the organization complet				29				C
								Yes	No
30a	During the year, did the organizate it must hold for at least three yea exempt purposes for the entire ho	rs from the	date of the initial contribut						
							30a		Νo
b	If "Yes," describe the arrangemen	nt in Part II.							
31	Does the organization have a gift	•	. , ,	•			31	Yes	
	Does the organization hire or use contributions?				noncas	sh •	32a	Yes	
	If "Yes," describe in Part II.								
33	If the organization didn't report ar	n amount in	column (c) for a type of pr	operty for which column (	a) is ch	ескеа,			

describe in Part II.

Schedule M (Form 990) (2021)	Pag	ge <b>2</b>
organization is reportin	t <b>ion.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the g in Part I, column (b), the number of contributions, the number of items received, or a so complete this part for any additional information.	
Return Reference	Explanation	
PART I, COLUMN (B):	THE AMOUNTS REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE YEAR.	
·	AS PART OF EVERGREEN GOODWILL'S RETAIL PROGRAM, SOME DONATED MERCHANDISE, INCLUDING BOOKS, IS SOLD ONLINE THROUGH ENTITIES SUCH AS EBAY, SHOPGOODWILL.COM, AMAZON, ABEBOOKS, ALIBRIS AND HALF.COM.	
	Schedule M (Form 990) (202	21)

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization EVERGREEN GOODWILL OF NORTHWEST WASHINGTON

Employer identification number 91-0568708

Return Reference	Explanation
FORM 990, PART I, LINE 6	VOLUNTEER ACTIVITY, INCLUDING THE NUMBER OF VOLUNTEERS AND VOLUNTEER HOURS, IS TRACKED BY VOLUNTEER SUPERVISORS AND VOLUNTEERS ON A MONTHLY BASIS. VOLUNTEER SUPERVISORS SUBMIT VOLUNTEER DATA TO THE PHILANTHROPY DEPARTMENT TO BE TRACKED AND RECORDED IN OUR CONSTITUENT RELATIONSHIP MANAGEMENT (CRM) SYSTEM, DONOR PERFECT ONLINE. VOLUNTEERS IN OUR MISSION DEPARTMENT WHO VOLUNTEERS ON AN ONGOING BASIS COMPLETE ONLINE HOURS FORMS SUBMITTED DIRECTLY TO OUR DATABASE DPO. VOLUNTEERS IN OUR MISSION DEPARTMENT WHO VOLUNTEER ON AN ONGOING BASIS SUBMIT ONLINE HOURS FORMS WHICH ARE UPLOADED TO OUR DATABASE BY A MEMBER OF THE MISSION TEAM. MONTHLY REPORTS ARE GENERATED ON VOLUNTEER DATA. THE END OF FISCAL YEAR REPORT PROVIDES AN UNDUPLICATED NUMBER OF VOLUNTEERS FOR THE FISCAL YEAR. IN FY21/22, 110 VOLUNTEERS DONATED 3116.5 HOURS OF SERVICE. VOLUNTEERS ASSIST EVERGREEN GOODWILL IN A VARIETY OF WAYS, INCLUDING DIRECT SERVICE DELIVERY IN OUR JOB TRAINING AND EDUCATION CENTERS, ADMINISTRATIVE SUPPORT, AND SPECIAL EVENT SUPPORT. THE NUMBER OF VOLUNTEERS ALSO INCLUDES 16 UNCOMPENSATED MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART III, LINE 2	DIGITAL EQUITY: FOR OVER 12 YEARS, WE HAVE BEEN PROVIDING DIGITAL SKILLS TRAINING. NOW, WE ARE AUGMENTING OUR DIGITAL EQUITY WORK BY OFFERING HARDWARE, SOFTWARE, AND INTERNET CONNECTIVITY TO OUR COMMUNITIES. WE ARE ALSO EXPANDING EXISTING OFFERINGS TO ALLOW US TO REACH RURAL COMMUNITIES AND SOVEREIGN NATIONS THROUGH A MOBILE. REGIONAL APPROACH. THIS APPROACH WILL INCLIDE A NEW MOBILE TECHNOLOGY OLASSROOM SO GOODWILL CAN OFFER CLASSES AND WORKSHOPS TO PARTINERS WITH LIMITED CLASSROOM SO GOODWILL CAN OFFER CLASSES AND WORKSHOPS TO PARTINERS WITH LIMITED CLASSROOM SO GOODWILL CAN OFFER TECHNOLOGY TO OFFER TRAINING TO STUDENTS INDERNO CENTERS ARE PILOTING HAS PROJECTED. THE STUDENTS HIS FISCAL YEAR, INCLUDING: HYBRID CLASSROOMS: SKAGIT AND WHATCOM CENTERS ARE PILOTING HAS BUPPORTS: SKAGIT AND SONHOMISH CENTERS ARE PILOTING A NEW ONLINE TOOL CALLED NORTH-STAR TO HELP ASSESS STUDENTS DIGITAL SKILLS. THE WANAGEMENT TEAM IS RESEARCHING LEARNING MANAGEMENT SYSTEM (MAS) TOOLS AND WILL BE RECOMMENDING A PLATFORM FOR USE IN RISCAL YEAR 2021. THE DIGITAL EQUITY TEAM CONTINUES TO PROVIDE TRAINING TO SUPPORT SINGH FOR SUPPORTS SKIRT AND SHAPPORT INSTRUCTORS WHO ARE QUICKLY LEARNING HOW TO NAVIGATE ONLINE CLASSROOMS AND HYBRID CLASSROOMS. IN ADDITION, THE ORGANIZATION CONTINUES TO SUPPORT SISTEM (LAS) TOOLS AND WILL BE RECOMMENDING A PLATFORM FOR USE IN RISCAL YEAR 2021. THE DIGITAL EQUITY TEAM CONTINUES TO PROVIDE TRAINING TO SUPPORT INSTRUCTORS WHO ARE QUICKLY LEARNING HOW TO NAVIGATE ONLINE CLASSROOMS AND HYBRID CLASSROOMS. IN ADDITION, THE ORGANIZATION CONTINUES TO SUPPORT STUDENTS BY LENDING DIGITAL DEVICES FOR CLASSES. TECHNOLOGY DISTRIBUTION ON EXAMINATION OF SUPPORT STUDENTS BY LENDING DIGITAL DEVICES CONTINUES TO SUPPORT STUDENTS BY LENDING DIGITAL DEVICES CONTINUES TO SUPPORT STUDENTS BY LENDING DIGITAL DEVICES CONTINUES TO SUPPORT FOR CARBON STUDENTS SHAP AND ADDITION. THE PROVIDED STUDENTS HAVE AND ADDITION. THE PROVIDED STUDENTS BY LENDING STUDENTS THROUGH DIGITAL PROVIDED STUDENTS HAVE AND ADDITION. THE PROVIDED

Return Reference	Explanation
	COMPLETE THE PROGRAM AND ENTER EMPLOYMENT. THESE INCLUDE THINGS LIKE CAR REPAIR, FOOD AND GAS ASSISTANCE, AND RENTAL ASSISTANCE. MANY PACT STUDENTS FROM LAST FISCAL YEAR, REMAIN IN JOB SEARCH. VOLUNTEER PROGRAM EXPANSION AT GOODWILL, WE HELP PEOPLE WHO ARE FACING BARRIERS CREATED BY DISCRIMINATION AND DISADVANTAGE CONNECT TO OPPORTUNITIES THAT ALLOW THEM TO THRIVE IN WORK AND LIFE. WE INVITE COMMUNITY MEMBERS TO HELP US EXPAND AND DELIVER OUR MISSION BY SHARING THEIR TIME, EXPERIENCE, AND EXPERTISE WITH STUDENTS SERVED BY OUR REGIONAL TRAINING CENTERS IN KING, KITSAP, SKAGIT, SNOHOMISH AND WHATCOM COUNTIES. WE ALSO HOST STUDENTS FROM OUR TRAINING CENTERS AND OTHER EDUCATIONAL INSTITUTIONS WHO VOLUNTEER AS PART OF THEIR ACADEMIC AND JOB TRAINING REGIMEN. VOLUNTEERS INVEST THEIR TIME SUPPORTING OUR MISSION BY ASSISTING WITH JOB TRAINING CLASSES, WORKSHOPS, AND PROGRAMS AND BY REPRESENTING GOODWILL OUT IN THE COMMUNITY. VOLUNTEERS WORK DIRECTLY WITH STUDENTS BY SUPPORTING CLASSWORK, MENTORING, AND ASSISTING WITH EDUCATION AND TRAINING GOALS. SOME VOLUNTEERS ALSO ENJOY DOING OUTREACH ABOUT GOODWILL'S MISSION AND SPEAK FORMALLY AND INFORMALLY THROUGHOUT OUR COMMUNITIES. GOODWILL STAFF PROVIDE INFORMATION, GUIDANCE, AND SUPPORT, SO OUR VOLUNTEERS ARE READY TO HELP US TELL OUR STORY.
FORM 990, PART VI, SECTION B, LINE 11B	EVERGREEN GOODWILL ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990 FROM INPUT AND DATA PROVIDED BY THE CHIEF FINANCIAL OFFICER AND ACCOUNTING DIRECTOR. A DRAFT FORM IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND ACCOUNTING DIRECTOR FOR ACCURACY BEFORE A FINAL FORM 990 IS PRODUCED. THE FINAL FORM 990 IS THEN PROVIDED TO ALL BOARD MEMBERS APPROXIMATELY ONE WEEK BEFORE THE FORM 990 IS FILED WITH THE IRS. AS PER IRS GUIDANCE, THE BOARD MEMBERS ARE NOT REQUIRED TO APPROVE THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO THE BOARD OF DIRECTORS, OFFICERS, MANAGERS AND THE ACCOUNTING STAFF. COMMUNICATION IS MADE ABOUT THE IMPORTANCE OF DISCLOSURE OF ANY REAL OR POTENTIAL CONFLICTS OF INTEREST SO THAT THEY CAN BE APPROPRIATELY MANAGED. EACH NEW BOARD MEMBER IS ALSO PROVIDED THIS SAME FORM AND INFORMATION. STAFF HAVE BEEN TRAINED ON OUR ETHICS POLICIES. CLEAR PROCEDURES ARE ESTABLISHED FOR THE ANONYMOUS REPORTING OF ETHICS VIOLATIONS THROUGH A 1-800 REPORTING SERVICE OR DIRECTLY TO THE COMPLIANCE OFFICER OR CHAIR OF THE BOARD FINANCE AND AUDIT COMMITTEE. EACH YEAR, THE COMPLIANCE OFFICER MAKES A REPORT TO THE FINANCE AND AUDIT COMMITTEE OF THE BOARD AND TO THE FULL BOARD OF DIRECTORS ON COMPLIANCE POLICY MATTERS, INCLUDING A SUMMARY OF CONFLICT OF INTEREST FORM DISCLOSURES. THE COMPLIANCE OFFICER REVIEWS CONFLICT OF INTEREST FORMS AND IF A POTENTIAL CONFLICT OF INTEREST EXISTS, STEPS ARE TAKEN TO REMOVE THE PERSON FROM DECISIONS THAT WOULD TRIGGER AN ACTUAL CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A	CEO COMPENSATION IS ESTABLISHED BY THE COMPENSATION COMMITTEE OF THE BOARD OF INDEPENDENT DIRECTORS. USING COMPETITIVE SALARY SURVEYS AND CONSIDERING ORGANIZATION AND INDIVIDUAL PERFORMANCE, THE COMPENSATION COMMITTEE REPORTS ITS RECOMMENDATION TO THE BOARD ANNUALLY BEFORE CHANGES ARE MADE TO THE CEO COMPENSATION. THE VP POSITIONS ARE APPROVED BY THE BOARD, BUT THE VP COMPENSATION IS ESTABLISHED BY THE CEO, ALSO CONSIDERING INDIVIDUAL PERFORMANCE AND COMPETITIVE SALARY SURVEYS. THE COMPENSATION COMMITTEE RECEIVES A REPORT OF THE VP COMPENSATION AT THE SAME TIME IT CONSIDERS CEO COMPENSATION EACH YEAR. THE LAST COMPENSATION REVIEW OCCURRED IN SEPTEMBER 2022.
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 IS PUBLISHED ON OUR WEBSITE. WE DO NOT PUBLISH OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIALS TO THE GENERAL PUBLIC. THESE ARE PROVIDED TO GRANT FUNDERS, LESSORS, AND LENDERS UPON REQUEST. SUMMARY FINANCIAL INFORMATION IS PROVIDED, ALONG WITH MISSION OUTCOMES, TO THE PUBLIC IN OUR ANNUAL REPORT. THE ANNUAL REPORT IS PROVIDED TO THOSE WHO HAVE REQUESTED TO BE ON OUR DISTRIBUTION LIST AND PUBLISHED ON OUR WEBSITE.
FORM 990, PART VIII, LINE 1G: CONTRIBUTION REVENUE	EVERGREEN GOODWILL OF NORTHWEST WASHINGTON DOES NOT ASSIGN A VALUE TO DONATIONS OF THRIFT ITEMS RECEIVED, INCLUDING ARTWORK, IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.
FORM 990, PART XI, LINE 9:	NET UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP 464,570.