TIN: 20-5478191

990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-2019

Open to Public Inspection

Department of the Treasury

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

Internal	Reven	ue Service						Inspection			
A F	or th	e 2019 ca	lendar year, or tax year beginn	ing 01-01-2019 , and ending 12-31-2	:019	_					
		applicable:	C Name of organization DRUG ABUSE COUNCIL OF SNOHO	MISH		D Employe	r identif	fication number			
		change hange	COUNTY	111311		91-085	1917				
	itial re		Doing business as			-					
Fir Fretur	na l m/term	ninated	PACIFIC TREATMENT ALTERNATIVE	ES							
_		d return		mail is not delivered to street address) Room,	/suite	E Telephone number					
☐ Ap	plicat	ion pending	1721 HEWITT AVE SUITE 200	(425) 2	59-714	42					
			City or town, state or province, co EVERETT, WA 98201								
						G Gross rece	eipts \$ 1,	.053,503			
			F Name and address of prince DEBORAH GRAHAM	ipal officer:		nis a group ret	:urn for	Yes 🔽 No			
			1721 HEWITT AVE STE 20	0		ordinates? all subordinat	tes	Tyes No			
			EVERETT, WA 98201	`´ inclu	uded?						
I la	x-exe	mpt status:	501(c)(3)				ee instructions)				
J W	ebsi	te: 🕨 WV	VW.PACTRT.ORG		The Grou	up exemption	number	r 🏲			
					- Ly cc	1: 1000	M. G				
K For	m of o	organization	: Corporation Trust Associ	ation Other ►	L Year of form		M State WA	of legal domicile:			
P:	art l	Sum	nmary								
				on or most significant activities:							
				PRING OF INDIVIDUALS WHO HAVE	A HISTORY	OF DRUG AN	ID ALC	OHOL ABUSE AND			
06	:	TO PROV	/IDE AIDS OUTREACH SERV	ICES.							
<u></u>											
e e											
9	2	Check th	nis box 📭 if the organization	n 25% of its r	iet asse	ets.					
×8	3	Number	of voting members of the gover		3	8					
Activities & Governance	4	Number	of independent voting members)		4	8				
Ħ	5	Total nu	mber of individuals employed i		• •	5	19				
Aci	6	Total nu	mber of volunteers (estimate if			6					
	1			Part VIII, column (C), line 12			7a	0			
	b	Net unre	lated business taxable income	from Form 990-T, line 39			7b				
					P	rior Year	+	Current Year			
2			itions and grants (Part VIII, line	•		929,05	51	1,045,796			
Revenue		-	service revenue (Part VIII, line				0				
æ	1		ent income (Part VIII, column (-1,13	31	7,707				
			, , , , , , , , , , , , , , , , , , , ,	nes 5, 6d, 8c, 9c, 10c, and 11e)	12)	927,92	2.0	1,053,503			
	+			(must equal Part VIII, column (A), line X, column (A), lines 1-3)	12)	327,32	-0				
			, ,	, , , , ,	-		+-	0			
10			paid to or for members (Part IX	e benefits (Part IX, column (A), lines 5	. 10)	684,80	7.6	733,867			
Ses	1		onal fundraising fees (Part IX,	-10)	004,00	70	755,807				
Expens	1		raising expenses (Part IX, column (D				0				
面			xpenses (Part IX, column (A), I		254,24	13	297,677				
	18			t equal Part IX, column (A), line 25)		939,04	_	1,031,544			
	19		e less expenses. Subtract line 1	_	-11,12	_	21,959				
P S	Ť			Beginn	ing of Current		End of Year				
Net Assets or Fund Balances					Year						
Bal	20	Total as	sets (Part X, line 16)			409,98	3 1	648,709			
E E	21	Total lia	bilities (Part X, line 26)		78,48	30	295,249				
Zű	22	Net asse	ets or fund balances. Subtract I	ine 21 from line 20		331,50) 1	353,460			
	art II		nature Block								
	•			xamined this return, including accompomplete. Declaration of preparer (other	, -						
		-	nowledge.								
		Signat	ture of officer			120-09-28 ate					
Sigr		,									
Her	e		RAH GRAHAM EXECUTIVE DIRECTOR or print name and title								
		7	21.4		Ta	Т					
			Print/Type preparer's name	Preparer's signature	2020 05 20	neck If Po	TIN 00118743	3			
Paid		ļ.	Firm's name HANLIN MOSS YI PS	l		If-employed rm's EIN 🏲 91-1	837034				
Pre	-	er	3 nume F HANLIN PIO33 11 PS			3 LIN F* 31-1	JJ, UJ4				
Use	Or	າly [⁼	Firm's address 🏲 9709 THIRD AVENUE	NE STE 506	Ph	none no. (206) 6	23-3200				
			SEATTLE, WA 98115	2053							
May	the I	RS discus	s this return with the preparer	shown above? (see instructions) .			. [¥ Yes No			

Accomplishm
Service
Program
atement of
Stateme

ents

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
PR(PROVIDE COUNSELING AND MONITORING OF INDIVIDUALS WHO HAVE A HISTORY OF DRUG AND ALCOHOL ABUSE AND TO
PR(PROVIDE AIDS OUTREACH SERVICES.

on	Tyes 🔻 No	
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any	•	ervic
Did the organization undertake any significant	the prior Form 990 or 990-EZ?	If "Yes," describe these new services on Sched
~		

Yes V Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. services? ო

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

<u>ta</u>	(Code:) (Expenses \$	731,294	including grants of $\$$) (Revenue \$	
	TARGETED INTENSIVE CASE MANAGEMENT - PROVIDES INTEN	MANAGEMENT - PROVIDES IN	TENSIVE AN	USIVE AND PROLONGED COUNSELING AND MONITORING TO PREGNANT/ PARENTING WOMEN	TORING TO PREGNANT/ PARENTING WO	OMEN WHO
	HAVE A HISTORY OF ALCOHOL AND DRUG ABUSE.	L AND DRUG ABUSE.				

AIDS OUTREACH - PROVIDES SERVICES TO ATTEMPT TO REDUCE HIGH RISK BEHAVIORS AND TO CONNECT WITH INJECTION DRUG USERS TO EDUCATE THEM AND (Revenue \$ including grants of \$ 171,659 (Expenses \$ EASE THEIR WAY INTO TREATMENT, (Code: 4

ESTEEM - NEW PROGRAM IN 2019, ESTEEM IS A 60-DAY EMERGENCY HOMELESS SHELTER FOR UP TO SIX CLIENTS AND SIX CHILDREN. NO OUTSIDE REFERRALS) (Revenue \$ including grants of \$ 23,828) (Expenses \$ 4

	ARE TAKEN, BUT CLIENTS OF THE AGENCY IN ANOTHER CAPACITY		ARE ELIGIBLE TO APPLY FOR ITS USE. 60-DAYS IS THE TIME LIMIT FOR RESIDENCE.	FOR RESIDENCE.
44	Other program services (Describe in Schedule O.)	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$	(
46	Total program service expenses ▶	926.781		

Form	990 (2019)			Page 3
Pai	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V *	10		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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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)?	11f		Νο
12a	ប់ដើ ^y អាច" ទទ្ធបារាស្ត្រជាស្ត្រស្នាស់ នៅមេដ្ឋា Ps មានមេដ្ឋា Adependent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ន ី	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Νo
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo

Form	990 (2019)			Page
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Νo
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νo
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		Νo
27	Bid Ythe Grandstrian for the Partant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," completeSchedule L,Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i>			
u	complete Schedule L, Part IV	28a		Νo
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		Νo
31	bid the organization figure ate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33		Νo
34	Wasen Grant Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Г
	Check if Schedule O contains a response of note to any line in this Part v	•	Yes	· I
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a 0		1 63	140

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

1c

Form **990** (2019)

Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		Νo
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial afcevers) and the name of the foreign country:			
En	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts WESAThe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.o.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a		14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on $payment(s)$ of more than \$1,000,000 in remuneration or excess parachute $payment(s)$ during the year?	15		Νo
16	If thesophysæveizastorucationes lacrecticites Formshit Lut 2001, Suchbjædtulten the section 4968 excise tax on net investment income?	16		Νο
	If "Yes," complete Form 4720, Schedule O.		Form 00	(201

Form 990 (2019) Page 6 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 No 1a Enter the number of voting members of the governing body at the end of the tax **1**a Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Yes other officer, director, trustee, or key employee? . . . Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . 4 Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was bladthe organization become aware during the year of a significant diversion of the organization's assets? . 5 5 Νo 6 Did the organization have members or stockholders? . . . 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . Yes Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O \ldots \ldots \ldots \ldots Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) **10a** Did the organization have local chapters, branches, or affiliates? . . 10a Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Νo Describe in Schedule O the process, if any, used by the organization to review this Form 990. . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Νo Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . 13 Yes 13 Did the organization have a written document retention and destruction policy? . . . 14 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . 15a Yes 15b Νo If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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)

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:

19

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

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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					npe	nsate	d an	y current officer,	e.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not bo: h ar or/ti	check, office Highest compensated	ess er e)	(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
(1) DEBORAH GRAHAM EXECUTIVE DI	40.00			Х				62,287	0	0
(2) JUDITH BRONSON BOARD MEMBER		х						0	0	0
(3) LORRAINE KNOWLES BOARD MEMBER		Х						0	0	0
(4) SANDI KRAGER BOARD MEMBER		Х						0	0	0
(5) JUDIANNE KRANTZ SEC-TREAS		Х						0	0	0
(6) MIKE KRANTZ BOARD PRESID		Х						0	0	0
(7) BRITTANY TRI BOARD MEMBER		х						0	0	0
(8) GINA WASSEMILLER BOARD MEMBER		х						0	0	0
(9) NEIL WEISS BOARD MEMBER		х						0	0	0

	Section A. Officers, Dire	1	,	,			,		,	The state of the s			
	week (list any hours for				one botl recto	not box h ar or/tr	checl x, unle n office rustee	ess er)	(D) Reportable compensation from the organization (W	from related - organization	s	(F) Estima amount o compen from	ated of other sation the
		organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC) (W-2/1099- MISC)		rganizat relat organiza	ed
											$\frac{1}{2}$		
										\perp			
										+			
											-		
С	Sub-Total	*					*		62,287		+		
2	Total number of individuals (include \$100,000 of reportable compensa					d al	oove)	who	received more th	nan			
												Yes	No
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sche</i>	·			, key •	y en •	nploye • •	ee, o •	r highest comper	nsated employee	3		No
4	For any individual listed on line 1a organization and related organiza individual										4		N o
5	Did any person listed on line 1a reservices rendered to the organiza									or individual for			
S	ection B. Independent Cont		riprete 5	rerred	are s	707	Suci ,	0075			5		Νo
1	Complete this table for your five compensation from the organization	highest compens										tax year	
	Nam	(A) e and business addr	ess						D	(B) escription of services			C) ensation
									ĺ				

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

Page **9**

Part	VIII	Statement								
		Check if Sche	dule	O contain	s a res	sponse or note to	any line in this Pari (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectior 512 - 514
s &	1a F	ederated camp			1a					
s, Grants Amounts	b №	lembership due			1b					
9	d R	undraising eve elated organiza			1c 1d					
iffs, ar A		overnment grants			1e	1,045,796				
Contributions, Gifts, Grants and Other Similar Amounts										
		II other contribution								
	a	bove oncash contributio			1f					
	اا	nes 1a - 1f:\$			1 g					
	h T	otal. Add lines	1a-1	.f		<u> </u>	1,045,796	1	1	ı
	2a					Business Code				
	Za									
enn	_					_				
₽.	ь _					_				
vice	c									
Ser	d —									
ram	_					_				
Program Service Revenue	e					_				
	f All	other program	serv	vice reven	ue.					
	9 то	otal. Add lines	2a-2	.f						
	3 Inve	estment income	e (ind	luding div	idends	, interest, and	7,674	4		7,67
	other	lareamounits)es	tmer	nt of tax-e	xempt	bond proceeds				·
				(i) Re	eal	(ii) Personal				
	6a Gr	oss rents	6a							
		ss: rental penses	6b							
	c Re	ntal come or	6с							
	d (N	et ^s rental incom	e or	(loss).						
				(i) Secu	rities	(ii) Other►				
	fro	oss amount m sales of ets other n inventory	7a			3	33			
	b Les	es: cost or er basis and es expenses	7b							
		n or (loss)	7c				33			
		et gain or (loss				1	3:	3		3
		oss income from fu	ndrais	sing events						
Other Revenue	cor	ot including \$ ntributions reported Part IV, line 18			8a					
eve	b Le	ss: direct expe	enses	;	8b					
a.	c Ne	t income or (lo	ss) f	rom fundra	aising (
the						<u> </u>				
0		oss income from	m ga	ming						
		tivities. e Part IV, line 1 ss: direct expe	9.		9a					
		ss: direct expe t income or (lo			9b ng acti	lvities ⊾				

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	inve	ntory			
		•	1		
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		🕨			
12 Total revenue. See instructions .					
_		•	1,053,503		7,707

Form **990** (2019)

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other of	
Check if Schedule O contains a response or note to any line in this Part $IX \dots$	

	not include amounts reported on lines 6b, 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		1		
•	· · · · · · ·				
5	Compensation of current officers, directors, trustees, and key employees	62,287	62,287		
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	547,675	499,440	48,235	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	66,068	66,068	1	
	Payroll taxes	57,837	53,242	4,595	_
	Fees for services (non-employees):				
	a Management				
	Legal				
(Accounting	9,333		9,333	
c	d Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	222,328	203,365	18,963	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	36,868	35,730	1,138	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates	3,515	2.250	159	
	Depreciation, depletion, and amortization	25,633	3,356 3,293	22,340	
	Insurance	25,633	3,293	22,340	
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				
	<u>b</u>				
	<u>c</u>				
	d all other expenses				
	e All other expenses	1,031,544	926,781	104,763	0
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720).	1,001,014	520,701	104,703	0

Part X Balance Sheet

		Check if Schedule O contains a response or r	note to	any line in this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			71,989	1	154,316
	2	Savings and temporary cash investments		Γ		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[224,666	4	164,727
	5	Loans and other payables to any current or for	mer o	fficer, director, trustee,			
		key employee, creator or founder, substantial				5	
	6	controlled entity or family member of any of the Loans and other receivables from other disquare.					
		under section $4958(f)(1)$), and persons descr				6	
50	7	Notes and loans receivable, net		[7	
et	8	Inventories for sale or use		[8	
Assets	9	Prepaid expenses and deferred charges .			15,014	9	16,797
_	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	46,592			
	b	Less: accumulated depreciation	10b	38,750	11,357	10 c	7,842
	11	Investments—publicly traded securities .			24,489	11	32,196
	12	Investments—other securities. See Part IV, lin	ne 11			12	
	13	Investments—program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			62,466	15	272,831
	16	Total assets: Add lines 1 through 15 (must ed	qual li	ne 34)	409,981	16	648,709
	17	Accounts payable and accrued expenses .			23,399	17	33,568
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
3	21	Escrow or custodial account liability. Complet	e Part	IV of Schedule D		21	
ij.	22	Loans and other payables to any current or for					
Ō		key employee, creator or founder, substantial controlled entity or family member of any of t				22	
Liabilities	23	Secured mortgages and notes payable to unre	•	_		23	
	23 24	Unsecured notes and loans payable to unrelat		·		24	
		Other liabilities (including federal income tax,		· · ·	55,081	25	261,681
	25	parties, and other liabilities not included on li Complete Part X of Schedule D			33,001	25	201,001
	26	Total liabilities. Add lines 17 through 25 .			78,480	26	295,249
80		Organizations that follow FASB ASC 958, chec	ck her	e 🕨 🔽 and complete			
2		lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			331,501	27	353,460
8	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 95	=0 ah	eck here ▶ ☐ and			
LE		complete lines 29 through 33.	o, cn	eck liele F dilu			
Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds .			29	
set	30	Paid-in or capital surplus, or land, building or	equipn	nent fund		30	
ASS	31	Retained earnings, endowment, accumulated in	ncome	, or other funds		31	
Net.	32	Total net assets or fund balances			331,501	32	353,460
Z	33	Total liabilities and het assets/fund balances			409,981	33	648,709

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ets	response or note to any line in this Part >	
SSI	a Fe	
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		1

	Check if Schedule O contains a response or note to any line in this Part XI	•	•	<u>></u>
Н	Total revenue (must equal Part VIII, column (A), line 12)		1,0	,053,503
7	Total expenses (must equal Part IX, column (A), line 25)		1,0	,031,544
ო	Revenue less expenses. Subtract line 2 from line 1			21,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		3	31,501
Ŋ	Net unrealized gains (losses) on investments			
9	Donated services and use of facilities 6			
7	Investment expenses			
ø	Prior period adjustments			
0	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column 10		3	53,460
Ğ	Part XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			L
			Yes	S S
-	Accounting method used to prepare the Form 990:			
I	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?	2a		Νο
	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:			
	$ldsymbol{\square}$ Separate basis $ldsymbol{\square}$ Consolidated basis $ldsymbol{\square}$ Both consolidated and separate basis			
Р	• Were the organization's financial statements audited by an independent accountant?	2p		0 N
	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:			
	$ldsymbol{\square}$ Separate basis $ldsymbol{\square}$ Consolidated basis			
U	: 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?	25		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
Q	• 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.	q£		

Form **990** (2019)

	Return to Form
Form 990 (2019)	Additional Data

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 20-5478191
OMB No. 1545-0047

2019

Open to Public Inspection

		e organization COUNCIL OF SNOHOMISH					Employer identifica	tion number
COUN		COUNCIL OF SNOROMISH					91-0851917	
Pa	rt I	Reason for Publi	c Charity St	atus (All organiza	tions must co	mplete this pa	art.) See instructio	ns.
The	organi	zation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	ck only one bo	x.)	
1		A church, convention of	of churches, or	association of churc	hes described ir	section 170(b)(1)(A)(i).	
2		A school described in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forn	n 990 or 990-E	Z).)	
3		A hospital or a cooper	ative hospital s	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a	•	ated in conjunction w	vith a hospital d	escribed in sec t	tion 170(b)(1)(A)(iii). Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co			versity owned o	r operated by a	governmental unit d	escribed in section
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7	V	An organization that no described in section 1				m a governmer	ntal unit or from the g	jeneral public
8		A community trust des	scribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	: II.)		
9		An agricultural research						
10		university or a non-lan An organization that n receipts from activities from gross investment organization after June	ormally receive s related to its t income and u	es: (1) more than 331 exempt functions—su nrelated business tax	/3% of its suppo ubject to certain (able income (le	rt from contrib exceptions, ar ess section 511	utions, membership f nd (2) no more than 3	ees, and gross 331/3% of its support
11		An organization organi	•		• •	•	509(a)(4).	
12		An organization organizone or more publicly s the box in lines 12a th	upported organ	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See sectio r	n 509(a)(3). Check
а		Type I. A supporting o supported organization organization. You mus	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s			. , ,	, 2
С		Type III functionally i supported organization	_		•	•	, , ,	jrated with, its
d		Type III non-functions not functionally integra (see instructions). You	ated. The organ	nization generally mu	st satisfy a disti	ribution require		• •
е		Check this box if the o integrated, or Type III	rganization red	eived a written deter	mination from t	he IRS that it is	s a Type I, Type II, T	ype III functionally
f	Enter	the number of support	ed organizatior	ıs			<u> </u>	
g		Provide the following in	nformation abo	ut the supported orga	nization(s).			
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the o	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No		

Total

Sc	nedule A (Form 990 or 990-EZ) 2019	9					Page 2
	art III Support Schedule fo						
	(Complete only if you o						
	Part III. If the organiza	ation failed to d	<u>qualify under th</u>	<u>ie tests listed b</u>	pelow, please co	omplete Part II	1.)
	Section A. Public Support	T .	Ι		I		T
	lendar year r fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
•	membership fees received. (Do not	923,423	928,662	912,205	929,051	1,045,796	4,739,137
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	923,423	928,662	912,205	929,051	1,045,796	4,739,137
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f).						
6	Public support. Subtract line 5 from line 4.						4,739,137
	Section B. Total Support				•		•
Ca	lendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
(0	r fiscal year beginning in) 🟲		1		1 -		
7		923,423	928,662	912,205	929,051	1,045,796	4,739,137
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	-944	326	4,584	-1,288	7,674	10,352
	and income from similar sources		320	1,501	1,200	,,0,	10,532
9	Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried						
10	on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						4,749,489
	10						
12	Gross receipts from related activitie	es, etc. (see instr	ructions)			12	
13	First five years. If the Form 990 is f		, ,	, ,	•	` , ,	,
	organization, check this box and sto						▶
	Section C. Computation of Pul						
14	Public support percentage for 2019	(line 6, column (f) divided by line	11, column (f)) .		14	99.780 %
15	Public support percentage for 2018					15	99.920 %
16	33 1/3% support test—2019. If the o						
	and stop here. The organization qua	•					
	33 1/3% support test—2018. If the	_					
	box and stop here. The organization						▶ _
17	a 10%-facts-and-circumstances test-						
	is 10% or more, and if the organiza						
	in Part VI how the organization med			_	· ·		
	organization						🟲
	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the orga Explain in Part VI how the organize						icly
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

	_	· / · /	
(Complete only if y	ou checked the box	st on line 10 of Part I or if the organization failed to qualify	under Par
II If the organization	ion fails to gualify u	nder the tests listed below please complete Part II)	

	II. If the organization	fails to qualify	under the tes	ts listed below	<u>, piease compie</u>	ete Part II.)	
	ction A. Public Support			1	ı	ı	_
	ndar year iscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.").						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
4	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						
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.						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ction B. Total Support						
	ndar vear		(1) 2016	() 0 0 4 7	(D 0 0 4 0	() 2 2 4 2	(n) = l
Cale	ndar year iscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale	-	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f	iscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f	iscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b	iscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale (or f 9 110a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.).						
Cale (or f 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First five years. If the Form 990 is for the sale of taxes.	or the organizatio	on's first, second	, third, fourth, o	fifth tax year as	a section 501(c	(3) organization,
Cale (or f 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) . First five years. If the Form 990 is ficheck this box and stop here	or the organization	on's first, second	, third, fourth, o	fifth tax year as	a section 501(c	(3) organization,
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Cale (or f 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First five years. If the Form 990 is for check this box and stop here	or the organization	on's first, secondercentage) divided by line	, third, fourth, or	fifth tax year as	a section 501(c)	(3) organization,
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you 1

	ked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E Sections A and D, and complete Part V.)	. If yo	ou che	cked
	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). 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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a) (1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

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

whether the organization had excess business holdings).

10b

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
<u> </u>	ection B. Type I Supporting Organizations			
	cotton bi Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
	,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
S	ection ² Dia An 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice	2		
	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</i>	3		
S	ection 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 inst	ructio	ns):	
	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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer (a) and (b) below.	Ī	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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the			
	organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
_	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

Schedule ,	Schedule A (Form 990 or 990-EZ) 2019
Part V	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
	1 F

Net short-term capital gain
Recoveries of prior-year distributions
Other gross income (see instructions)
Add lines 1 through 3
Depreciation and depletion
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)
Other expenses (see instructions)
Adjusted Net Income (subtract lines 5,
Section B - Minimum Asset Amount
Aggregate fair market value of all non-exempt-use short tax year or assets held for part of year):
Average monthly cash balances
Fair market value of other non-exempt-use
d Total (add lines 1a, 1b, and 1c)
Discount claimed for blockage or other factors (explain in detail in Part VI):
Acquisition indebtedness applicable to
Subtract line 2 from line 1d
Cash deemed held for exempt use. Enter 1-1/2% of line see instructions).
Net value of non-exempt-use assets (subtract line
Multiply line 5 by .035
Recoveries of prior-year distributions
Minimum Asset Amount (add line 7 to line
Section C - Distributable Amount
Adjusted net income for prior year (from Section
Enter 85% of line 1
Minimum asset amount for prior year (from
Enter greater of line 2 or line 3
Income tax imposed in prior year
Distributable Amount. Subtract line 5 from line temporary reduction (see instructions)
temporary reduction (see instructions) Check here if the current year is the organization's first
id or incurred istructions) s) ines 5, 6 and et Amount et Amount in non-exemp part of year): ties :xempt-use as :x

Part V Type III Non-Functionally Integrat	ed 509(a)(3) Support	ting (continue	d)
Section D ^{Orgasticating} กิร			Current Year
Amounts paid to supported organizations to accompl	ish exempt purposes		
2 Amounts paid to perform activity that directly further	s exempt purposes of suppo	rted organizations, in	
excess of income from activity		-!+!	
Administrative expenses paid to accomplish exemptAmounts paid to acquire exempt-use assets	purposes of supported organ	nizations	
5 Qualified set-aside amounts (prior IRS approval requ	irod)		
	,		
6 Other distributions (describe in Part VI). See instruc	LIONS		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is res	sponsive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			, dans ror 202 5
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI			
). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI .			
See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 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, Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2019

Additional Data

Software ID: Software Version:

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Payanua Sarvica

Political Campaign and Lobbying Activities

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

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

IIICIIIC	ii Nevenue Service		►Go to <u>www.irs.gov/</u>	<u>Form990</u>	for instructions and the lat	est infor	mation.	Inspection
lf th	e organization ar	ı ıswered '	"Yes" on Form 990, Pa	rt IV, Line	e 3, or Form 990-EZ, Part	V, line 4	6 (Political Camp	aign Activities), then
			ns: Complete Parts I-A an					- ,
				tions: Con	nplete Parts I-A and C below	. Do not o	complete Part I-B.	
	•		omplete Part I-A only.		. 4 F 000 F7 Dout	VI Uma	47 /I alalassinas A a4i	:.:!4!a\ 4!
					e 4, or Form 990-EZ, Part ion under section 501(h)): Co			
					(election under section 501(h)			
					e 5 (Proxy Tax) (see sepa			
			arate instructions), th		() ,()		,	, ,
	. , , , ,	, ,	organizations: Complete	Part III.				
Na	me of the organiza JG ABUSE COUNCIL OI	ation E SNOHOMI	SH				Employer identifi	cation number
	JNTY	. 5.1.5.1.5.1.1.	O.,				91-0851917	
Par	t I-A Comple	te if the	e organization is e	xempt ı	under section 501(c)	or is a	section 527 o	rganization.
1				and indire	ect political campaign activi	ties in Pa	art IV (see instruct	cions for
2			npaign activities")	ructions)			. ¢	
3					uctions)			
					under section 501(c)(······	
	-					_		
1	-				ation under section 4955			
2	E .				n managers under section 4		· · · · · · · · · · · · · · · · · · ·	
3	•		,		orm 4720 for this year?			Yes No
4a								Yes No
b	If "Yes," describ	e in Part	IV.		ınder section 501(c),		t coetion FO1/	-)(2)
Раг	_							c)(3).
1	I	-	· · · · · · · · · · · · · · · · · · ·	_	on for section 527 exempt f		•	
2					ted to other organizations f			
3	Total exempt fur	nction exp	penditures. Add lines 1 a	and 2. Ent	er here and on Form 1120-	POL, line	e 17b \$	
4	Did the filing org	janization	file Form 1120-POL for	this year?				☐ Yes ☐ No
5	organization mad amount of politic	de payme cal contrib	nts. For each organization outions received that we	n listed, e re prompt	mber (EIN) of all section 52 enter the amount paid from ly and directly delivered to PAC). If additional space is r	the filing a separa	organization's fun te political organiz	ds. Also enter the ation, such as a
(a)	Name		(b) Address		(c) EIN	(d)	Amount paid from	(e) Amount of
						filir	ng organization's ds. If none, enter -0	political contributions received and promptly and directly delivered to a separate political
								organization. If none, enter -0
1								
2								
3								
4								
5								
			1			1		

(150% of line 2a, column(e))

Total lobbying expenditures

d Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

e Grassroots ceiling amount

P	art II-A Complete if the organization under section 501(h)).	is exe	empt under s	ection 501(c	c)(3) and	filed Form 5	768	(election
A	Check ▶☐ if the filing organization belongs to	an affilia	ated group (and	list in Part IV ea	ich affiliated	l group member'	s nan	ne, address, EIN
	expenses, and share of excess lobb	ying exp	enditures).					
В	Check ▶☐ if the filing organization checked be	ox A and	"limited control	' provisions app	ly.			
	Limits on Lobbyir (The term "expenditures" mear			ed.)		(a) Filing organization's totals	(b)) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (g	grass roots lobby	ing)				
b	Total lobbying expenditures to influence a legisla	ative bod	ly (direct lobbyin	g)	[
c	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 10	and 1d)		_		\perp	
f	Lobbying nontaxable amount. Enter the amount f columns.	rom the	following table ir	both				
	If the amount on line 1e, column (a) or (b) is:	The lo	bbying nontaxab	le amount is:				
	Not over \$500,000	20% of	the amount on line	1e.	_			
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the e	xcess over \$500,00	00.			
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the e	xcess over \$1,000,	000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the ex	cess over \$1,500,0	00.			
	Over \$17,000,000	\$1,000,	000.					
_	Construction of the construction of the	- 16)			г		_	
g h	Grassroots nontaxable amount (enter 25% of lin Subtract line 1g from line 1a. If zero or less, ent	,			-		$+\!-$	
''					F		+	
	If there is an amount other than zero on either li				L Form 4720	roporting	_	
,	section 4911 tax for this year?		,	3				Yes 🗌 No
	4-Year Av (Some organizations that made a columns below. See t	section		ction do not	have to		of th	ne five
	Lobbying Exp	enditu	res During 4	-Year Averag	ging Peri	od		
	Calendar year (or fiscal year beginning in)		(a) 2016	(b) 2017	(c) 201	8 (d) 201	9	(e) Total
2a	Lobbying nontaxable amount		420					420
b	Lobbying ceiling amount							630

2,100

105

630

2,100

105

158

<u>scne</u>	edule C (Form 990 or 990-EZ) 2019			P	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	IOT			
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)	
activ		Yes	No	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)	(5), oı	•	
	section 501(c)(6).				
_			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
•	PART II-B, LINE 1, LOBBYING ACTIVITIES: EXPLANATION: WHEN APPLICABLE, PAID CONTRACT LOBBYISTS TO INFLUENCE STATE FUNDING OF TARGETED INTENSIVE CASE MANAGEMENT (TICM). THESE PAYMENTS, WHEN APPLICABLE, TOTAL LESS THAN 2% OF ANNUAL EXPENSES.

Additional Data

Software ID:

Software Version:

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization JG ABUSE COUNCIL OF SNOHOMISH		Employer identification number
	UNITY		91-0851917
Pa	rt I Organizations Maintaining Donor		nds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor advised railes	(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)		
- 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad the organization's property, subject to the organiza		
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor, or for any other purpos	se conferring
Pa	rt II Conservation Easements. Complete if the organization answered		
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	ion or education) 🔲 Preservation of an I	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	ld a qualified conservation contribution in th	e form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	5	2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transfetax year	erred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conserv	vation easement is located 🟲	
5	Does the organization have a written policy regarding violations, and enforcement of the conservation eas	- · · · · · · · · · · · · · · · · · · ·	ing of Yes No
6	Staff and volunteer hours devoted to monitoring, in year •	specting, handling of violations, and enforcir	ng conservation easements during the
7	Amount of expenses incurred in monitoring, inspect \$	ing, handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?	, ,	` ` ` `
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of	the footnote to the organization's financial	·
Par	the organization's accounting for conservation ease t III Organizations Maintaining Collecti	ons of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered If the organization elected, as permitted under SFA	· · · · · · · · · · · · · · · · · · ·	us statement and halance sheet
1a	works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footno	ssets held for public exhibition, education, o	r research in furtherance of public
b	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar as service, provide the following amounts relating to the	ssets held for public exhibition, education, o	
((i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X · · · · · · ·		
2	If the organization received or held works of art, his following amounts required to be reported under SF	storical treasures, or other similar assets for	
а	Revenue included on Form 990, Part VIII, line 1 .	, , ,	> \$
b	Assets included in Form 990, Part X		> \$

Par	t III	Organizations M	laintaining C	ollection	s of A	rt, Historic	al Tr	easur	es, or	Other Sii	milar As	sets (co	ontinued)
3		g the organization's acc	quisition, access										•
_	_	ction items (check all t	that apply):			a 🗀 .							
а	L	Public exhibition				d	.oan oi	r excha	nge prog	rams			
b		Scholarly research				e	Other .	• • • • • • • • • • • • • • • • • • • •					
c		Preservation for future	generations										
4		de a description of the XIII.	organization's c	ollections a	nd expl	ain how they f	urther	the org	ganizatio	n's exempt	purpose i	in	
5	Durir	ng the year, did the org ts to be sold to raise fu				•					☐ Yes	□ No	
Pa	rt IV		todial Arrang	gements	•	<u> </u>							n 990,
1a		e organization an agen ded on Form 990, Part									Yes	□ No	
b	If "Y	es," explain the arrang	ement in Part XI	II and com	nlete th	e following tal	ole:	Γ			Amount		
c		nning balance			•	-		Ì	1c				_
d		tions during the year .						Ī	1d				
e		ibutions during the yea						Ĩ	1e				
f		ng balance						Ī	1f				
2-		he organization include						-	dial acce	unt linhilitu	o∏ Ves	□ No	
2a		ne organization include	e an amount on i	-orm 990, i	Part X, I	ine 21, for esc	crow o	or custo	лаг ассо	unt Hability	All les		
b	If "Ye	es," explain the arrang	ement in Part XI	II. Check h	nere if th	ne explanation	has b	oeen pro	ovided in	Part XIII	$ abla$		
Pa	rt V	Endowment Fun											
		Complete if the or	ganization ans							(d) Three y	opro back A	(a) Faur va	are back
12	Regina	ning of year balance .		(a) Curre	int year	(b) Prior year	1	(c) 1wo y	rears back	(a) Three y	ears back ((e) Four ye	ars back
		butions											
		vestment earnings, ga	ins and losses										
·	1100 111	vestment carmings, ga	1113, 4114 103363										
d	Grants	s or scholarships .											
е		expenditures for facili	ties										
		rograms					+						
		istrative expenses .											
g		f year balance											
2		de the estimated perce	_	rent year e	nd balar	nce (line 1g, c	olumn	(a)) he	ld as:				
а		d designated or quasi-	endowment -										
b		anent endowment											
С		oorarily restricted endo											
2-		percentages on lines 2 here endowment funds	•	•			a bald	224 24.	ministors	d for the			
3a		nization by:	not in the posse	:551011 01 111	e organi	Zation that are	Helu	allu aui	IIIIIStere	d for the		Yes	No
	(i) uı	nrelated organizations									3a((i)	
		elated organizations									3a(ii)	
b	If "Ye	es" on 3a(ii), are the re		ons listed a	as requi	ed on Schedu	le R?				31	י כ	
4	• Desc	ribe in Part XIII the int		ne organiza	ntion's e	ndowment fun	ds.						
Pa	rt VI												
		Complete if the or	ganization ans	wered "Ye									
	Descri	ption of property	(a) Cost or othe (investme		(b) Cost	or other basis (d	other)	(c) Acc	umulated o	depreciation	(d) Book valu	ue
1a	Land												
b	Buildi	ngs											
c	Lease	hold improvements											
d	Equip	ment											
е	<u>Oth</u> er					4	6,592			38,750			7,842
Tota	I. Add	lines 1a through 1e. (0	Column (d) must e	equal Form !	990, Part	X, column (B)	, line 1	10(c).)		>			7,842

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

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

261.681

Sche	Schedule D (Form 990) 2019			Page 4
Ра	** Reconciliation of Revenue per Audited Financial Statements	s With Revenue per	e	
	e if the organization answered 'Yes' on Form 990, Part IV,	line 12a.		
-	Total revenue, gains, and other support per audited financial statements		1	1,053,503
7	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
۵	Net unrealized gains (losses) on investments 2a			
р	Donated services and use of facilities			
U	Recoveries of prior year grants			
P	Other (Describe in Part XIII.)			
		_	_	
Ð	Add lines 2a through 2d · · · · · · · · · · · · · · · · ·		.ze	
ო	Subtract line 2e from line 1		က	1,053,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
æ	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
q	Other (Describe in Part XIII.) 4b			
U	Add lines 4a and 4b		4c	
Ŋ	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,053,503
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV, lin	nts With Expenses line 12a.	per Return	
1	Total expenses and losses per audited financial statements		1	1,031,544
7	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
7	Donated services and use of facilities			
р	Prior year adjustments			
U	Other losses			
ρ	Other (Describe in Part XIII.)			
a	Add lines 2a through 2d		Ze	
m	Subtract line 2e from line 1		ю	1,031,544
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			
q	other (Describe in Part XIII.)			
U	Add lines 4a and 4b		4c	
2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,031,544
Pa	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.

Additional Data

Software ID:

Software Version:

ObjectId: 001 - Submission: 2015-01-16 efile Public Visual Render

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2019

TIN: 20-5478191

Open to Public

Internal Revenue Service	TO TO TO MANAGE STORY OF THE PROPERTY OF THE P	Inspection
Name of the ord DRUG ABUSE COUN COUNTY	Name of the organization DRUG ABUSE COUNCIL OF SNOHOMISH COUNTY	Employer identification number 91-0851917
Return Reference	Explanation	
FORM 990, PAGE 6, PART VI, LINE 2	JULIANNE KRANTZ MIKE KRANTZ DIRECTOR VP/DIRECTOR HUSBAND/WIFE	
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS, THE EXECUTIVE DIRECTOR & FINANCIAL MANAGER PRIOR TO FILING.	OR & FINANCIAL MANAGER PRIOR TO
FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST. THE EXECUTIVE DIRECTOR AND BOARD MONITOR FOR ANY POSSIBLE CONFLICTS OF INTEREST AND FOLLOW UP ON ANY THAT ARE DISCLOSED.	S OF INTEREST. THE EXECUTIVE FOLLOW UP ON ANY THAT ARE
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. COMPENSATION IS BASED UPON THE AVAILABLITY OF THE AGENCY'S LIMITED RESOURCES.	CTORS. COMPENSATION IS BASED
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AND RELATED DOCUMENTS AVAILABLE FOR INSPECTION AT ITS OFFICE UPON REQUEST	R INSPECTION AT ITS OFFICE UPON
FORM 990, PART IX, LINE 11G	CONSULTING 4,595 3,325 0 DATA DESCTRUCTION AND MISC 10,201 0 0 EQUIPMENT RENTAL 1,862 0 0 MISCELLANEOUS 4,426 4,020 0 NEEDLE EXCHANGE 11,381 1,995 0 PAYROLL PROCESSING 855 0 0 RENT EXPENSE 96,527 0 0 REPAIR EXPENSE 12,153 0 0 SHELTER RENTAL 9,083 0 0 SUPPLIES 19,597 8,312 0 TARGET ASSIST TO INDIVIDUAL 7,201 0 0 TAX AND LICENSE 394 457 0 TELEPHONE 18,507 854 0 TRAINING 6,583 0 0 TOTAL 203,365 18,963 0	ENTAL 1,862 0 0 MISCELLANEOUS 4,426 NSE 96,527 0 0 REPAIR EXPENSE IDIVIDUAL 7,201 0 0 TAX AND LICENSE
FORM 990, PART XI,	ROUNDING 0	

Additional Data

Software ID: Software Version: