

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

Form 990
Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
VALLEY CITIES COUNSELING AND CONSULTATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
325 WEST GOWE STREET

City or town, state or province, country, and ZIP or foreign postal code
KENT, WA 98032

D Employer identification number
91-6063183

E Telephone number
(253) 833-7444

G Gross receipts \$ 46,175,381

F Name and address of principal officer:
SHEKH ALI
33405 8TH AVE S SUITE 200
FEDERAL WAY, WA 98003

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
 H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.VALLEYCITIES.ORG

K Form of organization: Corporation Trust Association 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: COMPASSION, CONNECTION, COMMUNITY - 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.		
	3	Number of voting members of the governing body (Part VI, line 1a)	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	702
	6	Total number of volunteers (estimate if necessary)	12
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 39	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,078,604 Current Year: 1,729,714
	9	Program service revenue (Part VIII, line 2g)	41,092,649 / 44,414,062
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	280,616 / 31,605
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,451,869 / 46,175,381
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,991,867 / 34,132,101
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,578	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,678,104 / 10,986,415
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,669,971 / 45,118,516	
19	Revenue less expenses. Subtract line 18 from line 12	2,781,898 / 1,056,865	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 58,223,161 End of Year: 60,402,111
	21	Total liabilities (Part X, line 26)	33,658,424 / 34,780,509
	22	Net assets or fund balances. Subtract line 21 from line 20	24,564,737 / 25,621,602

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.

Signature of officer: SHEKH ALI CEO/CFO
 Date: 2020-07-31
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SHANNON & ASSOCIATES LLP
 Preparer's signature
 Date: 2020-08-03
 Check if self-employed
 PTIN: P00096434
 Firm's EIN: 91-1125800
 Firm's address: 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:

COMPASSION, CONNECTION, COMMUNITY - 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 \$ 27,740,727 including grants of \$) (Revenue \$ 35,693,615)

OUTPATIENT: VALLEY CITIES COUNSELING AND CONSULTATION (VALLEY CITIES), A NOT-FOR-PROFIT COMMUNITY BEHAVIORAL HEALTH CENTER, HAS BEEN THE LOCAL SOURCE FOR QUALITY BEHAVIORAL HEALTH COUNSELING AND CHEMICAL DEPENDENCY SINCE 1965 IN WASHINGTON STATE WITH CLINICS IN AUBURN, FEDERAL WAY, KENT, RENTON, MERIDIAN AT NORTHGATE, RAINIER BEACH, ENUMCLAW, MIDWAY, PIKE PLACE, LAKE CITY, ST. VINCENT DE PAUL IN AURORA, AND THE COHEN VETERANS NETWORK IN LAKEWOOD. IT HAS BEEN A UNITED WAY AGENCY SINCE 1967 AND HAS BEEN ACCREDITED BY THE JOINT COMMISSION. VALLEY CITIES PROVIDES LICENSED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT FOR YOUTH AND ADULTS; SUPPORTED EMPLOYMENT AND EDUCATION SERVICES; 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. 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 CLINICS OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION. ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM 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, 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. 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 IS COMMITTED TO QUALITY MENTAL HEALTH CARE DELIVERED FROM A RECOVERY ORIENTATION, MEANING THAT ITS TREATMENTS AND INTERVENTIONS EXTEND BEYOND SYMPTOM IMPROVEMENT TO A MORE HOLISTIC APPROACH TO CARE THAT HELPS ITS CLIENTS LIVE, WORK, LEARN, AND FULLY PARTICIPATE IN THEIR COMMUNITIES. VARIOUS PUBLIC AND PRIVATE FUNDING SOURCES AND INDIVIDUAL CLIENT FEES ARE USED TO FUND SERVICES. A SLIDING FEE SCALE IS AVAILABLE TO HELP INDIVIDUALS GAIN ACCESS TO SERVICES. VALLEY CITIES' OUTPATIENT 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 WAYS TO HELP. THEY WILL CONNECT THE CLIENT WITH THE APPROPRIATE LEVEL OF CARE THAT IS NEEDED, 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 CLIENTS. PEER SUPPORT SERVICES VALLEY CITIES PROUDLY OFFERS A RANGE OF SUPPORT SERVICES PROVIDED BY CERTIFIED PEER COUNSELORS. PEERS ARE AN INTEGRAL PART OF THE CARE TEAM AT VALLEY CITIES, OFFERING INSIGHT, EMPOWERMENT, AND ENGAGEMENT FROM LIFE EXPERIENCE. PEER SUPPORT IS BASED ON THE PHILOSOPHY THAT SOMEONE WHO HAS FACED LIFE CIRCUMSTANCES SIMILAR TO YOURS MAY BE THE PERSON WHO CAN UNDERSTAND YOU THE MOST. PEERS ARE LIVING, WALKING EXAMPLES OF HOPE AND THAT RECOVERY IS POSSIBLE. PEER SUPPORT COUNSELORS HAVE BEEN TRAINED, TESTED, AND CERTIFIED TO INSPIRE HOPE AND PROVIDE UNIQUE SUPPORT TO PEOPLE RECEIVING MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES. BECAUSE OF THEIR UNIQUE EXPERIENCE WITH MENTAL ILLNESS AND MENTAL HEALTH SERVICES, PEER COUNSELORS PROVIDE EXPERTISE THAT PROFESSIONAL TRAINING CANNOT REPLICATE. PEERS AT VALLEY CITIES OFFER MANY SERVICES, AND EACH PEER HAS PERSONAL LIVED EXPERIENCE IN THE FIELD IN WHICH THEY WORK. PEERS PARTICIPATE REGULARLY IN CLINICAL TEAM MEETINGS AND OFFER VALUABLE INPUT AND INSIGHT THAT ONLY LIVED EXPERIENCE CAN OFFER. THEY ARE PROVIDED ON-GOING CLINICAL TRAINING AND SUPERVISION. 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. VALLEY CITIES PROMOTES RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED. VALLEY CITIES PROVIDES 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. CHILDREN'S WRAPAROUND SERVICES VALLEY CITIES WRAPAROUND SERVES HIGH NEEDS YOUTH THROUGHOUT KING COUNTY, WITH A PRIMARY FOCUS IN SOUTH KING COUNTY, WHO ARE ELIGIBLE FOR ONE OF TWO WRAPAROUND PROGRAMS OFFERED IN KING COUNTY. 1) WRAPAROUND WITH INTENSIVE SERVICES - WISE (YOUTH UTILIZING MEDICAID FUNDED MENTAL HEALTH TREATMENT) OR 2) MIDD WRAPAROUND (YOUTH INVOLVED IN AT LEAST TWO OF THE FOLLOWING SYSTEMS: MENTAL HEALTH SPECIAL EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, DDA - DEVELOPMENT DISABILITIES, AND CHEMICAL DEPENDENCY.) WRAPAROUND FACILITATORS, PARENT PARTNERS AND YOUTH PEERS WORK COLLABORATIVELY WITH THE YOUTH, FAMILIES, PROVIDERS AND COMMUNITY MEMBERS TO DEVELOP A CROSS SYSTEM CARE PLAN DRIVEN BY THE YOUTH AND FAMILY'S IDENTIFIED NEEDS AND GOALS. WRAPAROUND STAFF FOLLOW TEN GUIDING PRINCIPLES AS THEY SUPPORT THE TEAM PLANNING PROCESS. THESE PRINCIPLES ARE: FAMILY VOICE AND CHOICE, TEAM BASED, NATURAL SUPPORTS, COLLABORATION, COMMUNITY-BASED, CULTURALLY COMPETENT, INDIVIDUALIZED, STRENGTHS BASED, PERSISTENCE AND OUTCOMES BASED. VALLEY CITIES SERVES ABOUT 260 YOUTH PER YEAR, A NUMBER THAT WILL GROW IN 2020 AS THE PROGRAM CONTINUES TO EXPAND. THE AVERAGE YOUTH IS SERVED IN WRAPAROUND FOR 18 MONTHS AND OUTCOMES INCLUDE FEWER HOSPITAL VISITS, INCREASED SCHOOL ATTENDANCE AND ACHIEVEMENT AND FEWER POLICE CONTACTS. FAMILIES LEAVE WRAPAROUND WITH INCREASED ONGOING SUPPORT AND IMPROVED SKILLS TO NAVIGATE THEIR YOUTH'S RECOVERY MOVING FORWARD. 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. VALLEY CITIES IS THE ONLY WRAPAROUND PROGRAM IN THE STATE OF WASHINGTON TO WORK WITH ADULTS AS THE 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. VALLEY CITIES 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. MENTAL HEALTH FIRST AID IN 2019, VALLEY CITIES ENTERED A PARTNERSHIP WITH KING COUNTY TO DESIGN A PROGRAM TO INCREASE THE NUMBER OF PEOPLE IN THE COMMUNITY TRAINED IN MENTAL HEALTH FIRST AID (MHFA) IN ORDER TO REDUCE THE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH DISORDERS AND CONNECT INDIVIDUALS WITH SERVICES BEFORE THEY REACH A CRISIS. TRAININGS ARE PROVIDED FOR A VARIETY OF GROUPS AND POPULATIONS INCLUDING, BUT NOT LIMITED TO THE PUBLIC, PEERS, BEHAVIORAL HEALTH WORKFORCE, AND OTHER PRIVATE AND PUBLIC ORGANIZATIONS. THE MHFA PROGRAM IS OPERATED BY THE MHFA COORDINATOR. VALLEY CITIES TRAINED 2,187 INDIVIDUALS, WHICH WAS COMPRISED OF 1,212 ADULTS, 761 YOUTHS, 145 OLDER ADULTS, AND 69 VETERANS. PREVENTION AND COMMUNITY SUPPORT PROGRAM IN COOPERATION WITH: FEDERAL WAY SCHOOL DISTRICT: VALLEY CI

4b (Code:) (Expenses \$ 8,309,059 including grants of \$) (Revenue \$ 3,806,860)

INPATIENT CLINIC: MEDICAL SERVICES MEDICAL SERVICES INCLUDES BOTH STAFF PSYCHIATRISTS AND NURSE PRACTITIONERS. THEY PROVIDE PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT SERVICES TO ANY CLIENT WHO NEEDS PSYCHIATRIC CARE. IN ADDITION, THE MEDICAL STAFF PROVIDES PSYCHIATRIC CONSULTATION TO A RANGE OF COMMUNITY HEALTH CENTERS THROUGHOUT KING COUNTY, ADVISING THE PRIMARY CARE STAFF WITH DIAGNOSTIC INFORMATION AND RECOMMENDATIONS ON PSYCHOTROPIC MEDICATIONS THAT CAN BE PRESCRIBED IN THE PRIMARY CARE SETTING. ALL EXPENSES RELATED TO THESE STAFF ARE CAPTURED IN THIS PROGRAM. RECOVERY PLACE SEATTLE (RPS) RECOVERY PLACE SEATTLE (RPS) IS A RESIDENTIAL TREATMENT FACILITY AND HOUSES A LICENSED MEDICALLY MONITORED 33 BED DETOXIFICATION UNIT WHICH PROVIDES MEDICAL DETOXIFICATION INPATIENT SERVICES FOR PEOPLE WHO NEED SUPPORT TO SAFELY WITHDRAW FROM DRUG OR ALCOHOL USE. THIS 33-BED UNIT PROVIDES SERVICES FOR A 3-5 DAY TYPICAL STAY. RPS ALSO HOUSES A 42 BED 28-DAY INTENSIVE INPATIENT PROGRAM FOR INDIVIDUALS LIVING WITH SUBSTANCE USE DISORDER AND MENTAL HEALTH CONCERNS. THIS PROGRAM OFFERS STRUCTURED, HOLISTIC, AND EVIDENCE-BASED PRACTICES, INCLUDING RELAPSE PREVENTION, COPING MECHANISMS (BOTH ABSTINENCE-BASED AND HARM REDUCTION), AND RE- CONNECTION TO COMMUNITY AND RESOURCES. CLIENTS PARTICIPATE IN COUNSELING AND SUPPORT GROUPS. THE AVERAGE CENSUS FOR DETOX AND RESIDENTIAL FOR 2019 WAS 19 AND 16, RESPECTFULLY. RECOVERY PLACE KENT (RPK) THE RECOVERY PLACE

KENT (RPK) EVALUATION AND TREATMENT PROGRAM OPENED IN DECEMBER 2019 AND HOUSES 16 BEDS AND PROVIDES INPATIENT CRISIS STABILIZATION SERVICES TO INDIVIDUALS WHO HAVE BEEN DETAINED UNDER THE INVOLUNTARY TREATMENT ACT (ITA) FOR DANGER TO SELF, DANGER TO OTHERS, OR GRAVE DISABILITY RELATED TO A PSYCHIATRIC ILLNESS. THE INTERDISCIPLINARY TREATMENT TEAM PROVIDES PSYCHIATRIC EVALUATION, MEDICATION MANAGEMENT, INDIVIDUAL MENTAL HEALTH AND SUBSTANCE USE DISORDER COUNSELING, GROUP ACTIVITIES, PEER SUPPORT, COORDINATION WITH KING COUNTY ITA COURT, AND DISCHARGE PLANNING TO RE-CONNECT CLIENTS TO COMMUNITY SUPPORTS. THE SECURE WITHDRAWAL MANAGEMENT PROGRAM HAS 16 BEDS AND OPENED THE END OF FEBRUARY 2020.

4c (Code:) (Expenses \$ **5,369,826** including grants of \$) (Revenue \$ **4,544,545**)

HOMELESS/HOUSING SPECIALTY SERVICE: VALLEY CITIES OPERATES BOTH PERMANENT AND TRANSITIONAL SUPPORTED HOUSING PROGRAMS THAT PROVIDE RENTAL ASSISTANCE WITH HOME-BASED CASE MANAGEMENT SERVICES FOR HOMELESS INDIVIDUALS AND HOMELESS FAMILIES. SUPPORTIVE SERVICES IN THESE PROGRAMS ADDRESS EVENTS AND CIRCUMSTANCES THAT UNDERLIE OR CONTRIBUTE TO THE INABILITY TO OBTAIN AND MAINTAIN AFFORDABLE, STABLE HOUSING. THIS INCLUDES VALLEY CITIES LANDING, VALLEY CITIES PLACE AND PHOENIX RISING PERMANENT SUPPORTIVE HOUSING PROJECTS DEDICATED TO SERVING INDIVIDUALS WITH MENTAL ILLNESS AND HISTORY OF HOMELESSNESS. TWELVE UNITS AT VALLEY CITIES LANDING 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 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. VALLEY CITIES SERVES AN AVERAGE OF 24 INDIVIDUALS A YEAR WHO ARE SERVED BY KING COUNTY 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. EMPLOYMENT SERVICES VALLEY CITIES IS THE LARGEST SUPPORTED EMPLOYMENT PROGRAM IN KING COUNTY. VALLEY CITIES DOES MUCH MORE THAN LOOK FOR JOBS FOR THOSE IN THE PROGRAM. VALLEY CITIES HELPS CLIENTS WITH DIAGNOSED DISABILITIES LEARN THE NECESSARY JOB SEARCH SKILLS TO MAKE THEM SUCCESSFUL IN THEIR JOB SEARCH, SUCH AS HOW TO WRITE RESUMES, APPLY FOR A JOB, AND INTERVIEW. A HUGE FOCUS OF THE PROGRAM IS TO MAKE GOOD JOB MATCHES THAT BENEFIT NOT ONLY THE NEW EMPLOYEE, BUT ALSO THE EMPLOYER. VALLEY CITIES WORKS CLOSELY WITH THESE INDIVIDUALS TO PLAN FOR POTENTIAL CHALLENGES ON THE JOB AND OUTSIDE OF WORK THAT COULD MAKE LONG-TERM EMPLOYMENT DIFFICULT. VALLEY CITIES SUPPORTS THE INDIVIDUAL WITH JOB COACHING, ASSISTANCE WITH TRAINING AND WORKS WITH THEIR INTEGRATED TREATMENT TEAM TO ENSURE THERE ARE NATURAL SUPPORTS IN PLACE SO THAT THEY CAN BE SUCCESSFUL IN THEIR EMPLOYMENT FOR THE LONG TERM. VALLEY CITIES WORKS CLOSELY WITH EMPLOYERS IN THE COMMUNITY TO ENSURE VALLEY CITIES KNOWS THE DETAILS NECESSARY TO PROVIDE A GOOD FITTING CANDIDATE. ONCE VALLEY CITIES MATCHES A CLIENT WITH AN EMPLOYER, VALLEY CITIES WORKS IN COORDINATION WITH THE DEPARTMENT OF VOCATIONAL REHABILITATION TO SUPPORT BOTH THE CLIENT AND THE EMPLOYER TO RESOLVE SITUATIONS BEFORE THEY BECOME PROBLEMS TO JOB SUCCESS. RESEARCH SHOWS THAT PEOPLE WHO HAVE A MENTAL ILLNESS WHO GO TO WORK HAVE INCREASED INCOME, IMPROVED SELF-ESTEEM, IMPROVED ABILITY TO MANAGE SYMPTOMS, AND INCREASED QUALITY OF LIFE. 73% OF VALLEY CITIES MENTAL HEALTH CLIENTS ARE UNEMPLOYED. EMPLOYMENT SERVICES ARE AVAILABLE TO ALL OF THOSE CLIENTS. 376 CLIENTS REQUESTED SERVICES FROM OUR PROGRAM IN 2019, WITH 142 CLIENTS BEING SERVED AND ENROLLED IN THE PROGRAM.

(Code:) (Expenses \$ including grants of \$) (Revenue \$ **369,042**)

CLINICAL SUPPORT SERVICES CLINICAL SUPPORT SERVICES INCLUDES INFORMATION SYSTEMS, ACCESS SERVICES INCLUDING ALL TELEPHONE SCREENING AND INITIAL INTAKE SERVICES, AFTER-HOURS CRISES TEAM, FRONT DESK SUPPORT, MEDICAL RECORDS, CALL CENTER AND QUALITY MANAGEMENT SERVICES. THESE PROGRAMS DIRECTLY SUPPORT ALL CLINICAL PROGRAMS BY PROVIDING EITHER CLIENT ASSISTANCE AND/OR DATA COLLECTION AND REPORTING IN ORDER TO MANAGE CLIENT CARE.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$ **369,042**)

4e **Total program service expenses ▶ 41,419,612**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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?		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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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>		
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>		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>		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.	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions and corresponding answer boxes. Includes instructions and a 'Note' regarding Form 4720.

If "Yes," complete Form 4720, Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed WA 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHEKH ALI 33405 8TH AVE S SUITE 200 FEDERAL WAY, WA 98003 (253) 833-7444

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related 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) BRIAN ALLENDER CHIEF MED. O	40.00				X			293,259	0	9,734
(2) BRIAN PHAM PSYCHIATRIST	40.00					X		292,326	0	9,734
(3) SHEKH ALI CEO/CFO	40.00			X				289,615	0	9,734
(4) JOHN VASZARI PSYCHIATRIST	40.00					X		234,291	0	9,734
(5) ANNA HOLEN PSYCHIATRIST	38.00					X		215,061	0	8,066
(6) CYNTHIA GREER PSYCHIATRIST	33.00					X		207,070	0	1,222
(7) CATHERINE E SHIM PSYCHIATRIST	38.00					X		194,231	0	7,955
(8) JAMIE NORITAKE HENSON CHIEF ADMIN	40.00			X				138,817	0	1,804
(9) DAVE BLAKE DIRECTOR	1.00	X						0	0	0
(10) DAVID HEINEMAN DIRECTOR	1.00	X						0	0	0
(11) REESE MCGILLIE DIRECTOR	1.00	X						0	0	0
(12) EMILY PARZYBOK VICE CHAIR	1.00	X		X				0	0	0
(13) SUZANNE SMITH CHAIR	1.00	X		X				0	0	0
(14) TALLMAN TRASK DIRECTOR	1.00	X						0	0	0
(15) HOLLY WEST TREASURER	1.00	X		X				0	0	0
(16) STEVE WILLIAMS SECRETARY	1.00	X		X				0	0	0

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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,864,670		57,983	

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 **▶ 31**

	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
BLOKABLE INC 1136 POPLAR PLACE S SEATTLE, WA 98144	CONSTRUCTION	884,171
DONOVAN BROTHERS 1801 W VALLLEY HWY N SUITE 101 AUBURN, WA 98071	CONSTRUCTION	858,624
CREDIBLE BEHAVIORAL HEALTH PO BOX 34456 BETHESDA, MD 20817	EHR CONSULTANT	316,209
CERO'S LLC ALERT SECURITY 3691 NE JOHN OLSEN AVE HILLSBORO, OR 97124	SECURITY	268,744
VALLEY JANITORIAL SERVICE PO BOX 2102 AUBURN, WA 98071	JANITORIAL	266,808

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 **▶ 7**

Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

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	763,180	322,275	440,905	
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	27,017,414	25,225,821	1,730,279	61,314
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	525,137	466,320	58,804	13
9 Other employee benefits	3,402,326	3,178,575	214,655	9,096
10 Payroll taxes	2,424,044	2,244,801	173,544	5,699
11 Fees for services (non-employees):				
a Management				
b Legal	24,695	1,544	23,151	
c Accounting	50,818	47,367	3,269	182
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)	749,478	585,604	163,820	54
12 Advertising and promotion	184,469	141,531	42,606	332
13 Office expenses	2,264,006	2,156,380	102,484	5,142
14 Information technology	786,936	752,076	34,124	736
15 Royalties				
16 Occupancy	2,697,106	2,446,766	237,232	13,108
17 Travel	298,046	281,193	16,681	172
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	430,962	244,290	186,560	112
20 Interest	399,549	399,549		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,371,388	1,365,886	5,212	290
23 Insurance	354,615	334,218	19,323	1,074
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	1,007,939	1,007,603	333	3
b CLIENTS-SPECIAL NEEDS	189,821	189,821		
c OTHER EXPENSES	176,587	27,992	147,344	1,251
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	45,118,516	41,419,612	3,600,326	98,578
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	2,482,565	1	857,985
	2 Savings and temporary cash investments	7,077,597	2	9,939,775
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,374,673	4	2,672,034
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	509,747	9	400,216
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,068,307		
	b Less: accumulated depreciation	10b 7,536,206	45,778,579	10c 46,532,101
	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)	58,223,161	16	60,402,111	
Liabilities	17 Accounts payable and accrued expenses	3,481,530	17	4,029,509
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,454,746	23	11,745,088
	24 Unsecured notes and loans payable to unrelated third parties	3,650,000	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	18,072,148	25	19,005,912
	26 Total liabilities. Add lines 17 through 25	33,658,424	26	34,780,509
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,889,574	27	24,606,427
	28 Net assets with donor restrictions	675,163	28	1,015,175
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,564,737	32	25,621,602
33 Total liabilities and net assets/fund balances	58,223,161	33	60,402,111	

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	46,175,381
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,118,516
3	Revenue less expenses. Subtract line 2 from line 1	3	1,056,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,564,737
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 (A))	10	25,621,602

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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.	Yes	
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?	Yes	
3b	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	

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

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

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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- 10 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	523,900	489,689	1,791,576	1,078,604	1,729,714	5,613,483
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	24,684,455	28,459,994	33,973,794	41,092,649	44,414,062	172,624,954
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	25,208,355	28,949,683	35,765,370	42,171,253	46,143,776	178,238,437
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.)						178,238,437

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	25,208,355	28,949,683	35,765,370	42,171,253	46,143,776	178,238,437
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,641	2,917	2,825	275,080	31,605	316,068
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	3,641	2,917	2,825	275,080	31,605	316,068
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.)	25,211,996	28,952,600	35,768,195	42,446,333	46,175,381	178,554,505
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 2019 (line 8, column (f) divided by line 13, column (f))	15	99.820 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.810 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		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 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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)

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 10 - 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.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization VALLEY CITIES COUNSELING AND CONSULTATION

Employer identification number 91-6063183

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number
91-6063183

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization VALLEY CITIES COUNSELING AND CONSULTATION	Employer identification number 91-6063183
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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.**

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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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? **Yes** **No**

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? **Yes** **No**

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).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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? **Yes** **No**

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)? **Yes** **No**

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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, 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:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,138,227		6,138,227
b Buildings		44,206,878	5,573,743	38,633,135
c Leasehold improvements		1,243,782	282,646	961,136
d Equipment		2,479,420	1,679,817	799,603
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				46,532,101

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	19,005,912

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	46,175,381
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	46,175,381
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	46,175,381

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	45,118,516
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	45,118,516
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	45,118,516

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 2016 THROUGH 2019.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

- 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.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 on Line 1a?

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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

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:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
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.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a The organization?
b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN ALLENDER CHIEF MED. OFFICER	(i)	257,302	1,550	34,407		9,734	302,993	
	(ii)	-----	-----	-----	-----	-----	-----	---
2 BRIAN PHAM PSYCHIATRIST	(i)	264,745	850	26,731		9,734	302,060	
	(ii)	-----	-----	-----	-----	-----	-----	---
3 SHEKH ALI CEO/CFO	(i)	271,725	1,550	16,340		9,734	299,349	
	(ii)	-----	-----	-----	-----	-----	-----	---
4 JOHN VASZARI PSYCHIATRIST	(i)	227,967	750	5,574		9,734	244,025	
	(ii)	-----	-----	-----	-----	-----	-----	---
5 ANNA HOLEN PSYCHIATRIST	(i)	201,765	934	12,362		8,066	223,127	
	(ii)	-----	-----	-----	-----	-----	-----	---
6 CYNTHIA GREER PSYCHIATRIST	(i)	194,225	1,375	11,470		1,222	208,292	
	(ii)	-----	-----	-----	-----	-----	-----	---
7 CATHERINE E SHIM PSYCHIATRIST	(i)	188,473	600	5,158		7,955	202,186	
	(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
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Additional Data

[Return to Form](#)

Software ID:

Software Version:

2019

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury
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	<p>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.</p>
FORM 990, PAGE 2, PART III, LINE 4A	<p>OUTPATIENT: VALLEY CITIES COUNSELING AND CONSULTATION (VALLEY CITIES), A NOT-FOR-PROFIT COMMUNITY BEHAVIORAL HEALTH CENTER, HAS BEEN THE LOCAL SOURCE FOR QUALITY BEHAVIORAL HEALTH COUNSELING AND CHEMICAL DEPENDENCY SINCE 1965 IN WASHINGTON STATE WITH CLINICS IN AUBURN, FEDERAL WAY, KENT, RENTON, MERIDIAN AT NORTHGATE, RAINIER BEACH, ENUMCLAW, MIDWAY, PIKE PLACE, LAKE CITY, ST. VINCENT DE PAUL IN AURORA, AND THE COHEN VETERANS NETWORK IN LAKEWOOD. IT HAS BEEN A UNITED WAY AGENCY SINCE 1967 AND HAS BEEN ACCREDITED BY THE JOINT COMMISSION. VALLEY CITIES PROVIDES LICENSED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT FOR YOUTH AND ADULTS; SUPPORTED EMPLOYMENT AND EDUCATION SERVICES; 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. 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 CLINICS OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION. ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM 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, 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. 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 IS COMMITTED TO QUALITY MENTAL HEALTH CARE DELIVERED FROM A RECOVERY ORIENTATION, MEANING THAT ITS TREATMENTS AND INTERVENTIONS EXTEND BEYOND SYMPTOM IMPROVEMENT TO A MORE HOLISTIC APPROACH TO CARE THAT HELPS ITS CLIENTS LIVE, WORK, LEARN, AND FULLY PARTICIPATE IN THEIR COMMUNITIES. VARIOUS PUBLIC AND PRIVATE FUNDING SOURCES AND INDIVIDUAL CLIENT FEES ARE USED TO FUND SERVICES. A SLIDING FEE SCALE IS AVAILABLE TO HELP INDIVIDUALS GAIN ACCESS TO SERVICES. VALLEY CITIES' OUTPATIENT 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 WAYS TO HELP. THEY WILL CONNECT THE CLIENT WITH THE APPROPRIATE LEVEL OF CARE THAT IS NEEDED, 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 CLIENTS. PEER SUPPORT SERVICES VALLEY CITIES PROUDLY OFFERS A RANGE OF SUPPORT SERVICES PROVIDED BY CERTIFIED PEER COUNSELORS. PEERS ARE AN INTEGRAL PART OF THE CARE TEAM AT VALLEY CITIES, OFFERING INSIGHT, EMPOWERMENT, AND ENGAGEMENT FROM LIFE EXPERIENCE. PEER SUPPORT IS BASED ON THE PHILOSOPHY THAT SOMEONE WHO HAS FACED LIFE CIRCUMSTANCES SIMILAR TO YOURS MAY BE THE PERSON WHO CAN UNDERSTAND YOU THE MOST. PEERS ARE LIVING, WALKING EXAMPLES OF HOPE AND THAT RECOVERY IS POSSIBLE. PEER SUPPORT COUNSELORS HAVE BEEN TRAINED, TESTED, AND CERTIFIED TO INSPIRE HOPE AND PROVIDE UNIQUE SUPPORT TO PEOPLE RECEIVING MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES. BECAUSE OF THEIR UNIQUE EXPERIENCE WITH MENTAL ILLNESS AND MENTAL HEALTH SERVICES, PEER COUNSELORS PROVIDE EXPERTISE THAT PROFESSIONAL TRAINING CANNOT REPLICATE. PEERS AT VALLEY CITIES OFFER MANY SERVICES, AND EACH PEER HAS PERSONAL LIVED EXPERIENCE IN THE FIELD IN WHICH THEY WORK. PEERS PARTICIPATE REGULARLY IN CLINICAL TEAM MEETINGS AND OFFER VALUABLE INPUT AND INSIGHT THAT ONLY LIVED EXPERIENCE CAN OFFER. THEY ARE PROVIDED ONGOING CLINICAL TRAINING AND SUPERVISION. 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. VALLEY CITIES PROMOTES RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED. VALLEY CITIES PROVIDES 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. CHILDREN'S WRAPAROUND SERVICES VALLEY CITIES WRAPAROUND SERVES HIGH NEEDS YOUTH THROUGHOUT KING COUNTY, WITH A</p>

Return Reference	Explanation
	<p>PRIMARY FOCUS IN SOUTH KING COUNTY, WHO ARE ELIGIBLE FOR ONE OF TWO WRAPAROUND PROGRAMS OFFERED IN KING COUNTY. 1) WRAPAROUND WITH INTENSIVE SERVICES - WISE (YOUTH UTILIZING MEDICAID FUNDED MENTAL HEALTH TREATMENT) OR 2) MIDD WRAPAROUND (YOUTH INVOLVED IN AT LEAST TWO OF THE FOLLOWING SYSTEMS: MENTAL HEALTH, SPECIAL EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, DDA - DEVELOPMENT DISABILITIES, AND CHEMICAL DEPENDENCY.) WRAPAROUND FACILITATORS, PARENT PARTNERS AND YOUTH PEERS WORK COLLABORATIVELY WITH THE YOUTH, FAMILIES, PROVIDERS AND COMMUNITY MEMBERS TO DEVELOP A CROSS SYSTEM CARE PLAN DRIVEN BY THE YOUTH AND FAMILY'S IDENTIFIED NEEDS AND GOALS. WRAPAROUND STAFF FOLLOW TEN GUIDING PRINCIPLES AS THEY SUPPORT THE TEAM PLANNING PROCESS. THESE PRINCIPLES ARE: FAMILY VOICE AND CHOICE, TEAM BASED, NATURAL SUPPORTS, COLLABORATION, COMMUNITY- BASED, CULTURALLY COMPETENT, INDIVIDUALIZED, STRENGTHS BASED, PERSISTENCE AND OUTCOMES BASED. VALLEY CITIES SERVES ABOUT 260 YOUTH PER YEAR, A NUMBER THAT WILL GROW IN 2020 AS THE PROGRAM CONTINUES TO EXPAND. THE AVERAGE YOUTH IS SERVED IN WRAPAROUND FOR 18 MONTHS AND OUTCOMES INCLUDE FEWER HOSPITAL VISITS, INCREASED SCHOOL ATTENDANCE AND ACHIEVEMENT AND FEWER POLICE CONTACTS. FAMILIES LEAVE WRAPAROUND WITH INCREASED ONGOING SUPPORT AND IMPROVED SKILLS TO NAVIGATE THEIR YOUTH'S RECOVERY MOVING FORWARD. 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. VALLEY CITIES IS THE ONLY WRAPAROUND PROGRAM IN THE STATE OF WASHINGTON TO WORK WITH ADULTS AS THE 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. VALLEY CITIES 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. MENTAL HEALTH FIRST AID IN 2019, VALLEY CITIES ENTERED A PARTNERSHIP WITH KING COUNTY TO DESIGN A PROGRAM TO INCREASE THE NUMBER OF PEOPLE IN THE COMMUNITY TRAINED IN MENTAL HEALTH FIRST AID (MHFA) IN ORDER TO REDUCE THE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH DISORDERS AND CONNECT INDIVIDUALS WITH SERVICES BEFORE THEY REACH A CRISIS. TRAININGS ARE PROVIDED FOR A VARIETY OF GROUPS AND POPULATIONS INCLUDING, BUT NOT LIMITED TO THE PUBLIC, PEERS, BEHAVIORAL HEALTH WORKFORCE, AND OTHER PRIVATE AND PUBLIC ORGANIZATIONS. THE MHFA PROGRAM IS OPERATED BY THE MHFA COORDINATOR. VALLEY CITIES TRAINED 2,187 INDIVIDUALS, WHICH WAS COMPRISED OF 1,212 ADULTS, 761 YOUTHS, 145 OLDER ADULTS, AND 69 VETERANS. PREVENTION AND COMMUNITY SUPPORT PROGRAM IN COOPERATION WITH: FEDERAL WAY SCHOOL DISTRICT: VALLEY CI</p>
FORM 990, PAGE 2, PART III, LINE 4B	<p>INPATIENT CLININC: MEDICAL SERVICES MEDICAL SERVICES INCLUDES BOTH STAFF PSYCHIATRISTS AND NURSE PRACTITIONERS. THEY PROVIDE PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT SERVICES TO ANY CLIENT WHO NEEDS PSYCHIATRIC CARE. IN ADDITION, THE MEDICAL STAFF PROVIDES PSYCHIATRIC CONSULTATION TO A RANGE OF COMMUNITY HEALTH CENTERS THROUGHOUT KING COUNTY, ADVISING THE PRIMARY CARE STAFF WITH DIAGNOSTIC INFORMATION AND RECOMMENDATIONS ON PSYCHOTROPIC MEDICATIONS THAT CAN BE PRESCRIBED IN THE PRIMARY CARE SETTING. ALL EXPENSES RELATED TO THESE STAFF ARE CAPTURED IN THIS PROGRAM. RECOVERY PLACE SEATTLE (RPS) RECOVERY PLACE SEATTLE (RPS) IS A RESIDENTIAL TREATMENT FACILITY AND HOUSES A LICENSED MEDICALLY MONITORED 33 BED DETOXIFICATION UNIT WHICH PROVIDES MEDICAL DETOXIFICATION INPATIENT SERVICES FOR PEOPLE WHO NEED SUPPORT TO SAFELY WITHDRAW FROM DRUG OR ALCOHOL USE. THIS 33-BED UNIT PROVIDES SERVICES FOR A 3-5 DAY TYPICAL STAY. RPS ALSO HOUSES A 42 BED 28-DAY INTENSIVE INPATIENT PROGRAM FOR INDIVIDUALS LIVING WITH SUBSTANCE USE DISORDER AND MENTAL HEALTH CONCERNS. THIS PROGRAM OFFERS STRUCTURED, HOLISTIC, AND EVIDENCE-BASED PRACTICES, INCLUDING RELAPSE PREVENTION, COPING MECHANISMS (BOTH ABSTINENCE-BASED AND HARM REDUCTION), AND RE- CONNECTION TO COMMUNITY AND RESOURCES. CLIENTS PARTICIPATE IN COUNSELING AND SUPPORT GROUPS. THE AVERAGE CENSUS FOR DETOX AND RESIDENTIAL FOR 2019 WAS 19 AND 16, RESPECTFULLY. RECOVERY PLACE KENT (RPK) THE RECOVERY PLACE KENT (RPK) EVALUATION AND TREATMENT PROGRAM OPENED IN DECEMBER 2019 AND HOUSES 16 BEDS AND PROVIDES INPATIENT CRISIS STABILIZATION SERVICES TO INDIVIDUALS WHO HAVE BEEN DETAINED UNDER THE INVOLUNTARY TREATMENT ACT (ITA) FOR DANGER TO SELF, DANGER TO OTHERS, OR GRAVE DISABILITY RELATED TO A PSYCHIATRIC ILLNESS. THE INTERDISCIPLINARY TREATMENT TEAM PROVIDES PSYCHIATRIC EVALUATION, MEDICATION MANAGEMENT, INDIVIDUAL MENTAL HEALTH AND SUBSTANCE USE DISORDER COUNSELING, GROUP ACTIVITIES, PEER SUPPORT, COORDINATION WITH KING COUNTY ITA COURT, AND DISCHARGE PLANNING TO RE-CONNECT CLIENTS TO COMMUNITY SUPPORTS. THE SECURE WITHDRAWAL MANAGEMENT PROGRAM HAS 16 BEDS AND OPENED THE END OF FEBRUARY 2020.</p>
FORM 990, PAGE 2, PART III, LINE 4C	<p>HOMELESS/HOUSING SPECIALTY SERVICE: VALLEY CITIES OPERATES BOTH PERMANENT AND TRANSITIONAL SUPPORTED HOUSING PROGRAMS THAT PROVIDE RENTAL ASSISTANCE WITH HOME-BASED CASE MANAGEMENT SERVICES FOR HOMELESS INDIVIDUALS AND HOMELESS FAMILIES. SUPPORTIVE SERVICES IN THESE PROGRAMS ADDRESS EVENTS AND CIRCUMSTANCES THAT UNDERLIE OR CONTRIBUTE TO THE INABILITY TO OBTAIN AND MAINTAIN AFFORDABLE, STABLE HOUSING. THIS INCLUDES VALLEY CITIES LANDING, VALLEY CITIES PLACE AND PHOENIX RISING PERMANENT SUPPORTIVE HOUSING PROJECTS DEDICATED TO SERVING INDIVIDUALS WITH MENTAL ILLNESS AND HISTORY OF HOMELESSNESS. TWELVE UNITS AT VALLEY CITIES LANDING 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 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. VALLEY CITIES SERVES AN AVERAGE OF 24 INDIVIDUALS A YEAR WHO ARE SERVED BY KING COUNTY 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. EMPLOYMENT SERVICES VALLEY CITIES IS THE LARGEST SUPPORTED EMPLOYMENT PROGRAM IN KING COUNTY. VALLEY CITIES DOES MUCH MORE THAN LOOK FOR JOBS FOR THOSE IN THE PROGRAM. VALLEY CITIES HELPS CLIENTS WITH DIAGNOSED DISABILITIES LEARN THE NECESSARY JOB SEARCH SKILLS TO MAKE THEM SUCCESSFUL IN THEIR JOB SEARCH, SUCH AS HOW TO WRITE RESUMES, APPLY FOR A JOB, AND INTERVIEW. A HUGE FOCUS OF THE PROGRAM IS TO MAKE GOOD JOB MATCHES THAT BENEFIT NOT ONLY THE</p>

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	<p>NEW EMPLOYEE, BUT ALSO THE EMPLOYER. VALLEY CITIES WORKS CLOSELY WITH THESE INDIVIDUALS TO PLAN FOR POTENTIAL CHALLENGES ON THE JOB AND OUTSIDE OF WORK THAT COULD MAKE LONG-TERM EMPLOYMENT DIFFICULT. VALLEY CITIES SUPPORTS THE INDIVIDUAL WITH JOB COACHING, ASSISTANCE WITH TRAINING AND WORKS WITH THEIR INTEGRATED TREATMENT TEAM TO ENSURE THERE ARE NATURAL SUPPORTS IN PLACE SO THAT THEY CAN BE SUCCESSFUL IN THEIR EMPLOYMENT FOR THE LONG TERM. VALLEY CITIES WORKS CLOSELY WITH EMPLOYERS IN THE COMMUNITY TO ENSURE VALLEY CITIES KNOWS THE DETAILS NECESSARY TO PROVIDE A GOOD FITTING CANDIDATE. ONCE VALLEY CITIES MATCHES A CLIENT WITH AN EMPLOYER, VALLEY CITIES WORKS IN COORDINATION WITH THE DEPARTMENT OF VOCATIONAL REHABILITATION TO SUPPORT BOTH THE CLIENT AND THE EMPLOYER TO RESOLVE SITUATIONS BEFORE THEY BECOME PROBLEMS TO JOB SUCCESS. RESEARCH SHOWS THAT PEOPLE WHO HAVE A MENTAL ILLNESS WHO GO TO WORK HAVE INCREASED INCOME, IMPROVED SELF-ESTEEM, IMPROVED ABILITY TO MANAGE SYMPTOMS, AND INCREASED QUALITY OF LIFE. 73% OF VALLEY CITIES MENTAL HEALTH CLIENTS ARE UNEMPLOYED. EMPLOYMENT SERVICES ARE AVAILABLE TO ALL OF THOSE CLIENTS. 376 CLIENTS REQUESTED SERVICES FROM OUR PROGRAM IN 2019, WITH 142 CLIENTS BEING SERVED AND ENROLLED IN THE PROGRAM.</p>
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>CLINICAL SUPPORT SERVICES CLINICAL SUPPORT SERVICES INCLUDES INFORMATION SYSTEMS, ACCESS SERVICES INCLUDING ALL TELEPHONE SCREENING AND INITIAL INTAKE SERVICES, AFTER-HOURS CRISES TEAM, FRONT DESK SUPPORT, MEDICAL RECORDS, CALL CENTER AND QUALITY MANAGEMENT SERVICES. THESE PROGRAMS DIRECTLY SUPPORT ALL CLINICAL PROGRAMS BY PROVIDING EITHER CLIENT ASSISTANCE AND/OR DATA COLLECTION AND REPORTING IN ORDER TO MANAGE CLIENT CARE.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 11B</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 12C</p>	<p>WRITTEN CONFLICT OF INTEREST POLICY IN PLACE THAT EACH BOARD MEMBER AND OFFICER IS REQUIRED TO SIGN AND DISCLOSE THEIR INTERESTS ANNUALLY.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 15A</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 15B</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 19</p>	<p>THE GOVERNING DOCUMENTS ARE PROVIDED TO FUNDERS, AUDITORS, AND THE STATE OF WASHINGTON. ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.</p>

Additional Data

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