

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VALLEY CITIES COUNSELING AND CONSULTATION		D Employer identification number 91-6063183
	Doing business as		E Telephone number (206) 408-5182
	Number and street (or P O box if mail is not delivered to street address) Room/suite 325 WEST GOWE STREET	G Gross receipts \$ 25,276,778	
	City or town, state or province, country, and ZIP or foreign postal code KENT, WA 98032		
F Name and address of principal officer KENNETH TAYLOR 325 WEST GOWE STREET KENT, WA 98032		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW VALLEYCITIES ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1965	M State of legal domicile WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities STRENGTHENING COMMUNITIES THROUGH THE DELIVERY OF HOLISTIC, INTEGRATED BEHAVIORAL HEALTH SERVICES THAT PROMOTE HOPE, RECOVERY, AND IMPROVED QUALITY OF LIFE																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																			
	<table border="1"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td>3</td> <td>9</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td>4</td> <td>9</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td> <td>5</td> <td>310</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td>6</td> <td>42</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td>7a</td> <td>-20,578</td> </tr> <tr> <td>7b Net unrelated business taxable income from Form 990-T, line 34</td> <td>7b</td> <td>-15,880</td> </tr> </table>			3 Number of voting members of the governing body (Part VI, line 1a)	3	9	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	310	6 Total number of volunteers (estimate if necessary)	6	42	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-20,578	7b Net unrelated business taxable income from Form 990-T, line 34	7b
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Revenue			Prior Year	Current Year																
	8 Contributions and grants (Part VIII, line 1h)		612,370	523,900																
	9 Program service revenue (Part VIII, line 2g)		20,549,949	24,642,275																
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,006	3,641																
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-54,506	-7,208																
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,110,819	25,162,608																	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0																
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0																
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,896,222	14,914,723																
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0																
	b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 175,553																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,979,020	5,397,349																
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		17,875,242	20,312,072																	
19 Revenue less expenses Subtract line 18 from line 12		3,235,577	4,850,536																	
Net Assets or Fund Balances			Beginning of Current Year	End of Year																
	20 Total assets (Part X, line 16)		23,225,769	35,210,809																
	21 Total liabilities (Part X, line 26)		12,066,969	19,201,473																
22 Net assets or fund balances Subtract line 21 from line 20		11,158,800	16,009,336																	

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-06-10 Date
	SHEKH ALI CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LINDA SHUPACK	Preparer's signature LINDA SHUPACK	Date 2016-06-13	Check <input type="checkbox"/> if self-employed	PTIN P01688194
	Firm's name \blacktriangleright SHANNON & ASSOCIATES LLP			Firm's EIN \blacktriangleright 91-1125800	
	Firm's address \blacktriangleright 1851 CENTRAL PLACE SOUTH SUITE 225 KENT, WA 980307507			Phone no (253) 852-8500	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
STRENGTHENING COMMUNITIES THROUGH THE DELIVERY OF HOLISTIC, INTEGRATED BEHAVIORAL HEALTH SERVICES THAT PROMOTE HOPE, RECOVERY, AND IMPROVED QUALITY OF LIFE

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 No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,661,247 including grants of \$) (Revenue \$ 5,872,340)
 AUBURN VALLEY CITIES COUNSELING AND CONSULTATION (VALLEY CITIES), A NOT-FOR-PROFIT COMMUNITY BEHAVIOR HEALTH CENTER, HAS BEEN THE LOCAL SOURCE FOR QUALITY BEHAVIOR HEALTH COUNSELING AND CHEMICAL DEPENDENCY SINCE 1965 IT HAS BEEN A UNITED WAY AGENCY SINCE 1967 AND HAS BEEN ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) THE ORGANIZATION PROVIDES LICENSED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT FOR YOUTH AND ADULTS, DOMESTIC VIOLENCE SERVICES FOR VICTIMS AND PERPETRATORS, OUTREACH SERVICES AND HOUSING PROGRAMS FOR THE HOMELESS, FAMILY SUPPORT PROGRAMS OFFERING YOUTH AND FAMILY ACTIVITIES, AND SPECIALIZED VETERANS SERVICES THAT DELIVER COUNSELING AND FAMILY SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES A DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEES ALL INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES LOCATIONS IN AUBURN OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

4b (Code) (Expenses \$ 3,522,623 including grants of \$) (Revenue \$ 4,229,915)
 FEDERAL WAY VALLEY CITIES COUNSELING AND CONSULTATION (VALLEY CITIES), A NOT-FOR-PROFIT COMMUNITY BEHAVIOR HEALTH CENTER, HAS BEEN THE LOCAL SOURCE FOR QUALITY BEHAVIOR HEALTH COUNSELING AND CHEMICAL DEPENDENCY SINCE 1965 IT HAS BEEN A UNITED WAY AGENCY SINCE 1967 AND HAS BEEN ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) THE ORGANIZATION PROVIDES LICENSED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT FOR YOUTH AND ADULTS, DOMESTIC VIOLENCE SERVICES FOR VICTIMS AND PERPETRATORS, OUTREACH SERVICES AND HOUSING PROGRAMS FOR THE HOMELESS, FAMILY SUPPORT PROGRAMS OFFERING YOUTH AND FAMILY ACTIVITIES, AND SPECIALIZED VETERANS SERVICES THAT DELIVER COUNSELING AND FAMILY SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES A DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEES ALL INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES LOCATIONS IN FEDERAL WAY OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

4c (Code) (Expenses \$ 3,465,736 including grants of \$) (Revenue \$ 6,360,962)
 HOMELESS/HOUSING/SPECIALTY SERVICES HOMELESS FAMILY SERVICES PROVIDES MOBILE HEALTH OUTREACH TEAMS THAT DELIVER BEHAVIORAL HEALTHCARE TO HOMELESS FAMILIES AND INDIVIDUALS DURING THE PERIOD OF THEIR HOMELESSNESS IN SHELTERS, TRANSITIONAL HOUSING PROGRAMS, AND ON THE STREETS HOUSING SUPPORT SERVICES PROVIDES SUBSIDIZED HOUSING COMBINED WITH SUPPORTIVE SERVICES TO PROMOTE HOUSING STABILITY FOR HOMELESS INDIVIDUALS AND FAMILIES WITH HISTORIES OF HOMELESSNESS AND HOUSING INSTABILITY THIS INCLUDES VALLEY CITIES LANDING, A 24-UNIT PERMANENT SUPPORTIVE HOUSING PROJECT COMPLETED IN SEPTEMBER 2010 DEDICATED TO SERVING INDIVIDUALS WITH MENTAL ILLNESS AND HISTORY OF HOMELESSNESS TWELVE OF THE 24 UNITS ARE DEDICATED FOR HOMELESS VETERANS RESIDENTS ENGAGE IN ON-SITE AND COMMUNITY-BASED SERVICES THAT HELP THEM LIVE WITH STABILITY, AUTONOMY, AND DIGNITY STANDARD SUPPORTIVE HOUSING PROVIDES HOUSING AND OUTPATIENT CARE FOR CLIENTS WHO MAY REQUIRE REGULAR STAFF CONTACT AND THE AVAILABILITY OF STAFF 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK, BUT WHO DO NOT NEED THE PHYSICAL SAFETY AND STRUCTURE OF A RESIDENTIAL FACILITY THE PROGRAM OFFERS THE BENEFITS INCLUDED IN ALL OUTPATIENT TREATMENT SERVICES, IN ADDITION TO SUPPORT SERVICES THAT ASSIST PROGRAM PARTICIPANTS TO DEVELOP A DAILY STRUCTURE AND MEANINGFUL ACTIVITIES IN THEIR LIVES, MAKE CONNECTIONS TO COMMUNITY SOCIAL, EMPLOYMENT, EDUCATIONAL, LEISURE AND SPIRITUAL ACTIVITIES AND SUPPORT, ACQUIRE THE SKILLS AND MEANS TO MEET BASIC NUTRITIONAL NEEDS AND MEANS TO MOVE TO A LESS INTENSIVE SERVICE LEVEL WITHIN TWO YEARS WE SERVE AN AVERAGE OF 35 INDIVIDUALS A YEAR WHO ARE SERVED BY THE KING COUNTY REGIONAL SUPPORT NETWORK (RSN) AND MEET THE ACCESS TO CARE STANDARDS PRIORITY IS GIVEN TO CLIENTS FROM WESTERN STATE HOSPITAL OR FROM ANOTHER LOCAL PSYCHIATRIC HOSPITAL SECOND PRIORITY ARE CLIENTS WHO NEED AN EXTENDED PERIOD OF TIME FOR STABILIZATION, ARE A FREQUENT OR HIGH UTILIZER OF PSYCHIATRIC HOSPITALS OR JAILS, ARE AT RISK OF HOSPITALIZATION, OR WHO ARE CHRONICALLY HOMELESS COMING-UP PROGRAM THE COMING-UP YOUTH PROGRAM (CUP) IS A SUPPORTIVE HOUSING PROGRAM SUBSIDIZED IN LARGE PART THROUGH KING COUNTY HOUSING AUTHORITY (KCHA), KING COUNTY, AND UNITED WAY CUP PROVIDES HOUSING AND AGENCY SUPPORT SERVICES TO UP TO 22 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AGES 18-24 THE COMING-UP PROGRAM IS COLLABORATION BETWEEN VALLEY CITIES AND A PARTNER NONPROFIT AGENCY, AUBURN YOUTH RESOURCES, WHICH IS ITSELF DEDICATED TO SERVING THE SEVERELY UNDERSERVED HOMELESS YOUNG ADULT POPULATION IN SOUTH KING COUNTY THE CUP TEAM CONSISTS OF TWO CASE MANAGERS AND ONE HOUSING SPECIALIST, A HOUSING MANAGER, PROGRAM MANAGER, AND FINANCE SUPPORT STAFF, PLUS ACCESS TO A MENTAL HEALTH THERAPIST AND AN OUTREACH MANAGER THERE ARE MANY LEVELS OF SERVICE PROVIDED TO CLIENTS FROM BOTH AGENCIES THERE ARE AN ESTIMATED 1000 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AT ANY GIVEN TIME AND FEW HOUSING PROGRAMS SPECIFICALLY DESIGNATED FOR THOSE HOMELESS YOUNG ADULTS THE GOAL OF THE CUP PROGRAM IS TO PROVIDE PROGRAM PARTICIPANTS WITH A WRAPAROUND APPROACH TO SERVICES AND SUPPORT THAT WILL ENABLE THEM TO ACHIEVE SELF-SUFFICIENCY THE PROGRAM ENABLES THEM TO GAIN LIFE SKILLS NECESSARY TO GAIN EDUCATION AND EMPLOYMENT, MAINTAIN THEIR HEALTH, FINANCES, AND HOMES, AND MAINTAIN HOUSING STABILITY RESOURCE ROOMS THE COMMUNITY RESOURCE ROOMS AT ALL LOCATIONS ARE OPEN TO THE COMMUNITY- AT-LARGE AND PROVIDE INDIVIDUAL SUPPORT, SKILL-BUILDING AND A VARIETY OF FREE RESOURCES TO ASSIST THOSE WHO MIGHT NOT HAVE A NETWORK OF SUPPORT WE PROMOTE RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED WE PROVIDE COMPUTERS, FAX AND PHONES, EMPLOYMENT AND HOUSING INFORMATION, FAMILY/YOUTH AND HEALTH SERVICES, AND COMMUNITY AND TRANSPORTATION SERVICES ALL RESOURCE ROOMS ARE RUN BY PEERS AND COMMUNITY VOLUNTEERS YOUNG VARY BY LOCATION AND ARE BASED ON VOLUNTEER AVAILABILITY DOMESTIC VIOLENCE PROGRAM THE DOMESTIC VIOLENCE PROGRAM SERVES COURT-ORDERED DOMESTIC VIOLENCE PERPETRATORS, PRIVATE CLIENTS AND OTHERS WHO ARE ORDERED INTO TREATMENT PROGRAM PARTICIPANTS ATTEND AT LEAST 35 GROUP SESSIONS OF TREATMENT OVER ONE YEAR THESE SINGLE GENDER TREATMENT GROUPS ARE PROVIDED TO NO MORE THAN 12 PEOPLE PER GROUP THE GOAL OF THE PROGRAM IS EFFECTIVE TREATMENT IN WHICH THE PERPETRATOR BECOMES ACCOUNTABLE FOR THEIR ACTIONS AND WORKS TO CHANGE THEIR BEHAVIORS, WITH THE GOAL OF STOPPING ALL FORMS OF ABUSE (SEXUAL, EMOTIONAL AND/OR VERBAL) SEVERAL GROUPS ARE AVAILABLE MOST DAYS OF THE WEEK, INCLUDING SATURDAY SEPARATE GROUPS ARE PROVIDED FOR MEN AND WOMEN AND SPECIALTY GROUPS FOCUS ON IMPROVING PARENTING SKILLS AND MANAGING ANGER IN ADDITION TO ATTENDING GROUPS, PROGRAM PARTICIPANTS RECEIVE AN INITIAL ASSESSMENT AND RECOMMENDATIONS FOR SERVICES PROGRAM STAFF PROVIDE MONTHLY REPORTS AND ARE IN REGULAR COMMUNICATION WITH PROBATION OFFICERS BECAUSE VICTIM SAFETY IS OUR ULTIMATE GOAL, THE PROGRAM REQUIRES THE PARTICIPANT TO SIGN A RELEASE OF INFORMATION WITH ALL VICTIMS AND PROGRAM STAFF TALKS WITH THEM THROUGHOUT TREATMENT AS NEEDED TO SUCCESSFULLY COMPLETE SERVICES, PROGRAM PARTICIPANTS MUST HAVE PAID ALL PROGRAM FEES, HAVE NO ADDITIONAL LEGAL CHARGES, HAVE SHOWN THAT THEY HAVE STOPPED ALL FORMS OF PHYSICAL VIOLENCE AND DECREASED PSYCHOLOGICAL AND EMOTIONAL ABUSE, AS NOTED WITH INPUT FROM COLLATERAL CONTACTS, WRITTEN AND SHARED A RESPONSIBILITY PLAN, ACCEPT RESPONSIBILITY FOR THEIR ACTIONS, DOCUMENT COMPLIANCE WITH LEGAL CONDITIONS, AND COMPLETED OTHER REQUIRED TREATMENTS SERVICES ARE NOT OFFERED AS PART OF VALLEY CITIES' GENERAL MENTAL HEALTH SERVICES PROGRAM PARTICIPANTS MUST PAY FOR SERVICES, AS PART OF THEIR ACCOUNTABILITY IN 2015, THE PROGRAM SERVED 225 CLIENTS AND 75 SUCCESSFULLY GRADUATED

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 6,521,894 including grants of \$) (Revenue \$ 8,179,058)

4e Total program service expenses 18,171,500

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 155		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Yes	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 310		
2b	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	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b Yes	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	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 sponsoring organization have excess business holdings at any time during the year? 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	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		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	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. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> SHEKH ALI 325 WEST GOWE STREET KENT, WA 98032 (206) 408-5182

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

Check this box if neither the organization 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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE SMITH CHAIR	1 00	X		X			0	0	0	
(2) DAVE BLAKE VICE CHAIR	1 00	X		X			0	0	0	
(3) JAMES OLSEN TREASURER	1 00	X		X			0	0	0	
(4) KELLY TOGESEN SECRETARY	1 00	X		X			0	0	0	
(5) SHARON LAVIGNE DIRECTOR	1 00	X					0	0	0	
(6) JEANNIE JOHNSON DIRECTOR	1 00	X					0	0	0	
(7) STEVE WILLIAMS DIRECTOR	1 00	X					0	0	0	
(8) SUZANNE PAK DIRECTOR	1 00	X					0	0	0	
(9) TONY BENTON DIRECTOR	1 00	X					0	0	0	
(10) NICHOLAS YU DIRECTOR	1 00	X					0	0	0	
(11) LEIGH WEBER DIRECTOR	1 00	X					0	0	0	
(12) KENNETH TAYLOR CEO	40 00			X			187,073	0	34,922	
(13) SHEKH ALI CFO	40 00			X			165,988	0	8,830	
(14) BRIAN ALLENDER CHIEF MED O	40 00				X		229,652	0	24,190	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRIAN PHAM PSYCHIATRIST	40 00					X	220,903	0	8,230	
(16) ANNA HOLEN PSYCHIATRIST	35 00					X	176,487	0	9,259	
(17) SONIA HANDFORTH-KOME CHIEF OPER	40 00					X	124,512	0	11,159	
(18) CYNTHIA GREER PSYCHIATRIST	24 00					X	119,975	0	17,142	
(19) KATHRYN HOWLAND NURSING MANA	40 00					X	118,815	0	10,681	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,343,405		124,413	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DONOVAN BROTHERS 1801 W VALLEY HWY N SUITE 101 AUBURN, WA 98001	CONSTRUCTION	4,301,193
THE KEIMIG ASSOCIATES 216 A ST NW AUBURN, WA 98001	ARCHITECTURAL	666,009
DYNAMIC LANGUAGE CENTER 15215 52ND AVE S SUITE 100 SEATTLE, WA 98188	TRANSLATION	169,502
AUBURN YOUTH RESOURCES 1000 AUBURN WAY S AUBURN, WA 98002	HEALTH SERVICES	166,903
BELL WEATHER HOUSING 1651 BELLEVUE AVE SEATTLE, WA 98122	SITE MANAGEMENT	105,012

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 **5**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	379,750				
	b	Membership dues 1b					
	c	Fundraising events 1c	71,911				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	72,239				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		523,900			
Program Service Revenue			Business Code				
	2a	KING COUNTY CONTRACTS	621400	22,394,750	22,394,750		
	b	SUPPORTED HOUSING INCOME	624200	672,348	672,348		
	c	STATE OF WASHINGTON	621400	397,002	397,002		
	d	LOCAL CONTRACTS	621400	368,296	368,296		
	e	CLIENT AND THIRD PARTY	621400	276,137	276,137		
	f	All other program service revenue		533,742	533,742		
	g	Total. Add lines 2a-2f		24,642,275			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,641			3,641
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	64,782			
			(ii) Personal				
			b Less rental expenses	85,360			
			c Rental income or (loss)	-20,578			
	d	Net rental income or (loss)		-20,578		-20,578	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 71,911 of contributions reported on line 1c) See Part IV, line 18	a	42,180			
			b Less direct expenses b	28,810			
c Net income or (loss) from fundraising events				13,370			
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		25,162,608	24,642,275	-20,578	3,641	

Part IX Statement of Functional Expenses

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

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

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
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	650,654	253,841	396,813	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,414,154	10,364,024	919,743	130,387
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	329,815	261,516	67,366	933
9	Other employee benefits	1,446,801	1,323,062	107,504	16,235
10	Payroll taxes	1,073,299	952,464	109,129	11,706
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,218	1,114	95	9
c	Accounting	49,590	44,624	4,564	402
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	789,956	737,794	51,597	565
12	Advertising and promotion	111,506	49,667	61,513	326
13	Office expenses	762,353	696,396	61,793	4,164
14	Information technology	328,261	276,618	48,270	3,373
15	Royalties				
16	Occupancy	817,793	791,240	24,798	1,755
17	Travel	245,646	230,114	13,299	2,233
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	149,303	101,497	47,241	565
20	Interest	228,432	228,432		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	579,293	562,035	15,729	1,529
23	Insurance	168,784	154,018	13,504	1,262
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CLIENT ASSISTANCE	887,527	887,527		
b	OTHER EXPENSES	160,786	138,616	22,061	109
c	CLIENTS-SPECIAL NEEDS	116,901	116,901		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,312,072	18,171,500	1,965,019	175,553
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	840,187	1	983,547
	2 Savings and temporary cash investments	3,892,772	2	3,949,492
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,156,566	4	1,801,385
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	77,479	9	206,225
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 32,820,573		
	b Less accumulated depreciation	10b 4,550,413	17,258,765	10c 28,270,160
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,225,769	16	35,210,809	
Liabilities	17 Accounts payable and accrued expenses	1,847,552	17	2,286,065
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,881,429	23	8,320,906
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,337,988	25	8,594,502
	26 Total liabilities. Add lines 17 through 25	12,066,969	26	19,201,473
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,874,113	27	15,880,713
	28 Temporarily restricted net assets	284,687	28	128,623
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,158,800	33	16,009,336	
34 Total liabilities and net assets/fund balances	23,225,769	34	35,210,809	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,162,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,312,072
3	Revenue less expenses Subtract line 2 from line 1	3	4,850,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,158,800
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,009,336

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-6063183

Name: VALLEY CITIES COUNSELING
AND CONSULTATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 6,521,894 including grants of \$) (Revenue \$ 8,179,058)

VALLEY CITIES CLINICS IN KENT, AUBURN, FEDERAL WAY, RENTON, BELLEVUE, RAINIER BEACH, MERIDIAN AT NORTHGATE, AND MIDWAY OFFERS A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED VALLEY CITIES OFFERS A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED SERVICES ARE PROVIDED TO MEET THE NEEDS OF CHILDREN, YOUTH AND THEIR FAMILIES WITH MENTAL ILLNESSES OR EMOTIONAL DISTURBANCES, CHILDREN, YOUTH AND FAMILIES WHO ARE IN CRISES, AND CHILDREN AND YOUTH WHO ARE VICTIMS OF TRAUMA OR FAMILY VIOLENCE THESE SERVICES INCLUDE INDIVIDUAL AND FAMILY COUNSELING, IN HOME FAMILY SUPPORT AND ADVOCACY, SCHOOL-BASED COUNSELING, CRISES INTERVENTION, CASE MANAGEMENT, PSYCHIATRIC ASSESSMENT, CASE COORDINATION WITH OTHER SERVICE PROVIDERS, MEDICATION MANAGEMENT, SUPPORT GROUPS AND SKILLS FOR TRAINING PARENTS, OUTREACH CLINICAL TEAMS FOR HOMELESS FAMILIES, COMMUNITY CONSULTATION AND EDUCATION, AND SPECIALIZED TREATMENT FOR THOSE WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES ARE ALSO PROVIDED TO ASSIST ADULTS AND THEIR FAMILIES WITH MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT SERVICES IN ADDITION, SPECIALIZED SERVICES ARE AVAILABLE TO THOSE WHO HAVE EXPERIENCED SEXUAL ABUSE OR DOMESTIC VIOLENCE SERVICES ARE DESIGNED WITH AN EMPHASIS ON RECOVERY AND HOPE VALLEY CITIES PROVIDES EMPLOYMENT AND EDUCATIONAL SERVICES SO THAT CLIENTS CAN BE SUPPORTED TO RETURN TO WORK OR SCHOOL THE CHEMICAL DEPENDENCY SERVICES INCLUDE INTENSIVE OUTPATIENT AND SPECIALIZED RELAPSE PREVENTION SERVICES AND ARE INTEGRATED WITH THE MENTAL HEALTH SERVICES FOR THOSE CLIENTS THAT HAVE CO-OCCURRING MENTAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS VALLEY CITIES' PROGRAMS CONSIST OF CARE COORDINATION AT EACH OUTPATIENT CLINIC A CARE COORDINATOR WILL BE THE MAIN POINT OF CONTACT AT VALLEY CITIES THEY WILL HELP WALK THE CLIENT THROUGH HOW TO GET SERVICES AT VALLEY CITIES, ASK THEM ABOUT WHAT DIFFICULTIES THEY ARE HAVING AND TRY TO FIND OUT HOW THEY CAN HELP THEY WILL CONNECT THE CLIENT WITH THE APPROPRIATE LEVEL OF CARE THAT THEY NEED, WHICH CAN INCLUDE COUNSELING, MEDICATIONS, PEER SUPPORT, OR GROUPS THEY CAN ALSO HELP CONNECT THEM TO SERVICES IN THE COMMUNITY, LIKE A PRIMARY CARE PHYSICIAN OR A DENTIST THE CARE COORDINATOR HELPS MANAGE ALL OF THE EXPERTISE NEEDED TO PROVIDE THE BEST OUTCOMES FOR OUR CLIENTS CHILDREN'S WRAPAROUND SERVICES HIGH-NEEDS YOUTH IN THE KENT, AUBURN, FEDERAL WAY, TAHOMA, AND ENUMCLAW SCHOOL SYSTEMS THAT ARE IN AT LEAST 2 OF THE 6 CHILD SERVING SYSTEMS (MENTAL HEALTH, SPECIAL EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, DDA - DEVELOPMENT DISABILITIES, AND CHEMICAL DEPENDENCY) NEED SPECIAL INTENSIVE COORDINATED HELP WE BRING TOGETHER BOTH PROFESSIONAL RESOURCES AS WELL AS COMMUNITY MEMBERS SUCH AS NEIGHBORS AND FAMILY TO HELP THESE CLIENTS OVERCOME THEIR DIFFICULTIES WE PLAN FOR THE ENTIRE NEEDS OF THE PERSON, NOT JUST THE NEEDS OF THE INDIVIDUAL SYSTEM A WRAPAROUND FACILITATOR WORKS WITH THE TEAM TO DISCOVER THE INDIVIDUAL'S STRENGTHS, SET GOALS, DETERMINE MAJOR NEEDS, AND DEVELOP STRENGTH-BASED OPTIONS TO MEET THOSE NEEDS WE MAKE THE JOBS OF THE TEACHER, PROBATION OFFICER, DOCTOR, AND FAMILY EASIER BY GIVING THEM THE ENTIRE PICTURE OF THE INDIVIDUAL, NOT JUST THE PART THEY WOULD NORMALLY SEE WE SEE ABOUT 260 YOUTH IN A GIVEN YEAR AND SPEND MORE THAN 100 HOURS ON EACH CHILD IN THAT YEAR THE AVERAGE CHILD IS IN THE PROGRAM FOR ABOUT 18 MONTHS THIS TIME WE SPEND RESULTS IN FEWER HOSPITAL VISITS, FEWER POLICE CONTACTS, AND FEWER GANG MEMBERSHIPS WE ACHIEVE BETTER SCHOOL ATTENDANCE, INCREASED FAMILY SKILLS, AND OFFER MORE HOPE FAMILY TREATMENT COURT WRAPAROUND FAMILY TREATMENT COURT IS AN ALTERNATIVE TO REGULAR DEPENDENCY COURT AND IS DESIGNED TO IMPROVE THE SAFETY AND WELL BEING OF CHILDREN IN THE DEPENDENCY SYSTEM BY PROVIDING PARENTS ACCESS TO DRUG AND ALCOHOL TREATMENT, JUDICIAL MONITORING OF THEIR SOBRIETY AND INDIVIDUALIZED SERVICES TO SUPPORT THE ENTIRE FAMILY WE ARE THE ONLY WRAPAROUND PROGRAM IN THE STATE TO WORK WITH ADULTS AS OUR IDENTIFIED CLIENT, TO AMPLIFY THE PARENT'S VOICE IN THE DEPENDENCY PROCESS A WRAPAROUND FACILITATOR WORKS WITH THE TEAM TO DISCOVER THE INDIVIDUAL'S STRENGTHS, SET GOALS, DETERMINE MAJOR NEEDS, AND DEVELOP STRENGTH-BASED OPTIONS TO MEET THOSE NEEDS OUR FACILITATOR WORKS WITH 15 FAMILIES AT A TIME TO PROVIDE THIS CRITICAL RESOURCE IN ORDER TO KEEP FAMILIES TOGETHER IN A SAFE AND HEALTHY ENVIRONMENT FAMILY SUPPORT IN COOPERATION WITH THE FEDERAL WAY SCHOOL DISTRICT WE RUN THE GIRLS CIRCLE PROGRAM IN THE SCHOOL SYSTEM EACH YEAR 160 HIGH-RISK GIRLS, 20 AT-A-TIME, MEET ONCE A WEEK FOR 13 WEEKS TO WORK ON LIFE SKILLS AND DECISION MAKING WHILE THIS IS PRIMARILY A CLASSROOM ACTIVITY THAT EARNS SOME OF THE GIRLS AN ELECTIVE CREDIT, WE ALSO HAVE A FIELD TRIP TO PRACTICE SOME OF THEIR NEWLY ACQUIRED SKILLS THE GIRLS CHOSEN FOR THE PROGRAM ARE NOT ONLY HIGH RISK FOR DROPPING OUT OF SCHOOL, BUT ARE HIGH RISK FOR INVOLVEMENT WITH GANGS, TEEN PREGNANCY, AND PROSTITUTION OUR GOAL IS TO HELP THESE GIRLS FINISH SCHOOL AND BECOME POSITIVE CONTRIBUTORS TO OUR COMMUNITY WE HAVE ADOPTED THE METHODS DEVELOPED BY THE CENTER FOR YOUTH PROGRAM QUALITY AND ARE COMMITTED TO A CONSTANT ENGAGEMENT IN SELF-ASSESSMENT AND CONTINUAL PROGRAM IMPROVEMENT OUR PROGRAM HAS BEEN FAVORABLY GRADED BY THEM, AND WE CONTINUE TO MAKE ADJUSTMENTS TO HAVE THE MOST EFFECTIVE PROGRAM POSSIBLE IN ADDITION TO GIRLS CIRCLE, WE OFFER YOUTH MENTAL HEALTH FIRST AID TRAINING, SO YOUTH CAN HELP THEMSELVES AND OTHERS WHO ARE EXPERIENCING DEPRESSION OR OTHER BEHAVIOR HEALTH ISSUES THIS PROGRAM SUPPORTS EARLY INTERVENTION FOR BEHAVIORAL HEALTH CONCERNS BRIDGES OUR BRIDGES PROGRAM PROVIDES SITE BASED MENTAL HEALTH ENGAGEMENT, SCREENING, AND ASSESSMENT SERVICES ON AN OUTREACH BASIS TO INDIVIDUALS WHO ARE ENDURING HOMELESSNESS DURING 2015, VALLEY CITIES BRIDGES PROGRAM PROVIDED OUTREACH SERVICES TO 214 CHRONICALLY HOMELESS ADULTS OUR TWO MENTAL HEALTH OUTREACH SPECIALISTS PROVIDE SERVICES TO THESE CLIENTS AT VARIOUS EMERGENCY SHELTERS, COMMUNITY CHURCH DINNERS, TRANSITIONAL HOUSING SITES, MOTELS, JAILS, HOSPITALS, AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY, INCLUDING, LIBRARIES, COFFEE SHOPS, FOOD BANKS, PARKS, STREET CORNERS, AND EVEN WOODED AREAS OUR PROVIDERS ARE "IN-PERSON ASSISTERS " THEY CAN HELP ENROLL IN HEALTHCARE BENEFITS THROUGH THE WASHINGTON HEALTH EXCHANGE FAMILIES IN SHELTERS FAMILIES IN SHELTERS PROGRAM PROVIDES OUTREACH SERVICES TO 161 CHRONICALLY HOMELESS FAMILIES IN VARIOUS EMERGENCY SHELTERS AND TRANSITIONAL HOUSING SITES THROUGHOUT SEATTLE AND SOUTH KING COUNTY DURING THE YEAR, THE THREE PERSON TEAM PROVIDED FACE-TO-FACE CLIENT MEETINGS WHERE THEY ASSESSED, COUNSELED, AND ASSISTED CLIENTS IN THE AREAS OF MENTAL HEALTH, CHEMICAL DEPENDENCY, APPLICATION FOR DSHS BENEFITS AND/OR SOCIAL SECURITY DISABILITY BENEFITS, HOUSING, AND REFERRALS TO PRIMARY CARE, DENTAL CARE, WIC, COMMUNITY MENTAL HEALTH AND/OR COMMUNITY SUBSTANCE ABUSE TREATMENT DUE TO THE HARD WORK AND COLLABORATIVE EFFORTS OF THE FAMILIES IN SHELTERS STAFF, 303 FAMILIES MOVED FORWARD IN THEIR RECOVERY IN 2015 FAMILIES FIRST THE FAMILIES FIRST PROGRAM IS AN EXCITING PROJECT THAT WAS DESIGNED TO PROVIDE HOUSING PLACEMENT AND SUPPORTIVE SERVICES TO 24 HIGH NEED FAMILIES IN KING COUNTY THE FAMILIES FIRST PROGRAM PROVIDES INDIVIDUALIZED, INTENSIVE SERVICES TO FAMILIES ALONG WITH A FAMILY UNIFICATION PROGRAM (FUP) SECTION 8 VOUCHER THAT CAN BE USED IN PRIVATE MARKET HOUSING (TENANT-BASED VOUCHERS) THE PRIMARY GOAL OF THE PROGRAM IS TO ASSIST FAMILIES IN ACHIEVING HOUSING STABILITY AND INCREASE SELF-SUFFICIENCY USING AN APPROACH THAT CENTERS ON PROVIDING HOMELESS PEOPLE WITH HOUSING QUICKLY AND THEN PROVIDING SERVICES AS NEEDED IN 2015, WE ACHIEVED A 96% HOUSING STABILITY RATING FAMILIES FIRST IS CURRENTLY ENDORSED BY THE UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS (USICH) AS A "BEST PRACTICE" FOR GOVERNMENTS AND SERVICE-AGENCIES TO USE IN THEIR FIGHT TO END CHRONIC HOMELESSNESS IN AMERICA CLIE

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING AND CONSULTATION

Employer identification number
91-6063183

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five 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, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,322,093	1,141,974	871,391	612,370	523,900	4,471,728
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,514,084	16,153,948	15,181,722	20,549,949	24,684,455	93,084,158
3 Gross receipts from activities that are not an unrelated trade or business under section 513	96,686					96,686
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	17,932,863	17,295,922	16,053,113	21,162,319	25,208,355	97,652,572
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						97,652,572

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	17,932,863	17,295,922	16,053,113	21,162,319	25,208,355	97,652,572
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,393	3,549	3,106	3,006	3,641	18,695
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,393	3,549	3,106	3,006	3,641	18,695
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,938,256	17,299,471	16,056,219	21,165,325	25,211,996	97,671,267
14 First five 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, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.980%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.970%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0%

19a 33 1/3% support tests—2015. 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—2014. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of 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 **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

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 instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- 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 constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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
SUPPLEMENTAL INFORMATION	PART I LINE 9 - REASON FOR PUBLIC CHARITY STATUS THE ORGANIZATION CONSIDERED ITSELF A 33 1/3% SUPPORTED ORGANIZATION, WHICH IS DIFFERENT THAN THE IRS DETERMINATION LETTER DATED APRIL 13, 1994 WHERE IT STATES THAT IT IS A HOSPITAL DESCRIBED IN SECTION 170(B)1(A)(III) ALTHOUGH IT STILL PROVIDES OUTPATIENT MENTAL HEALTH SERVICES, IT PROVIDES OTHER SERVICES AS WELL AND RECEIVES MORE THAN 33 1/3% OF ITS TOTAL SUPPORT FROM CONTRIBUTIONS AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY CITIES COUNSELING AND CONSULTATION

Employer identification number 91-6063183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance) and Amount.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?), Yes, No.

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
REFUNDABLE ADVANCE	8,586,308
SECURITY DEPOSITS	8,194
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	8,594,502

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	25,276,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	114,170	
e	Add lines 2a through 2d		2e	114,170
3	Subtract line 2e from line 1		3	25,162,608
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	25,162,608

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	20,426,242
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	114,170	
e	Add lines 2a through 2d		2e	114,170
3	Subtract line 2e from line 1		3	20,312,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	20,312,072

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part 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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	FASB ASC 740 REQUIRES NONPUBLIC ENTITIES TO DETERMINE AND EVALUATE UNCERTAIN TAX POSITIONS THE STANDARD REQUIRES ENTITIES TO MEASURE, RECOGNIZE, AND DISCLOSE UNCERTAIN TAX POSITIONS THE TERM TAX POSITION INCLUDES, BUT IS NOT LIMITED TO, A DECISION NOT TO FILE A RETURN, THE CHARACTERIZATION OF INCOME OR A DECISION TO EXCLUDE REPORTING TAXABLE INCOME ON A TAX RETURN, AND THE ENTITY'S TAX EXEMPT STATUS MANAGEMENT BELIEVES VALLEY CITIES DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS VALLEY CITIES MAY BE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR CALENDAR YEARS 2012 THROUGH 2015
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES - UBI 85,360 FUNDRAISING EVENT EXPENSES 28,810
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES - UBI 85,360 FUNDRAISING EVENT EXPENSES 28,810

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1 50TH ANNIVERSAR (event type)	(b)Event #2 <hr/> (event type)	(c)Other events <hr/> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	114,091			114,091
	2 Less Contributions	71,911			71,911
	3 Gross income (line 1 minus line 2)	42,180			42,180
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,005			6,005
	6 Rent/facility costs				
	7 Food and beverages	10,561			10,561
	8 Entertainment				
	9 Other direct expenses	12,244			12,244
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,810
11 Net income summary Subtract line 10 from line 3, column (d) ▶				13,370	

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
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<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c 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.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH TAYLOR CEO	(i)	187,073				34,922	221,995	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 SHEKH ALICFO	(i)	165,988				8,830	174,818	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 BRIAN ALLENDER CHIEF MED OFFICER	(i)	229,652				24,190	253,842	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 BRIAN PHAM PSYCHIATRIST	(i)	220,903				8,230	229,133	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 ANNA HOLEN PSYCHIATRIST	(i)	176,487				9,259	185,746	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

Return Reference**Explanation**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	MOST VOLUNTEERS WORKED IN THE RESOURCE ROOM AND WITH THE FAMILY SUPPORT PROGRAM THE RESOURCE ROOM PROVIDES THE OPPORTUNITY FOR CLIENTS TO OBTAIN INFORMATION ABOUT WHAT COMMUNITY RESOURCES MIGHT BENEFIT THEM AND PROVIDES COMPUTER ACCESS THE FAMILY SUPPORT PROGRAM PROVIDES COMPUTER ACCESS AND TRAINING, HOMEWORK ASSISTANCE, HOME-SKILLS TRAINING AND OTHER SUPPORT TO LOW-INCOME FAMILIES ADDITIONALLY, ALL BOARD MEMBERS ARE UNPAID VOLUNTEERS WHO ASSIST IN OVERSIGHT OF THE ORGANIZATION THROUGH MONTHLY MEETINGS DISCUSSING FINANCIAL RESULTS, POLICIES, THE MISSION, AND OTHER GOVERNANCE ISSUES

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	SERVICES TO VETERANS AND THEIR FAMILIES A DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEES ALL INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES LOCATIONS IN AUBURN OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	SERVICES TO VETERANS AND THEIR FAMILIES A DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEES ALL INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES LOCATIONS IN FEDERAL WAY OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>HOMELESSNESS TWELVE OF THE 24 UNITS ARE DEDICATED FOR HOMELESS VETERANS RESIDENTS ENGAGE IN ON-SITE AND COMMUNITY-BASED SERVICES THAT HELP THEM LIVE WITH STABILITY, AUTONOMY, AND DIGNITY STANDARD SUPPORTIVE HOUSING PROVIDES HOUSING AND OUTPATIENT CARE FOR CLIENTS WHO MAY REQUIRE REGULAR STAFF CONTACT AND THE AVAILABILITY OF STAFF 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK, BUT WHO DO NOT NEED THE PHYSICAL SAFETY AND STRUCTURE OF A RESIDENTIAL FACILITY THE PROGRAM OFFERS THE BENEFITS INCLUDED IN ALL OUTPATIENT TREATMENT SERVICES, IN ADDITION TO SUPPORT SERVICES THAT ASSIST PROGRAM PARTICIPANTS TO DEVELOP A DAILY STRUCTURE AND MEANINGFUL ACTIVITIES IN THEIR LIVES, MAKE CONNECTIONS TO COMMUNITY SOCIAL, EMPLOYMENT, EDUCATIONAL, LEISURE AND SPIRITUAL ACTIVITIES AND SUPPORT, ACQUIRE THE SKILLS AND MEANS TO MEET BASIC NUTRITIONAL NEEDS AND MEANS TO MOVE TO A LESS INTENSIVE SERVICE LEVEL WITHIN TWO YEARS WE SERVE AN AVERAGE OF 35 INDIVIDUALS A YEAR WHO ARE SERVED BY THE KING COUNTY REGIONAL SUPPORT NETWORK (RSN) AND MEET THE ACCESS TO CARE STANDARDS PRIORITY IS GIVEN TO CLIENTS FROM WESTERN STATE HOSPITAL OR FROM ANOTHER LOCAL PSYCHIATRIC HOSPITAL SECOND PRIORITY ARE CLIENTS WHO NEED AN EXTENDED PERIOD OF TIME FOR STABILIZATION, ARE A FREQUENT OR HIGH UTILIZER OF PSYCHIATRIC HOSPITALS OR JAILS, ARE AT RISK OF HOSPITALIZATION, OR WHO ARE CHRONICALLY HOMELESS COMING-UP PROGRAM THE COMING-UP YOUTH PROGRAM (CUP) IS A SUPPORTIVE HOUSING PROGRAM SUBSIDIZED IN LARGE PART THROUGH KING COUNTY HOUSING AUTHORITY (KCHA), KING COUNTY, AND UNITED WAY CUP PROVIDES HOUSING AND AGENCY SUPPORT SERVICES TO UP TO 22 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AGES 18-24 THE COMING-UP PROGRAM IS COLLABORATION BETWEEN VALLEY CITIES AND A PARTNER NONPROFIT AGENCY, AUBURN YOUTH RESOURCES, WHICH IS ITSELF DEDICATED TO SERVING THE SEVERELY UNDERSERVED HOMELESS YOUNG ADULT POPULATION IN SOUTH KING COUNTY THE CUP TEAM CONSISTS OF TWO CASE MANAGERS AND ONE HOUSING SPECIALIST, A HOUSING MANAGER, PROGRAM MANAGER, AND FINANCE SUPPORT STAFF, PLUS ACCESS TO A MENTAL HEALTH THERAPIST AND AN OUTREACH MANAGER THERE ARE MANY LEVELS OF SERVICE PROVIDED TO CLIENTS FROM BOTH AGENCIES THERE ARE AN ESTIMATED 1000 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AT ANY GIVEN TIME AND FEW HOUSING PROGRAMS SPECIFICALLY DESIGNATED FOR THOSE HOMELESS YOUNG ADULTS THE GOAL OF THE CUP PROGRAM IS TO PROVIDE PROGRAM PARTICIPANTS WITH A WRAPAROUND APPROACH TO SERVICES AND SUPPORT THAT WILL ENABLE THEM TO ACHIEVE SELF-SUFFICIENCY THE PROGRAM ENABLES THEM TO GAIN LIFE SKILLS NECESSARY TO GAIN EDUCATION AND EMPLOYMENT, MAINTAIN THEIR HEALTH, FINANCES, AND HOMES, AND MAINTAIN HOUSING STABILITY RESOURCE ROOMS THE COMMUNITY RESOURCE ROOMS AT ALL LOCATIONS ARE OPEN TO THE COMMUNITY - AT-LARGE AND PROVIDE INDIVIDUAL SUPPORT, SKILL-BUILDING AND A VARIETY OF FREE RESOURCES TO ASSIST THOSE WHO MIGHT NOT HAVE A NETWORK OF SUPPORT WE PROMOTE RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED WE PROVIDE COMPUTERS, FAX AND PHONES, EMPLOYMENT AND HOUSING INFORMATION, FAMILY/YOUTH AND HEALTH SERVICES, AND COMMUNITY AND TRANSPORTATION SERVICES ALL RESOURCE ROOMS ARE RUN BY PEERS AND COMMUNITY VOLUNTEERS HOURS VARY BY LOCATION AND ARE BASED ON VOLUNTEER AVAILABILITY DOMESTIC VIOLENCE PROGRAM THE DOMESTIC VIOLENCE PROGRAM SERVES COURT-ORDERED DOMESTIC VIOLENCE PERPETRATORS, PRIVATE CLIENTS AND OTHERS WHO ARE ORDERED INTO TREATMENT PROGRAM PARTICIPANTS ATTEND AT LEAST 35 GROUP SESSIONS OF TREATMENT OVER ONE YEAR THESE SINGLE GENDER TREATMENT GROUPS ARE PROVIDED TO NO MORE THAN 12 PEOPLE PER GROUP THE GOAL OF THE PROGRAM IS EFFECTIVE TREATMENT IN WHICH THE PERPETRATOR BECOMES ACCOUNTABLE FOR THEIR ACTIONS AND WORKS TO CHANGE THEIR BEHAVIORS, WITH THE GOAL OF STOPPING ALL FORMS OF ABUSE (SEXUAL, EMOTIONAL AND/OR VERBAL) SEVERAL GROUPS ARE AVAILABLE MOST DAYS OF THE WEEK, INCLUDING SATURDAY SEPARATE GROUPS ARE PROVIDED FOR MEN AND WOMEN AND SPECIALTY GROUPS FOCUS ON IMPROVING PARENTING SKILLS AND MANAGING ANGER IN ADDITION TO ATTENDING GROUPS, PROGRAM PARTICIPANTS RECEIVE AN INITIAL ASSESSMENT AND RECOMMENDATIONS FOR SERVICES PROGRAM STAFF PROVIDE MONTHLY REPORTS AND ARE IN REGULAR COMMUNICATION WITH PROBATION OFFICERS BECAUSE VICTIM SAFETY IS OUR ULTIMATE GOAL, THE PROGRAM REQUIRES THE PARTICIPANT TO SIGN A RELEASE OF INFORMATION WITH ALL VICTIMS AND PROGRAM STAFF TALKS WITH THEM THROUGHOUT TREATMENT AS NEEDED TO SUCCESSFULLY COMPLETE SERVICES, PROGRAM PARTICIPANTS MUST HAVE PAID ALL PROGRAM FEES, HAVE NO ADDITIONAL LEGAL CHARGES, HAVE SHOWN THAT THEY HAVE STOPPED ALL FORMS OF PHYSICAL VIOLENCE AND DECREASED PSYCHOLOGICAL AND EMOTIONAL ABUSE, AS NOTED WITH INPUT FROM COLLATERAL CONTACTS, WRITTEN AND SHARED A RESPONSIBILITY PLAN, ACCEPT RESPONSIBILITY FOR THEIR ACTIONS, DOCUMENT COMPLIANCE WITH LEGAL CONDITIONS, AND COMPLETED OTHER REQUIRED TREATMENTS SERVICES ARE NOT OFFERED AS PART OF VALLEY CITIES' GENERAL MENTAL HEALTH SERVICES PROGRAM PARTICIPANTS MUST PAY FOR SERVICES, AS PART OF THEIR ACCOUNTABILITY IN 2015, THE PROGRAM SERVED 225 CLIENTS AND 75 SUCCESSFULLY GRADUATED</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>VALLEY CITIES CLINICS IN KENT, AUBURN, FEDERAL WAY, RENTON, BELLEVUE, RAINIER BEACH, MERIDIAN AT NORTHGATE, AND MIDWAY OFFERS A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED VALLEY CITIES OFFERS A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THE CLIENTS IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, AT EACH LOCATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED SERVICES ARE PROVIDED TO MEET THE NEEDS OF CHILDREN, YOUTH AND THEIR FAMILIES WITH MENTAL ILLNESSES OR EMOTIONAL DISTURBANCES, CHILDREN, YOUTH AND FAMILIES WHO ARE IN CRISES, AND CHILDREN AND YOUTH WHO ARE VICTIMS OF TRAUMA OR FAMILY VIOLENCE THESE SERVICES INCLUDE INDIVIDUAL AND FAMILY COUNSELING, IN HOME FAMILY SUPPORT AND ADVOCACY, SCHOOL-BASED COUNSELING, CRISES INTERVENTION, CASE MANAGEMENT, PSYCHIATRIC ASSESSMENT, CASE COORDINATION WITH OTHER SERVICE PROVIDERS, MEDICATION MANAGEMENT, SUPPORT GROUPS AND SKILLS FOR TRAINING PARENTS, OUTREACH CLINICAL TEAMS FOR HOMELESS FAMILIES, COMMUNITY CONSULTATION AND EDUCATION, AND SPECIALIZED TREATMENT FOR THOSE WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES ARE ALSO PROVIDED TO ASSIST ADULTS AND THEIR FAMILIES WITH MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT SERVICES IN ADDITION, SPECIALIZED SERVICES ARE AVAILABLE TO THOSE WHO HAVE EXPERIENCED SEXUAL ABUSE OR DOMESTIC VIOLENCE SERVICES ARE DESIGNED WITH AN EMPHASIS ON RECOVERY AND HOPE VALLEY CITIES PROVIDES EMPLOYMENT AND EDUCATIONAL SERVICES SO THAT CLIENTS CAN BE SUPPORTED TO RETURN TO WORK OR SCHOOL THE CHEMICAL DEPENDENCY SERVICES INCLUDE INTENSIVE OUTPATIENT AND SPECIALIZED RELAPSE PREVENTION SERVICES AND ARE INTEGRATED WITH THE MENTAL HEALTH SERVICES FOR THOSE CLIENTS THAT HAVE CO-OCCURRING MENTAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS VALLEY CITIES' PROGRAMS CONSIST OF CARE COORDINATION AT EACH OUTPATIENT CLINIC A CARE COORDINATOR WILL BE THE MAIN POINT OF CONTACT AT VALLEY CITIES THEY WILL HELP WALK THE CLIENT THROUGH HOW TO GET SERVICES AT VALLEY CITIES, ASK THEM ABOUT WHAT DIFFICULTIES THEY ARE HAVING AND TRY TO FIND OUT HOW THEY CAN HELP THEY WILL CONNECT THE CLIENT WITH THE APPROPRIATE LEVEL OF CARE THAT THEY NEED, WHICH CAN INCLUDE COUNSELING, MEDICATIONS, PEER SUPPORT, OR GROUPS THEY CAN ALSO HELP CONNECT THEM TO SERVICES IN THE COMMUNITY, LIKE A PRIMARY CARE PHYSICIAN OR A DENTIST THE CARE COORDINATOR HELPS MANAGE ALL OF THE EXPERTISE NEEDED TO PROVIDE THE BEST OUTCOMES FOR OUR CLIENTS CHILDREN'S WRAPAROUND SERVICES HIGH-NEEDS YOUTH IN THE KENT, AUBURN, FEDERAL WAY, TAHOMA, AND ENUMCLAW SCHOOL SYSTEMS THAT ARE IN AT LEAST 2 OF THE 6 CHILD SERVING SYSTEMS (MENTAL HEALTH, SPECIAL EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, DDA - DEVELOPMENT DISABILITIES, AND CHEMICAL DEPENDENCY) NEED SPECIAL INTENSIVE COORDINATED HELP WE BRING TOGETHER BOTH PROFESSIONAL RESOURCES AS WELL AS COMMUNITY MEMBERS SUCH AS NEIGHBORS AND FAMILY TO HELP THESE CLIENTS OVERCOME THEIR DIFFICULTIES WE PLAN FOR THE ENTIRE NEEDS OF THE PERSON, NOT JUST THE NEEDS OF THE INDIVIDUAL SYSTEM A WRAPAROUND FACILITATOR WORKS WITH THE TEAM TO DISCOVER THE INDIVIDUAL'S STRENGTHS, SET GOALS, DETERMINE MAJOR NEEDS, AND DEVELOP STRENGTH-BASED OPTIONS TO MEET THOSE NEEDS WE MAKE THE JOBS OF THE TEACHER, PROBATION OFFICER, DOCTOR, AND FAMILY EASIER BY GIVING THEM THE ENTIRE PICTURE OF THE INDIVIDUAL, NOT JUST THE PART THEY WOULD NORMALLY SEE WE SEE ABOUT 260 YOUTH IN A GIVEN YEAR AND SPEND MORE THAN 100 HOURS ON EACH CHILD IN THAT YEAR THE AVERAGE CHILD IS IN THE PROGRAM FOR ABOUT 18 MONTHS THIS TIME WE SPEND RESULTS IN FEWER HOSPITAL VISITS, FEWER POLICE CONTACTS, AND FEWER GANG MEMBERSHIPS WE ACHIEVE BETTER SCHOOL ATTENDANCE, INCREASED FAMILY SKILLS, AND OFFER MORE HOPE FAMILY TREATMENT COURT WRAPAROUND FAMILY TREATMENT COURT IS AN ALTERNATIVE TO REGULAR DEPENDENCY COURT AND IS DESIGNED TO IMPROVE THE SAFETY AND WELL BEING OF CHILDREN IN THE DEPENDENCY SYSTEM BY PROVIDING PARENTS ACCESS TO DRUG AND ALCOHOL TREATMENT, JUDICIAL MONITORING OF THEIR SOBRIETY AND INDIVIDUALIZED SERVICES TO SUPPORT THE ENTIRE FAMILY WE ARE THE ONLY WRAPAROUND PROGRAM IN THE STATE TO WORK WITH ADULTS AS OUR IDENTIFIED CLIENT, TO AMPLIFY THE PARENT'S VOICE IN THE DEPENDENCY PROCESS A WRAPAROUND FACILITATOR WORKS WITH THE TEAM TO DISCOVER THE INDIVIDUAL'S STRENGTHS, SET GOALS, DETERMINE MAJOR NEEDS, AND DEVELOP STRENGTH-BASED OPTIONS TO MEET THOSE NEEDS OUR FACILITATOR WORKS WITH 15 FAMILIES AT A TIME TO PROVIDE THIS CRITICAL RESOURCE IN ORDER TO KEEP FAMILIES TOGETHER IN A SAFE AND HEALTHY ENVIRONMENT FAMILY SUPPORT IN COOPERATION WITH THE FEDERAL WAY SCHOOL DISTRICT WE RUN THE GIRLS CIRCLE PROGRAM IN THE SCHOOL SYSTEM EACH YEAR 160 HIGH-RISK GIRLS, 20 AT-A-TIME, MEET ONCE A WEEK FOR 13 WEEKS TO WORK ON LIFE SKILLS AND DECISION MAKING WHILE THIS IS PRIMARILY A CLASSROOM ACTIVITY THAT EARNS SOME OF THE GIRLS AN ELECTIVE CREDIT, WE ALSO HAVE A FIELD TRIP TO PRACTICE SOME OF THEIR NEWLY ACQUIRED SKILLS THE GIRLS CHOSEN FOR THE PROGRAM ARE NOT ONLY HIGH RISK FOR DROPPING OUT OF SCHOOL, BUT ARE HIGH RISK FOR INVOLVEMENT WITH GANGS, TEEN PREGNANCY, AND PROSTITUTION OUR GOAL IS TO HELP THESE GIRLS FINISH SCHOOL AND BECOME POSITIVE CONTRIBUTORS TO OUR COMMUNITY WE HAVE ADOPTED THE METHODS DEVELOPED BY THE CENTER FOR YOUTH PROGRAM QUALITY AND ARE COMMITTED TO A CONSTANT ENGAGEMENT IN SELF-ASSESSMENT AND CONTINUAL PROGRAM IMPROVEMENT OUR PROGRAM HAS BEEN FAVORABLY GRADED BY THEM, AND WE CONTINUE TO MAKE ADJUSTMENTS TO HAVE THE MOST EFFECTIVE PROGRAM POSSIBLE IN ADDITION TO GIRLS CIRCLE, WE OFFER YOUTH MENTAL HEALTH FIRST AID TRAINING, SO YOUTH CAN HELP THEMSELVES AND OTHERS WHO ARE EXPERIENCING DEPRESSION OR OTHER BEHAVIOR HEALTH ISSUES THIS PROGRAM SUPPORTS EARLY INTERVENTION FOR BEHAVIORAL HEALTH CONCERNS BRIDGES OUR BRIDGES PROGRAM PROVIDES SITE BASED MENTAL HEALTH ENGAGEMENT, SCREENING, AND ASSESSMENT SERVICES ON AN OUTREACH BASIS TO INDIVIDUALS WHO ARE ENDURING HOMELESSNESS DURING 2015, VALLEY CITIES BRIDGES PROGRAM PROVIDED OUTREACH SERVICES TO 214 CHRONICALLY HOMELESS ADULTS OUR TWO MENTAL HEALTH OUTREACH SPECIALISTS PROVIDE SERVICES TO THESE CLIENTS AT VARIOUS EMERGENCY SHELTERS, COMMUNITY CHURCH DINNERS, TRANSITIONAL HOUSING SITES, MOTELS, JAILS, HOSPITALS, AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY, INCLUDING, LIBRARIES, COFFEE SHOPS, FOOD BANKS, PARKS, STREET CORNERS, AND EVEN WOODED AREAS OUR PROVIDERS ARE "IN-PERSON ASSISTERS " THEY CAN HELP ENROLL IN HEALTHCARE BENEFITS THROUGH THE WASHINGTON HEALTH EXCHANGE FAMILIES IN SHELTERS FAMILIES IN SHELTERS PROGRAM PROVIDES OUTREACH SERVICES TO 161 CHRONICALLY HOMELESS FAMILIES IN VARIOUS EMERGENCY SHELTERS AND TRANSITIONAL HOUSING SITES THROUGHOUT SEATTLE AND SOUTH KING COUNTY DURING THE YEAR, THE THREE PERSON TEAM PROVIDED FACE-TO-FACE CLIENT MEETINGS WHERE THEY ASSESSED, COUNSELED, AND ASSISTED CLIENTS IN THE AREAS OF MENTAL HEALTH, CHEMICAL DEPENDENCY, APPLICATION FOR DSHS BENEFITS AND/OR SOCIAL SECURITY DISABILITY BENEFITS, HOUSING, AND REFERRALS TO PRIMARY CARE, DENTAL CARE, WIC, COMMUNITY MENTAL HEALTH AND/OR COMMUNITY SUBSTANCE ABUSE TREATMENT DUE TO THE HARD WORK AND COLLABORATIVE EFFORTS OF THE FAMILIES IN SHELTERS STAFF, 303 FAMILIES MOVED FORWARD IN THEIR RECOVERY IN 2015 FAMILIES FIRST THE FAMILIES FIRST PROGRAM IS AN EXCITING PROJECT THAT WAS DESIGNED TO PROVIDE HOUSING PLACEMENT AND SUPPORTIVE SERVICES TO 24 HIGH NEED FAMILIES IN KING COUNTY THE FAMILIES FIRST PROGRAM PROVIDES INDIVIDUALIZED, INTENSIVE SERVICES TO FAMILIES ALONG WITH A FAMILY UNIFICATION PROGRAM (FUP) SECTION 8 VOUCHER THAT CAN BE USED IN PRIVATE MARKET HOUSING (TENANT-BASED VOUCHERS) THE PRIMARY GOAL OF THE PROGRAM IS TO ASSIST FAMILIES IN ACHIEVING HOUSING STABILITY AND INCREASE SELF-SUFFICIENCY USING AN APPROACH THAT CENTERS ON PROVIDING HOMELESS PEOPLE WITH HOUSING QUICKLY AND THEN PROVIDING SERVICES AS NEEDED IN 2015, WE ACHIEVED A 96% HOUSING STABILITY RATING FAMILIES FIRST IS CURRENTLY ENDORSED BY THE UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS (USICH) AS A "BEST PRACTICE" FOR GOVERNMENTS AND SERVICE-AGENCIES TO USE IN THEIR FIGHT TO END CHRONIC HOMELESSNESS IN AMERICA CLIE</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE REVIEWS A DRAFT COPY OF THE FORM 990 FOR ACCURACY AND PRESENTS TO THE FULL BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY IN PLACE THAT EACH BOARD MEMBER AND OFFICER IS REQUIRED TO SIGN AND DISCLOSE THEIR INTERESTS ANNUALLY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	HUMAN RESOURCES PERFORMS A SALARY COMPARISON WITH LIKE AGENCIES FOR THE POSITION THE CEO HAS AN "AT WILL" CONTRACT REVIEWED AND APPROVED BY THE BOARD ANNUALLY, AND CAN BE TERMINATED AT ANYTIME

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	HUMAN RESOURCES PERFORMS A SALARY COMPARISON WITH LIKE AGENCIES FOR THE POSITION. SALARY IS REVIEWED AND APPROVED BY THE CEO, CFO, CMO, COO, AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	PROVIDED TO FUNDERS, AUDITORS, AND THE STATE OF WASHINGTON ALL OTHERS UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSES - UBI 85,360 FUNDRAISING EVENT EXPENSES 28,810 RENTAL EXPENSES - UBI -85,360 FUNDRAISING EVENT EXPENSES -28,810