

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- 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 \$ 59,981,477

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? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.VALLEYCITIES.ORG

K Form of organization: Corporation

L Year of formation: 1965. M State of legal domicile: WA

Part I Summary

Table with 3 main sections: 1. Activities & Governance (mission statement, 2-7a/b); 2. Revenue (8-12); 3. Expenses (13-19). Includes columns for Prior Year, Current Year, Beginning of Current Year, and End of Year.

Part II Signature Block

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

Sign Here: Signature of officer SHEKH ALI CEO/CFO, Date 2021-11-05, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2021-11-08, Firm's name SHANNON & ASSOCIATES LLP, Firm's address 1851 CENTRAL PLACE SOUTH SUITE 225 KENT, WA 980307507

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 \$ 29,377,159 including grants of \$) (Revenue \$ 40,169,575)

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, BITTER LAKE, AND THE COHEN VETERANS NETWORK IN LAKEWOOD. VALLEY CITIES IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). 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' 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. RESOURCE ROOMS PROVIDE INDIVIDUAL SUPPORT, SKILL-BUILDING AND A VARIETY OF FREE RESOURCES TO ASSIST THOSE WHO MIGHT NOT HAVE A NETWORK OF SUPPORT. VALLEY CITIES PROVIDES COMPUTERS, FAX AND PHONES, EMPLOYMENT AND HOUSING INFORMATION, FAMILY/YOUTH AND HEALTH SERVICES, AND COMMUNITY AND TRANSPORTATION SERVICES. VALLEY CITIES PROMOTES RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED. ALL RESOURCE ROOMS ARE RUN BY PEERS AND COMMUNITY VOLUNTEERS. HOURS VARY BY LOCATION AND ARE BASED ON VOLUNTEER AVAILABILITY. AS A RESULT OF THE COVID 19 PANDEMIC, RESOURCE ROOMS CLOSED EFFECTIVE MARCH 2020 AND REMAIN CLOSED IN 2021. RESOURCE ROOMS MAY REOPEN FOR USE WITH TELEHEALTH ACCESS IN THE FUTURE BASED ON AVAILABLE FUNDING. 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. 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 120 FAMILIES PER YEAR, A NUMBER THAT WILL GROW IN 2021 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. SCHOOL BASED SERVICES YOUTH MENTAL HEALTH SYMPTOMS HAVE BEEN ON THE RISE IN THE LAST 15 YEARS. SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR ADOLESCENTS. YOUTH SPEND A LARGE AMOUNT OF THEIR TIME IN SCHOOLS, BUT SCHOOL DISTRICTS ARE NOT SET UP TO MEET THE MENTAL HEALTH NEEDS OF ALL THEIR STUDENTS. VALLEY CITIES SCHOOL BASED PROGRAM PROVIDES MUCH NEEDED MENTAL HEALTH TREATMENT WITHIN THE SCHOOLS AND REDUCES MANY BARRIERS FOR YOUTH AND THEIR FAMILIES. VALLEY CITIES WORKS IN COOPERATION WITH: FEDERAL WAY SCHOOL DISTRICT: VALLEY CITIES RUNS THE REAL TALK FOR TEENS PROGRAM AT MULTIPLE SCHOOLS WITHIN THE DISTRICT. EACH YEAR

4b (Code:) (Expenses \$ 16,001,401 including grants of \$) (Revenue \$ 12,014,691)

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. INPATIENT CLINIC: 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 2020 WAS 19 AND 29, RESPECTFULLY. RECOVERY PLACE KENT (RPK) THE RECOVERY PLACE KENT (RPK) OPENED IN DECEMBER 2019 WITH 32 BEDS AND IS WASHINGTON STATE'S FIRST AND ONLY DUALY LICENSED CHEMICAL DEPENDENCY & PSYCHIATRIC FACILITY. THE

IN VOLUNTARY 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 OPENED FEBRUARY 2020. IN RESPONSE TO HOUSE BILL 1713 ("RICKY'S LAW"), SECURE DETOXIFICATION IS A PROGRAM FOR INDIVIDUALS WHO HAVE BEEN REFERRED TO DESIGNATED CRISIS RESPONDERS (DCRS) BECAUSE THEY, AS A RESULT OF A SUBSTANCE USE DISORDER, PRESENT AN IMMINENT LIKELIHOOD OF SERIOUS HARM. SECURE DETOXIFICATION CONSISTS OF APPROVED SUBSTANCE USE DISORDER TREATMENT PROGRAMS FOR NOT MORE THAN 72 HOURS. CLIENTS RECEIVE A MEDICAL EXAM AND AN EVALUATION AND GET A RECOMMENDATION FOR TREATMENT FROM A PSYCHIATRIC NURSE PRACTITIONER. THE DETOX FACILITIES ARE MEDICALLY MONITORED AND HAVE A REGIMEN FOR EVALUATION AND TREATMENT. SUBSTANCE USE DISORDER PROFESSIONALS PROVIDE ONSITE ASSESSMENTS AND RECOMMENDATIONS FOR THE NEXT LEVEL OF CARE. CLIENTS CAN HAVE THEIR 72-HOUR HOLDS EXTENDED BY COURT ORDER TO 14 DAYS FOR ACUTE TREATMENT, AND THEN UP TO 90 DAYS IN A "LESS-RESTRICTIVE-ALTERNATIVE." ADMISSIONS ARE AVAILABLE TO AN INDIVIDUAL TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK. THE AVERAGE CENSUS FOR EVALUATION AND TREATMENT AND SECURE DETOX IN 2020 WAS 14 AND 5, RESPECTIVELY.

4c (Code:) (Expenses \$ **5,165,390** including grants of \$) (Revenue \$ **4,627,061**)

HOUSING SUPPORT SERVICES 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 AND STABLE HOUSING. THIS INCLUDES PATHWAYS FIRST, HOMELESS SERVICE ENHANCEMENT, SHELTER PLUS CARE, VALLEY CITIES LANDING, VALLEY CITIES PLACE AND PHOENIX RISING PERMANENT SUPPORTIVE HOUSING PROJECTS DEDICATED TO SERVING INDIVIDUALS AND FAMILIES. 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 20 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. 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. MENTAL HEALTH FIRST AID IN 2020, VALLEY CITIES CONTINUED ITS PARTNERSHIP WITH KING COUNTY FOR A THIRD YEAR TO DESIGN A PROGRAM TO INCREASE THE NUMBER OF PEOPLE IN THE COMMUNITY TRAINED IN MENTAL HEALTH FIRST AID (MHFA). THE FOCUS IS TO REDUCE THE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH DISORDERS, LEARN SIGNS AND SYMPTOMS OF MENTAL HEALTH CHALLENGES, HOW TO TALK WITH SOMEONE ABOUT WHAT IS NOTICED, AND HOW TO CONNECT INDIVIDUALS WITH PROFESSIONAL SERVICES. TRAINING IS 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. IN RESPONSE TO COVID19, TRAININGS WERE HELD VIRTUALLY WITH DIRECTION AND TOOLS FROM THE NATIONAL COUNCIL OF BEHAVIORAL HEALTH. 21 NEW INSTRUCTORS WERE TRAINED IN BOTH YOUTH AND ADULT CURRICULUM. PARTNERSHIPS WERE RE-EVALUATED AND FOCUSED ON INCLUSION FOR ALL REGARDLESS OF GEOGRAPHIC LOCATION, RACE, OR NATIONALITY. VALLEY CITIES TRAINED 939 INDIVIDUALS IN 97 VIRTUAL TRAINING CLASSES, WHICH INCLUDED INSTRUCTION OF 583 INDIVIDUALS IN ADULT CURRICULUM, 334 INDIVIDUALS IN YOUTH CURRICULUM, AND 22 INDIVIDUALS IN HIGHER EDUCATION CURRICULUM. FAMILIES FIRST THE FAMILIES FIRST PROGRAM IS AN EXCITING PROJECT THAT WAS DESIGNED TO PROVIDE HOUSING PLACEMENT AND SUPPORTIVE SERVICES TO 24 HIGH NEED FAMILIES IN KING COUNTY. THE FAMILIES FIRST PROGRAM PROVIDES INDIVIDUALIZED, INTENSIVE SERVICES TO FAMILIES ALONG WITH A FAMILY UNIFICATION PROGRAM (FUP) SECTION 8 VOUCHER THAT CAN BE USED IN PRIVATE MARKET HOUSING (TENANT-BASED VOUCHERS). THE PRIMARY GOAL OF THE PROGRAM IS TO ASSIST FAMILIES IN ACHIEVING HOUSING STABILITY AND INCREASE SELF-SUFFICIENCY USING AN APPROACH THAT CENTERS ON PROVIDING HOMELESS PEOPLE HOUSING QUICKLY AND THEN PROVIDING SERVICES AS NEEDED. IN 2020, VALLEY CITIES ACHIEVED A 100% HOUSING STABILITY RATING AND GRADUATED 10 FAMILIES FROM THE PROGRAM WHO HAVE MAINTAINED HOUSING STABILITY FOR UP TO FIVE YEARS. FAMILIES FIRST IS CURRENTLY ENDORSED BY THE UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS (USICH) AS A "BEST PRACTICE" FOR GOVERNMENTS AND SERVICE-AGENCIES TO USE IN THEIR FIGHT TO END CHRONIC HOMELESSNESS IN AMERICA. IN 2020, DUE TO COVID19, CLIENTS IN THIS PROGRAM HAVE ACHIEVED LIMITED NEW EMPLOYMENT, ENROLLMENT IN UNEMPLOYMENT BENEFIT SERVICES, ENROLLMENT IN MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES, REGULAR MEDICAL CARE FOR COVID19 TESTING AND VACCINATION, ENROLLMENT IN THE EMERGENCY PANDEMIC EBT FREE LUNCH FOR KIDS, ENROLLMENT IN DSHS COVID19 RELIEF EMERGENCY FUNDS FOR LOW-INCOME FAMILIES AND ACCESS TO LOCAL FOOD BANKS. COMING-UP YOUTH PROGRAM THE COMING-UP YOUTH PROGRAM (CUP) IS A SUPPORTIVE HOUSING PROGRAM SUBSIDIZED IN LARGE PART THROUGH KING COUNTY HOUSING AUTHORITY (KCHA), KING COUNTY, AND UNITED WAY. CUP PROVIDES HOUSING AND AGENCY SUPPORT SERVICES TO UP TO 22 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AGES 18-24. THE PROGRAM SWITCHED SERVICE PROVIDERS FROM AUBURN YOUTH RESOURCES (NOW KNOWN AS NEXUS YOUTH) TO VALLEY CITIES IN NOVEMBER 2016. THE CUP TEAM CONSISTS OF ONE CASE MANAGER, ONE PEER SUPPORT SPECIALIST, HOUSING SPECIALIST, A HOUSING MANAGER, PROGRAM MANAGER, AND FINANCE SUPPORT STAFF, PLUS ACCESS TO A MENTAL HEALTH THERAPIST. THE GOAL OF THE CUP PROGRAM IS TO PROVIDE PROGRAM PARTICIPANTS WITH A WRAPAROUND APPROACH TO SERVICES AND SUPPORT THAT WILL ENABLE THEM TO ACHIEVE SELF-SUFFICIENCY. THE PROGRAM ENABLES THEM TO GAIN LIFE SKILLS NECESSARY TO GAIN EDUCATION AND EMPLOYMENT, MAINTAIN THEIR HEALTH, FINANCES, AND HOMES, AND MAINTAIN HOUSING STABILITY. IN 2020, 50% OF PARTICIPANTS WHO GRADUATED FROM THE PROGRAM MOVED TO STABLE PERMANENT HOUSING IN THE COMMUNITY. HUB AND SPOKES SERVICES ALSO KNOWN AS MATCH (MEDICATION-ASSISTED TREATMENT & COMMUNITY HEALTH) VALLEY CITIES ENTERED INTO A CONTRACT WITH THE HEALTHCARE AUTHORITY TO BEGIN PROVIDING LOW-BARRIER ACCESS TO MEDICATION, RAPID ACCESS TO MEDICATIONS FOR OPIATE USE DISORDER (MOUD), AND RELATED SUPPORT SERVICES IN RESPONSE TO THE OPIOID EPIDEMIC. THE PRIMARY FOCUS OF THE MATCH PROGRAM IS TO INDUCE AND STABILIZE INDIVIDUALS WITH MOUD, WHO MEET DIAGNOSTIC CRITERIA FOR AN OPIOID USE DISORDER, WITH THE OPTION OF ON-SITE ADMINISTRATION OF AN OPIOID AGONIST (BUPRENORPHINE) OR AN OPIOID ANTAGONIST (NALTREXONE, PRIMARILY IN THE FORM OF AN EXTENDED-RELEASE INJECTABLE). MATCH SERVICES CAN BE ACCESSED IN THE COMMUNITY AT ONE OF OUR OUTPATIENT FACILITIES, OR AT RECOVERY PLACE SEATTLE (RPS), WHICH IS VALLEY CITIES' INPATIENT TREATMENT AND MEDICAL DETOX PROGRAM. THE MATCH PROGRAM WORKS CLOSELY WITH OUR COMMUNITY PARTNERS TO PROVIDE INDIVIDUALIZED EQUITABLE SERVICES. OUR CARE NAVIGATORS, PEER SUPPORT SPECIALIST, DATA COORDINATOR, AND NURSE CARE MANAGER WORK DIRECTLY WITH THE CLIENT TO CONNECT THEM WITH THE SERVICES THEY ARE SEEKING TO INCLUDE (BUT NOT LIMITED TO), PRIMARY CARE, DENTAL, BEHAVIORAL HEALTH, HOUSING, EMPLOYMENT, AND RECOVERY SUPPORT SERVICES. IN ORDER TO PROVIDE EVIDENCE-BASED, TRAUMA-INFORMED CARE, THE MATCH PROGRAM REGULARLY ATTENDS CONTINUING EDUCATION OPPORTUNITIES AND ENGAGES WITH OTHER MOUD PROVIDERS AS A COHORT, TO BETTER UNDERSTAND THE COMMUNITY THEY ARE SERVING. IN THAT SPIRIT, MATCH PROVIDES QUANTITATIVE AND QUALITATIVE DATA TO THE WASHINGTON STATE HEALTHCARE AUTHORITY, DBHR, AND SAMHSA TO FURTHER THE MUTUAL GOAL OF HELPING THOSE WHO CONTINUE TO STRUGGLE WITH OPIATE USE DISORDER. VALLEY CITIES INDUCTED A TOTAL OF 277 UNIQUE INDIVIDUALS IN 2020 AND THE MATCH PROGRAM SERVICED 294 CLIENTS. LOW-BARRIER BUPRENORPHINE SERVICE EXPANSION PROGRAM IN 2018, VALLEY CITIES FACILITATED ACCESS















(Code:) (Expenses \$ including grants of \$) (Revenue \$ **1,008,531**)

CLINICAL SUPPORT SERVICES CLINICAL SUPPORT SERVICES INCLUDES INFORMATION SYSTEMS, ACCESS SERVICES INCLUDING ALL TELEPHONE SCREENING AND INITIAL INTAKE SERVICES, AFTER-HOURS CRISIS 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. THE DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY. THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND THE ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEE THE REVENUE CYCLE TEAM, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$ **1,008,531**)

4e Total program service expenses ▶ **50,543,950**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
11b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	Yes	
12a	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other organizational matters.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 16 main sections (2a-16) and sub-questions (a-f). Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign country accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts. Includes a '741' entry in the 2a box.

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... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 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 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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) SHEKH ALI CEO/CFO	40.00			X				334,781	0	10,036
(2) BRIAN ALLENDER CHIEF MED. O	40.00				X			289,426	0	28,815
(3) BRIAN PHAM PSYCHIATRIST	40.00					X		303,422	0	9,436
(4) JOHN VASZARI PSYCHIATRIST	40.00					X		246,064	0	12,020
(5) CYNTHIA GREER PSYCHIATRIST	34.00					X		215,512	0	1,064
(6) STEPHANIE ARMSTRONG PSYCHIATRIST	37.00					X		194,031	0	10,859
(7) STANFORD TRAN ASSOC MED DI	18.00					X		195,572	0	64
(8) JAMIE NORITAKE HENSON CHIEF ADMIN	40.00			X				146,922	0	661
(9) DAVID FACIO-HEINEMAN SECRETARY	1.00	X		X				0	0	0
(10) PAM HUNTLEY DIRECTOR	1.00	X						0	0	0
(11) TAMMY IVERSON DIRECTOR	1.00	X						0	0	0
(12) THERESA MCGILLIE DIRECTOR	1.00	X						0	0	0
(13) MICHAEL NOEL DIRECTOR	1.00	X						0	0	0
(14) EMILY PARZYBOK VICE CHAIR	1.00	X		X				0	0	0
(15) MIKE RUFF DIRECTOR	1.00	X						0	0	0
(16) WILMA STEWART DIRECTOR	1.00	X						0	0	0
(17) NAOMI TILFORD DIRECTOR	1.00	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				
(18) TALLMAN TRASK TREASURER	1.00	X		X				0	0	0	
(19) HOLLY WEST CHAIR	1.00	X		X				0	0	0	
(20) STEVE WILLIAMS DIRECTOR	1.00	X						0	0	0	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								1,925,730		72,955	

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 **▶ 4 3**

	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	769,609
CREDIBLE BEHAVIORAL HEALTH PO BOX 34456 BETHESDA, MD 20817	EHR CONSULTANT	431,887
PIONEER HUMAN SERVICES 7740 W MARGINAL WAY S SEATTLE, WA 98108	FOOD CATERING	388,462
VALLEY JANITORIAL SERVICE PO BOX 2102 AUBURN, WA 98071	JANITORIAL	339,557
CERO'S LLC ALERT SECURITY 3691 NE JOHN OLSEN AVE HILLSBORO, OR 97124	SECURITY	291,031

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 **▶ 8**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,153,345				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f			2,153,345				
Program Service Revenue	2a KING COUNTY CONTRACTS	Business Code					
		621400	52,198,833	52,198,833			
	b STATE OF WASHINGTON	621400	1,619,951	1,619,951			
	c CLIENT AND THIRD PARTY	621400	1,582,581	1,582,581			
	d LOCAL CONTRACTS	621400	1,370,088	1,370,088			
	e SUPPORTED HOUSING INCOME	624200	681,685	681,685			
	f All other program service revenue.		366,720	366,720			
g Total. Add lines 2a-2f.			57,819,858				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,274			8,274	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			59,981,477	57,819,858		8,274	

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	810,640	318,241	492,399	
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	34,035,346	32,311,672	1,613,080	110,594
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	622,557	565,366	56,534	657
9 Other employee benefits	3,964,390	3,755,838	192,042	16,510
10 Payroll taxes	3,058,139	2,876,280	171,311	10,548
11 Fees for services (non-employees):				
a Management				
b Legal	5,005	3,952	1,053	
c Accounting	61,861	58,243	3,316	302
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)	700,670	611,476	88,748	446
12 Advertising and promotion	171,841	113,366	57,483	992
13 Office expenses	2,898,804	2,801,930	89,256	7,618
14 Information technology	926,347	876,684	47,222	2,441
15 Royalties				
16 Occupancy	2,914,535	2,698,750	197,031	18,754
17 Travel	116,129	108,906	6,945	278
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	274,771	147,252	125,115	2,404
20 Interest	369,849	369,849		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,515,616	1,511,077	4,174	365
23 Insurance	445,182	423,416	19,950	1,816
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	873,773	873,092		681
b CLIENTS-SPECIAL NEEDS	68,823	68,823		
c OTHER EXPENSES	57,208	49,737	7,425	46
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	53,891,486	50,543,950	3,173,084	174,452
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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

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	59,981,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,891,486
3	Revenue less expenses. Subtract line 2 from line 1	3	6,089,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,621,602
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 32, column (A))	10	31,711,593

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 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Amount. Rows include: 14 Public support percentage for 2020; 15 Public support percentage for 2019; 16a 33 1/3% support test-2020; b 33 1/3% support test-2019; 17a 10%-facts-and-circumstances test-2020; b 10%-facts-and-circumstances test-2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	489,689	1,791,576	1,078,604	1,729,714	2,153,345	7,242,928
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	28,459,994	33,973,794	41,092,649	44,414,062	57,819,858	205,760,357
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	28,949,683	35,765,370	42,171,253	46,143,776	59,973,203	213,003,285
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.)						213,003,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .	28,949,683	35,765,370	42,171,253	46,143,776	59,973,203	213,003,285
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	2,917	2,825	275,080	31,605	8,274	320,701
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2,917	2,825	275,080	31,605	8,274	320,701
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.) . .	28,952,600	35,768,195	42,446,333	46,175,381	59,981,477	213,323,986
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	99.850 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.820 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

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>		
1		

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?		
1		
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>		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

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

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
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>		
2a		
b Did the activities described in line 2a 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

2020

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 33¹/₃% 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
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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

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Supplemental Financial Statements

2020

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures, and questions about monitoring and reporting.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures held for public exhibition, education, or research.

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** Term 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		44,849,529	6,682,840	38,166,689
c Leasehold improvements		1,399,684	483,433	916,251
d Equipment		2,495,754	1,885,550	610,204
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				45,831,371

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.)	19,620,992

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	59,981,477
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	59,981,477
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	59,981,477

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	53,891,486
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	53,891,486
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	53,891,486

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 2017 THROUGH 2020.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Part I Questions Regarding Compensation

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.

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

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?

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)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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 SHEKH ALI CEO/CFO	(i)	317,758		17,023		10,036	344,817	
	(ii)	-----	-----	-----	-----	-----	-----	---
2 BRIAN ALLENDER CHIEF MED. OFFICER	(i)	272,334		17,092		28,815	318,241	
	(ii)	-----	-----	-----	-----	-----	-----	---
3 BRIAN PHAM PSYCHIATRIST	(i)	287,061		16,361		9,436	312,858	
	(ii)	-----	-----	-----	-----	-----	-----	---
4 JOHN VASZARI PSYCHIATRIST	(i)	235,184		10,880		12,020	258,084	
	(ii)	-----	-----	-----	-----	-----	-----	---
5 CYNTHIA GREER PSYCHIATRIST	(i)	203,415		12,097		1,064	216,576	
	(ii)	-----	-----	-----	-----	-----	-----	---
6 STEPHANIE ARMSTRONG PSYCHIATRIST	(i)	190,354		3,677		10,859	204,890	
	(ii)	-----	-----	-----	-----	-----	-----	---
7 STANFORD TRAN ASSOC MED DIR	(i)	195,572				64	195,636	
	(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

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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.**2020****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS WORKED CLOSELY WITH THE DEVELOPMENT AND FUNDRAISING DEPARTMENT IN THE ADMINISTRATION BUILDING. THEY ASSISTED WITH SALESFORCE AND DATABASE MANAGEMENT, ASSISTED WITH GOOGLE AD WORDS FOR THE WEBSITE, TOOK PHOTOS AND VIDEO FOR VALLEY CITIES, HELPED FIND GRANT OPPORTUNITIES, AND HELPED WRITE GRANTS. 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.
FORM 990, PAGE 2, PART III, LINE 4A	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, BITTER LAKE, AND THE COHEN VETERANS NETWORK IN LAKEWOOD. VALLEY CITIES IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). 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' 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. RESOURCE ROOMS PROVIDE INDIVIDUAL SUPPORT, SKILL-BUILDING AND A VARIETY OF FREE RESOURCES TO ASSIST THOSE WHO MIGHT NOT HAVE A NETWORK OF SUPPORT. VALLEY CITIES PROVIDES COMPUTERS, FAX AND PHONES, EMPLOYMENT AND HOUSING INFORMATION, FAMILY/YOUTH AND HEALTH SERVICES, AND COMMUNITY AND TRANSPORTATION SERVICES. VALLEY CITIES PROMOTES RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED. ALL RESOURCE ROOMS ARE RUN BY PEERS AND COMMUNITY VOLUNTEERS. HOURS VARY BY LOCATION AND ARE BASED ON VOLUNTEER AVAILABILITY. AS A RESULT OF THE COVID 19 PANDEMIC, RESOURCE ROOMS CLOSED EFFECTIVE MARCH 2020 AND REMAIN CLOSED IN 2021. RESOURCE ROOMS MAY REOPEN FOR USE WITH TELEHEALTH ACCESS IN THE FUTURE BASED ON AVAILABLE FUNDING. CHILDREN'S WRAPAROUND SERVICES VALLEY CITIES WRAPAROUND SERVES HIGH NEEDS YOUTH THROUGHOUT KING COUNTY, WITH A PRIMARY

Return Reference	Explanation
	<p>FOCUS IN SOUTH KING COUNTY, WHO ARE ELIGIBLE FOR ONE OF TWO WRAPAROUND PROGRAMS OFFERED. 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 120 FAMILIES PER YEAR, A NUMBER THAT WILL GROW IN 2021 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. SCHOOL BASED SERVICES YOUTH MENTAL HEALTH SYMPTOMS HAVE BEEN ON THE RISE IN THE LAST 15 YEARS. SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR ADOLESCENTS. YOUTH SPEND A LARGE AMOUNT OF THEIR TIME IN SCHOOLS, BUT SCHOOL DISTRICTS ARE NOT SET UP TO MEET THE MENTAL HEALTH NEEDS OF ALL THEIR STUDENTS. VALLEY CITIES SCHOOL BASED PROGRAM PROVIDES MUCH NEEDED MENTAL HEALTH TREATMENT WITHIN THE SCHOOLS AND REDUCES MANY BARRIERS FOR YOUTH AND THEIR FAMILIES. VALLEY CITIES WORKS IN COOPERATION WITH: FEDERAL WAY SCHOOL DISTRICT: VALLEY CITIES RUNS THE REAL TALK FOR TEENS PROGRAM AT MULTIPLE SCHOOLS WITHIN THE DISTRICT. EACH YEAR</p>
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>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. INPATIENT CLINIC: 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 2020 WAS 19 AND 29, RESPECTFULLY. RECOVERY PLACE KENT (RPK) THE RECOVERY PLACE KENT (RPK) OPENED IN DECEMBER 2019 WITH 32 BEDS AND IS WASHINGTON STATE'S FIRST AND ONLY DUALY LICENSED CHEMICAL DEPENDENCY & PSYCHIATRIC FACILITY. THE EVALUATION AND TREATMENT PROGRAM 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 OPENED FEBRUARY 2020. IN RESPONSE TO HOUSE BILL 1713 ("RICKY'S LAW"), SECURE DETOXIFICATION IS A PROGRAM FOR INDIVIDUALS WHO HAVE BEEN REFERRED TO DESIGNATED CRISIS RESPONDERS (DCRS) BECAUSE THEY, AS A RESULT OF A SUBSTANCE USE DISORDER, PRESENT AN IMMINENT LIKELIHOOD OF SERIOUS HARM. SECURE DETOXIFICATION CONSISTS OF APPROVED SUBSTANCE USE DISORDER TREATMENT PROGRAMS FOR NOT MORE THAN 72 HOURS. CLIENTS RECEIVE A MEDICAL EXAM AND AN EVALUATION AND GET A RECOMMENDATION FOR TREATMENT FROM A PSYCHIATRIC NURSE PRACTITIONER. THE DETOX FACILITIES ARE MEDICALLY MONITORED AND HAVE A REGIMEN FOR EVALUATION AND TREATMENT. SUBSTANCE USE DISORDER PROFESSIONALS PROVIDE ONSITE ASSESSMENTS AND RECOMMENDATIONS FOR THE NEXT LEVEL OF CARE. CLIENTS CAN HAVE THEIR 72-HOUR HOLDS EXTENDED BY COURT ORDER TO 14 DAYS FOR ACUTE TREATMENT, AND THEN UP TO 90 DAYS IN A "LESS-RESTRICTIVE-ALTERNATIVE." ADMISSIONS ARE AVAILABLE TO AN INDIVIDUAL TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK. THE AVERAGE CENSUS FOR EVALUATION AND TREATMENT AND SECURE DETOX IN 2020 WAS 14 AND 5, RESPECTIVELY.</p>
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>HOUSING SUPPORT SERVICES 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 AND STABLE HOUSING. THIS INCLUDES PATHWAYS FIRST, HOMELESS SERVICE ENHANCEMENT, SHELTER PLUS CARE, VALLEY CITIES LANDING, VALLEY CITIES PLACE AND PHOENIX RISING PERMANENT SUPPORTIVE HOUSING PROJECTS DEDICATED TO SERVING INDIVIDUALS AND FAMILIES. 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</p>

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	<p>AND MEANS TO MOVE TO A LESS INTENSIVE SERVICE LEVEL WITHIN TWO YEARS. VALLEY CITIES SERVES AN AVERAGE OF 20 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. 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. MENTAL HEALTH FIRST AID IN 2020, VALLEY CITIES CONTINUED ITS PARTNERSHIP WITH KING COUNTY FOR A THIRD YEAR TO DESIGN A PROGRAM TO INCREASE THE NUMBER OF PEOPLE IN THE COMMUNITY TRAINED IN MENTAL HEALTH FIRST AID (MHFA). THE FOCUS IS TO REDUCE THE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH DISORDERS, LEARN SIGNS AND SYMPTOMS OF MENTAL HEALTH CHALLENGES, HOW TO TALK WITH SOMEONE ABOUT WHAT IS NOTICED, AND HOW TO CONNECT INDIVIDUALS WITH PROFESSIONAL SERVICES. TRAINING IS 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. IN RESPONSE TO COVID19, TRAININGS WERE HELD VIRTUALLY WITH DIRECTION AND TOOLS FROM THE NATIONAL COUNCIL OF BEHAVIORAL HEALTH. 21 NEW INSTRUCTORS WERE TRAINED IN BOTH YOUTH AND ADULT CURRICULUM. PARTNERSHIPS WERE RE-EVALUATED AND FOCUSED ON INCLUSION FOR ALL REGARDLESS OF GEOGRAPHIC LOCATION, RACE, OR NATIONALITY. VALLEY CITIES TRAINED 939 INDIVIDUALS IN 97 VIRTUAL TRAINING CLASSES, WHICH INCLUDED INSTRUCTION OF 583 INDIVIDUALS IN ADULT CURRICULUM, 334 INDIVIDUALS IN YOUTH CURRICULUM, AND 22 INDIVIDUALS IN HIGHER EDUCATION CURRICULUM. FAMILIES FIRST THE FAMILIES FIRST PROGRAM IS AN EXCITING PROJECT THAT WAS DESIGNED TO PROVIDE HOUSING PLACEMENT AND SUPPORTIVE SERVICES TO 24 HIGH NEED FAMILIES IN KING COUNTY. THE FAMILIES FIRST PROGRAM PROVIDES INDIVIDUALIZED, INTENSIVE SERVICES TO FAMILIES ALONG WITH A FAMILY UNIFICATION PROGRAM (FUP) SECTION 8 VOUCHER THAT CAN BE USED IN PRIVATE MARKET HOUSING (TENANT-BASED VOUCHERS). THE PRIMARY GOAL OF THE PROGRAM IS TO ASSIST FAMILIES IN ACHIEVING HOUSING STABILITY AND INCREASE SELF-SUFFICIENCY USING AN APPROACH THAT CENTERS ON PROVIDING HOMELESS PEOPLE HOUSING QUICKLY AND THEN PROVIDING SERVICES AS NEEDED. IN 2020, VALLEY CITIES ACHIEVED A 100% HOUSING STABILITY RATING AND GRADUATED 10 FAMILIES FROM THE PROGRAM WHO HAVE MAINTAINED HOUSING STABILITY FOR UP TO FIVE YEARS. FAMILIES FIRST IS CURRENTLY ENDORSED BY THE UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS (USICH) AS A "BEST PRACTICE" FOR GOVERNMENTS AND SERVICE-AGENCIES TO USE IN THEIR FIGHT TO END CHRONIC HOMELESSNESS IN AMERICA. IN 2020, DUE TO COVID19, CLIENTS IN THIS PROGRAM HAVE ACHIEVED LIMITED NEW EMPLOYMENT, ENROLLMENT IN UNEMPLOYMENT BENEFIT SERVICES, ENROLLMENT IN MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES, REGULAR MEDICAL CARE FOR COVID19 TESTING AND VACCINATION, ENROLLMENT IN THE EMERGENCY PANDEMIC EBT FREE LUNCH FOR KIDS, ENROLLMENT IN DSHS COVID19 RELIEF EMERGENCY FUNDS FOR LOW-INCOME FAMILIES AND ACCESS TO LOCAL FOOD BANKS. COMING-UP YOUTH PROGRAM THE COMING-UP YOUTH PROGRAM (CUP) IS A SUPPORTIVE HOUSING PROGRAM SUBSIDIZED IN LARGE PART THROUGH KING COUNTY HOUSING AUTHORITY (KCHA), KING COUNTY, AND UNITED WAY. CUP PROVIDES HOUSING AND AGENCY SUPPORT SERVICES TO UP TO 22 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AGES 18-24. THE PROGRAM SWITCHED SERVICE PROVIDERS FROM AUBURN YOUTH RESOURCES (NOW KNOWN AS NEXUS YOUTH) TO VALLEY CITIES IN NOVEMBER 2016. THE CUP TEAM CONSISTS OF ONE CASE MANAGER, ONE PEER SUPPORT SPECIALIST, HOUSING SPECIALIST, A HOUSING MANAGER, PROGRAM MANAGER, AND FINANCE SUPPORT STAFF, PLUS ACCESS TO A MENTAL HEALTH THERAPIST. THE GOAL OF THE CUP PROGRAM IS TO PROVIDE PROGRAM PARTICIPANTS WITH A WRAPAROUND APPROACH TO SERVICES AND SUPPORT THAT WILL ENABLE THEM TO ACHIEVE SELF-SUFFICIENCY. THE PROGRAM ENABLES THEM TO GAIN LIFE SKILLS NECESSARY TO GAIN EDUCATION AND EMPLOYMENT, MAINTAIN THEIR HEALTH, FINANCES, AND HOMES, AND MAINTAIN HOUSING STABILITY. IN 2020, 50% OF PARTICIPANTS WHO GRADUATED FROM THE PROGRAM MOVED TO STABLE PERMANENT HOUSING IN THE COMMUNITY. HUB AND SPOKES SERVICES ALSO KNOWN AS MATCH (MEDICATION-ASSISTED TREATMENT & COMMUNITY HEALTH) VALLEY CITIES ENTERED INTO A CONTRACT WITH THE HEALTHCARE AUTHORITY TO BEGIN PROVIDING LOW-BARRIER ACCESS TO MEDICATION, RAPID ACCESS TO MEDICATIONS FOR OPIATE USE DISORDER (MOUD), AND RELATED SUPPORT SERVICES IN RESPONSE TO THE OPIOID EPIDEMIC. THE PRIMARY FOCUS OF THE MATCH PROGRAM IS TO INDUCT AND STABILIZE INDIVIDUALS WITH MOUD, WHO MEET DIAGNOSTIC CRITERIA FOR AN OPIOID USE DISORDER, WITH THE OPTION OF ON-SITE ADMINISTRATION OF AN OPIOID AGONIST (BUPRENORPHINE) OR AN OPIOID ANTAGONIST (NALTREXONE, PRIMARILY IN THE FORM OF AN EXTENDED-RELEASE INJECTABLE). MATCH SERVICES CAN BE ACCESSED IN THE COMMUNITY AT ONE OF OUR OUTPATIENT FACILITIES, OR AT RECOVERY PLACE SEATTLE (RPS), WHICH IS VALLEY CITIES' INPATIENT TREATMENT AND MEDICAL DETOX PROGRAM. THE MATCH PROGRAM WORKS CLOSELY WITH OUR COMMUNITY PARTNERS TO PROVIDE INDIVIDUALIZED EQUITABLE SERVICES. OUR CARE NAVIGATORS, PEER SUPPORT SPECIALIST, DATA COORDINATOR, AND NURSE CARE MANAGER WORK DIRECTLY WITH THE CLIENT TO CONNECT THEM WITH THE SERVICES THEY ARE SEEKING TO INCLUDE (BUT NOT LIMITED TO), PRIMARY CARE, DENTAL, BEHAVIORAL HEALTH, HOUSING, EMPLOYMENT, AND RECOVERY SUPPORT SERVICES. IN ORDER TO PROVIDE EVIDENCE-BASED, TRAUMA-INFORMED CARE, THE MATCH PROGRAM REGULARLY ATTENDS CONTINUING EDUCATION OPPORTUNITIES AND ENGAGES WITH OTHER MOUD PROVIDERS AS A COHORT, TO BETTER UNDERSTAND THE COMMUNITY THEY ARE SERVING. IN THAT SPIRIT, MATCH PROVIDES QUANTITATIVE AND QUALITATIVE DATA TO THE WASHINGTON STATE HEALTHCARE AUTHORITY, DBHR, AND SAMHSA TO FURTHER THE MUTUAL GOAL OF HELPING THOSE WHO CONTINUE TO STRUGGLE WITH OPIATE USE DISORDER. VALLEY CITIES INDUCTED A TOTAL OF 277 UNIQUE INDIVIDUALS IN 2020 AND THE MATCH PROGRAM SERVICED 294 CLIENTS. LOW-BARRIER BUPRENORPHINE SERVICE EXPANSION PROGRAM IN 2018, VALLEY CITIES FACILITATED ACCESS</p>
FORM 990, PAGE 2,	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

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PART III, LINE 4D	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. THE DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY. THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND THE ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEE THE REVENUE CYCLE TEAM, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE REVIEWS A DRAFT COPY OF THE FORM 990 FOR ACCURACY AND PRESENTS TO THE FULL BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.
FORM 990, PAGE 6, PART VI, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY IN PLACE THAT EACH BOARD MEMBER AND OFFICER IS REQUIRED TO SIGN AND DISCLOSE THEIR INTERESTS ANNUALLY.
FORM 990, PAGE 6, PART VI, LINE 15A	HUMAN RESOURCES PERFORMS A SALARY COMPARISON WITH LIKE AGENCIES FOR THE POSITION. THE CEO HAS AN "AT WILL" CONTRACT REVIEWED AND APPROVED BY THE BOARD ANNUALLY, AND CAN BE TERMINATED AT ANYTIME.
FORM 990, PAGE 6, PART VI, LINE 15B	HUMAN RESOURCES PERFORMS A SALARY COMPARISON WITH LIKE AGENCIES FOR THE POSITION. SALARY IS REVIEWED AND APPROVED BY THE CEO, CFO, CMO, COO, AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS ARE PROVIDED TO FUNDERS, AUDITORS, AND THE STATE OF WASHINGTON. ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Additional Data

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