Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning and endin	ıg		
В	Check if applicat	C Name of organization		D Employer identific	cation number
	Addre				
	Name chan			91-0	856761
	Initial	No. 1 and 1	E Telephone numbe	r	
	Final	, 1501 - 17th Ave		(206)323-0344
	termii ated			G Gross receipts \$	2,074,205.
	Amer	ded Seattle, WA 98122		H(a) Is this a group re	eturn
	Appli	F Name and address of principal officer Maureen Micchell		for subordinates	? ☐ Yes 🗶 No
	pend	same as C above		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Гах-ех	empt status X 501(c)(3)	527	If "No," attach a	list (see instructions)
		te: ▶ N/A		H(c) Group exemptio	
	orm o	forganization: X Corporation Trust Association Other L Summary	Year o	of formation: 1969 N	State of legal domicile: WA
_	1	Briefly describe the organization's mission or most significant activities to prov	ide	houseing t	0
Activities & Governance		low-income elderly people			
raa	2	Check this box If the organization discontinued its operations or disposed of	more	than 25% of its net as	ssets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	0
رق مح	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es 2	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	11_
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T line 38 11 FU		7b	0.
		Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,2 <u>47</u> ,760.	<u>1,095,336.</u>
eun	9	Program service revenue (Part VIII, line 2g)		7 <u>16</u> ,989.	<u>911,062.</u>
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8bus, 10c.,and 14s)		2,867.	6,945.
_	11			<u>69,358.</u>	60,862.
	12	Total revenue · add lines 8 through 11 (must equal Part 1), (2) (2) (2) (1)		2,036,974.	2,074,205.
	13	Grants and similar amounts paid (Part IX, column (A) 11 (8)	ļ	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ļ	0.	0.
è	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	490,543.	678,055.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	1	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	000 550	0.40, 0.00
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	933,559.	942,903.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,424,102.	1,620,958.
<u>_ v</u>	19	Revenue less expenses Subtract line 18 from line 12	+	612,872.	453,247.
Net Assets or Fund Balances		T	Beg	jinning of Current Year	End of Year
Sse Bala	20	Total assets (Part X, line 16)		4,269,124.	4,410,900.
age a	21	Total liabilities (Part X, line 26)	-	2,053,766.	1,742,295.
	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,215,358.	2,668,605.
		alties of perjuty-I declare that I have examined this return, including accompanying schedules and s	tatomo	ante and to the heet of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pro			y knowledge and belief, it is
1100	00110		oparor	nas any knowledge.	
Sig	n	Signature of officer	7	// Date	110/
Her		Maureen Mitchell, President Melund	₹		1/9/2019
		Typefor print name and title			
		Print/Type preparer's name Preparer's signature			X PTIN
Paid	I	Laura Lindal		7 1 1 00m 0mpnoys	
	arer	Firm's name. Laura Lindal		Firm's EIN	26-3824391
Use	Only	Firm's address > 5509 Canvasback Rd			
		Blaine 98230		Phone no. 20	6.734.8134
<u>May</u>	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No
8320	01 12-3	21-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		[2	Form 990 (2018)

Forn	n 990 (2018) Council House Inc	<u>91-085</u>	<u>6761 </u>	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>		X
1	Briefly describe the organization's mission			
	The purpose of this corporation is to provide for elder	<u>ly or</u>		
	handicapped families and persons on a nonprofit basis,	<u>rental</u>	housi:	ng
	and related facilities and services especially designed	to mee	<u>t the</u>	<u>ir</u>
	physical, social and pschological needs and contribute	<u>to thei</u>	<u>r</u>	
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	I.	Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	kpenses, a	and
	revenue, if any, for each program service reported			
4a	(Code) (Expenses \$1, 142, 987. including grants of \$) (Reven	iue \$	911,	062.
			_	
	·			
		·		
4b	(Code) (Expenses \$) (Reven	ue \$)
		<u>-</u>		
4c	(Code) (Expenses \$	ue \$		<u> </u>
				′
		-		
			-	
				
				
				
	<u> </u>			
				
				<u>_</u>
4d	Other program services (Describe in Schedule O)			
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,142,987.			
			Form 99	90 (2018)
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	a			

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		856761	<u>. Р</u>	age 3
Pa	rt IV Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	IND
1	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	 	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in e	effect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	0		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	Part I 6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	├	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permar	10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or			A
11	as applicable	^		
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule I	D.		
a	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.12		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 from grantmaking.	I		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	Х
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	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	s		!
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Ī
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more bosoital facilities? If "Yes " complete Schedule H	20a	I	Х

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20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

			T	Т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
_0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		ŀ
	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		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,
	complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ť	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u>X</u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	27		x
20		37		
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	Х	
Par		<u> </u>	- 12	
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	(gambling) winnings to prize winners?	1c	Х	
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91-0856761 Council House Inc Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V. Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X 2b 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) X 3<u>a</u> 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10<u>a</u> b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? If "Yes," see instructions and file Form 4720, Schedule N

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

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Council House Inc 91-0856761 Form 990 (2018)* Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > _ <u>Sharon Lemire - (206)323-0344</u>

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CH 1

<u> 1501 - 17th Ave, Seattle, </u>

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			((Pos	C)	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	itor						the	organizations	compensation
	hours for	trustee or director				pa .		organization	(W-2/1099-MISC)	from the
	related	stee 0	ustee		_	eusa		(W-2/1099-MISC)		organization
	organizations	altr	onal t		oloyee	E CO				and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Maureen Mitchell	2.00	╁	=	٩.	×	I	ŭ.			
President		X		х				0.	0.	0
(2) Bill Henneger	1.00									
Vice President		X		X				0.	0.	0
(3) Sandy Kraus	2.00									
Treasurer		X		X				0.	0.	0
(4) Beverly Jaffe	1.00									
Secretary		X		X				0.	0.	0
(5) Trudi Arshon-Rosenbaum	0.50									
Director		X						0.	0.	0
(6) Gail Arshon-Halpern	0.50	ļ								
Director		X						0.	0.	0
(7) Cheryl Berenson	0.50	ļ.,								
Director		X						0.	0.	0
(8) Michael DeLeon	0.50							_		•
Director	0.50	Х						0.	0.	0
(9) Victor DeLeon	0.50								•	0
Director	0.50	X						0.	0.	0
(10) Arnie Gersch	0.50	x						0.	0.	. 0
Director	0.50	^	_					<u> </u>	U •	
(11) Dan Kraus	0.50	X						0.	0.	0
Director (12) Rick Robinson	0.50	Λ						0.		
Director	0.50	x						0.	0.	0
(13) David Rosen	0.50	1	_					<u> </u>		
Director	0.00	x						0.	0.	. 0
(14) Joan Rubin	0.50							•		
Director		x						0.	0.	0
(15) Craig Saran	0.50	_						-		
Director		X						0.	0.	0
(16) Alan Sears	0.50								_	
Director		x						0.	0.	0
(17) Donald Silverman	0.50									
Director		Х						0.	0.	0

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Form **990** (2018)

Form 990 (2018)

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Forth 990 (2018)

Director

CFO

Administrator

1b Sub-total

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated Related or Total revenue exempt function business revenue fts, Grants 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c d Related organizations 1d ,095,336. Contributions, and Other Simi Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 531110 896,035 896,035 2 a Tenant rent Program Service Revenue 11,945 812300 11,945. ь Laundry 3,082 531110 3,082. c Tenant charges f All other program service revenue 911,062. 图的中国联系统制 图像图像线点型 网络克拉特维度 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,945 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 42,604 6 a Gross rents 0. b Less rental expenses c Rental income or (loss) 42,604. 42,604 d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Refunds 531110 18,258 18,258. d All other revenue Total. Add lines 11a-11d 67,807. 074,205 Total revenue See instructions

Form 990 (2018) Council House Inc Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo			101	
	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			THE THE THE PARTY OF THE	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				The state of the s
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 .			了最近的。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The file of the Manager at
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	554 600	456 550	44.5.005	
7	Other salaries and wages	574,699.	156,772.	417,927.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	FA 005	50 000		
9	Other employee benefits	59,087.	59,087.		
10	Payroll taxes	44,269.	44,269.		
11	Fees for services (non-employees)		,	,	
а	Management			F 050	
b	Legal	7,079.		7,079. 16,598.	
С	Accounting	16,598.		16,598.	
d	Lobbying		Name to Marcel of the Section of Section 1981 by	de 18.55 admented to Mathematic	 -
е	Professional fundraising services. See Part IV, line 17			Salaharan Kuli Salahar	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)			4 505	
12	Advertising and promotion	1,787.		1,787.	
13	Office expenses	29,594.		29,594.	
14	information technology		, , , , , , , , , , , , , , , , , , , ,		
15	Royalties			,	1
16	Occupancy				
17	Travel			<u></u>	
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	2 514		2.514	
19	Conferences, conventions, and meetings	3,514.	14 000	3,514.	1
20	Interest	15,006.	14,996.		
21	Payments to affiliates	145 004	145.004		
22	Depreciation, depletion, and amortization	145,924.	145,924.		
23	Insurance Other eveness Itemize eveness not revered	60,670.	60,670.	Beal Control State	Traga i gilh eremeks
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)	HELLOCIA			
	amount, list line 24e expenses on Schedule O.)	<u> </u>	201 600	Light Streether of the Street	[14, b., 11164 948] 25, umas 2 2 9165
	Maintenance	381,690.	381,690.		
b	Utilities	<u> 196,796.</u>	196,796.		
С.	Service coordinator	74,123.	74,123.		
d	Real estate taxes	<u>8,660.</u>	8,660.	1 460	
	All other expenses	1,462.	1 140 000	1,462.	^
25	Total functional expenses Add lines 1 through 24e	1,620,958.	1,142,987.	477,971.	0.
26	Joint costs Complete this line only if the organization			·	
	reported in column (B) joint costs from a combined			,	
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)	<u>.</u>	<u> </u>		Form 990 (2018

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Form 990 (2018)

Form 990 (2018)*
-Part X: Balance Sheet

		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		••	440,519.	1	375,329.
	2	Savings and temporary cash investments			4	2	608,571.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,518.	4	14,704.
	5	Loans and other receivables from current and fo	ormer officers, o	directors,	MOLLETTE TERMS	146.7°	by Alexing 19
		trustees, key employees, and highest compensa	ated employees	s Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied persons (a	s defined under			
		section 4958(f)(1)), persons described in section					
		'employers and sponsoring organizations of sect		Hill			
ţ		employees' beneficiary organizations (see instr)		6	_		
Assets	7	Notes and loans receivable, net				7	
Ÿ.	8	Inventories for sale or use			· 	8	
	9	Prepaid expenses and deferred charges		•	5,306.	9	6,120.
	10a	Land, buildings, and equipment cost or other	1 1	•			
		basis Complete Part VI of Schedule D		<u>,896,977.</u>		- Language Contract	With Control of the C
	b	Less accumulated depreciation	10b 4	,490,801.	3,260,162.	10c	3,406,176.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			549,619.	15_	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		4,269,124.	16	4,410,900.
	17	Accounts payable and accrued expenses	154,138.	17	344,044.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	61 100
	21	Escrow or custodial account liability Complete F			CHEST OF AGENCY COMES COMES OF SMITH	21 ffogt(\$)	61,197.
ies	22	Loans and other payables to current and former					
Liabilities	,	key employees, highest compensated employee	s, and disquali	fied persons		1000	
La	00	Complete Part II of Schedule L			1,838,375.	22	1,337,054.
.	23	Secured mortgages and notes payable to unrela	•	s '	1,030,3/3.	23	1,337,034.
	24 25	Unsecured notes and loans payable to unrelated	•	امسطاء ام		24	
	23	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		Schedule D	17-24) Compi	ele Parl A Oi	61,253.	25	
	26	Total liabilities. Add lines 17 through 25			2,053,766.	26	1,742,295.
		Organizations that follow SFAS 117 (ASC 958)) check here	➤ X and		施設	What fideble as marketing and
ű		complete lines 27 through 29, and lines 33 and	•				
ဦ	27	Unrestricted net assets			2,215,358.	27	2,668,605.
ala	28	Temporarily restricted net assets				28	,
d B	29	Permanently restricted net assets		•	29		
<u>ا</u> ڌِ		Organizations that do not follow SFAS 117 (AS		181 S.			
P		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30			
4SS	31	Paid-in or capital surplus, or land, building, or equ	1		31		
et/	32	Retained earnings, endowment, accumulated inc	funds		32		
z	33	Total net assets or fund balances			2,215,358.	33	2,668,605.
	34	Total liabilities and net assets/fund balances		•	4,269,124.	34	4,410,900.

Form 990 (2018	orm 990 (2018) Council House Inc 91-08567						
Part XI Re	conciliation of Net Assets	_					
Ch	eck if Schedule O contains a response or note to any line in this Part XI						
1 Total reve	enue (must equal Part VIII, column (A), line 12)	1	2,07	4,2	05.		
2 Total exp	enses (must equal Part IX, column (A), line 25)	2	. 1,62	0,9	58.		
3 Revenue	less expenses Subtract line 2 from line 1	3		3,2			
4 Net asset	s or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,21	5,3	58.		
5 Net unrea	alized gains (losses) on investments	5					
6 Donated	services and use of facilities	6		_			
7 Investme	nt expenses	7					
8 Prior peri	od adjustments	8					
9 Other cha	anges in net assets or fund balances (explain in Schedule O)	. 9			0.		
0 Net asset	s or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
column (E	3))	10	2,66	8,6	05.		
Part XII Fir	nancial Statements and Reporting		<u>-</u>				
Che	eck if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}		
				Yes	No		
1 Accounting	ng method used to prepare the Form 990 Cash X Accrual Other	_	_				
If the orga	anization changed its method of accounting from a prior year or checked "Other," explain in Sche	dule O	_				
2a Were the	organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
If "Yes," o	theck a box below to indicate whether the financial statements for the year were compiled or revie	ewed on a					
separate	basis, consolidated basis, or both						
Sep	parate basis Consolidated basis Both consolidated and separate basis		-				
b Were the	organization's financial statements audited by an independent accountant?		2b	X			
If "Yes," o	heck a box below to indicate whether the financial statements for the year were audited on a sep	arate basis,					
consolida	ted basis, or both						
X Sep	arate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to	line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the audit,					
review, or	compilation of its financial statements and selection of an independent accountant?		2c	Х			
	anization changed either its oversight process or selection process during the tax year, explain in	Schedule O					
	t of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	MB Circular A-133?	_	3a	X			
b if "Yes," d	lid the organization undergo the required audit or audits? If the organization did not undergo the r	required audit					
	explain why in Schedule O and describe any steps taken to undergo such audits	•	3h	x			

Form **990** (2018)

SCHEDULE.A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

Nan	ne or	the organization		_					1 0056761
Da			cil House		1 4 41				1-0856761
	ırt I	Reason for Public	· -					s	<u> </u>
The	organ	ization is not a private found		· =				(
1		A church, convention of ch					1)(A)(i).		
2	\vdash	A school described in sect							
3	=	A hospital or a cooperative					-	= .	
4	\Box	A medical research organiz	ation operated in co	njunction with a hospita	I describe	d in sectio	on 170(b)(1)(A)(ıii). Enter	the hospital's name,
		city, and state		•					
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental ı	unit descrit	oed in
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that norma	illy receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-							
		university						_	
10	\mathbf{X}	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions.	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganization	after June 30, 1975
		See section 509(a)(2). (Con	mplete Part III)						
11		An organization organized	and operated exclus	ively to test for public sa	afety See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section s	509(a)(3). ⁽	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	plete lines	s 12e, 12f, and	d 12g	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), i	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
		organization You must o							
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	n(s), by ha	ıvıng
		control or management of					-		-
		organization(s) You mus			,				•
С		Type III functionally inte	•		ın connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organizatio	=					, ,	
d		Type III non-functionally			-	-	-	rted organ	zation(s)
		that is not functionally int	_						
		requirement (see instruct	-	• •	•		•		
е		Check this box if the orga	· ·	•				II. Type III	
Ĭ		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . , , , ,	
f	Ente	er the number of supported of	• •	,g					
a		ride the following information	•	ed organization(s)					<u></u>
	(1) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga in your governi	nization listed no document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
								<u> </u>	
Гotа	 I								

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete i art ii j				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	336,703.	273,986.	330,791.	1,247,760.	1,095,336,	3,284,576,
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	673,808.		•	716,989.	911,062.	3,796,113,
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	1,010,511.	1,028,033.	1,070,998.	1,964,749.	2,006,398.	7,080,689,
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b		,				0.
8	Public support. (Subtract line 7c from line 6)						7.080.689.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,010,511.	1,028,033,	1,070,998.	1,964,749.	2,006,398.	7,080,689,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,911.	70,810.	68,851.	72,225.	67,807.	340,604.
b	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	60,911.	70,810.	68,851.	72,225.	67,807.	340,604.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	1,071,422.	1,098,843.	1,139,849.	2,036,974.	2,074,205.	7,421,293,
14	First five years. If the Form 990 is for	the organization's	first, second, third		x year as a section	n 501(c)(3) organiz	
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	95.41 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	94.78 %
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	4.59 %
	Investment income percentage from 2					18	5.22 %
	33 1/3% support tests - 2018. If the	· ·		on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the	nd stop here. The	organization qualif	ies as a publicly su	upported organiza	tion	ightharpoons
D	line 18 is not more than 33 1/3%, chec						u
20	Private foundation. If the organization		-				

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Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

ec	tion A. All Supporting Organizations		Ι	T	
			Yes	No	ĺ
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				Ė
	class or purpose, describe the designation. If historic and continuing relationship, explain	1			í
2	Did the organization have any supported organization that does not have an IRS determination of status	}		ľ	ĺ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported				į
	organization was described in section 509(a)(1) or (2)	2			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				İ
	(b) and (c) below	3a	_		;
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-			ĺ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ			•
	organization made the determination	3b			
С	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		,	i
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If				į
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a			:
þ	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				į
	despite being controlled or supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination				į
	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)				i
	purposes	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Ì			ĺ
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN				ł
	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	* 1,1111111			i
	was accomplished (such as by amendment to the organizing document)	5a			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				
	designated in the organization's organizing document?	5b			
С	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				į
	(as 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			
В	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			
С	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			
Оа	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 10b below	10a			
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			ئـــــ	
	determine whether the organization had excess business holdings)	10b			

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Schedule A (Form 990 or 990-EZ) 2018

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c Excess from 2016

d Excess from 2017

e Excess from 2018

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Schedule A	(Form 990 or 990-E2	z) 2018 Cour	<u>icil Hous</u>	<u>e Inc</u>		<u></u>	<u>91-0856/61 Page 8</u>
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sect Section D, lines 5,	Information lines 1, 2, 3b, 3 tion D, lines 2 ar	Provide the exp c, 4b, 4c, 5a, 6, 9 nd 3, Part IV, Sec	lanations required a, 9b, 9c, 11a, 11 tion E, lines 1c, 2a	d by Part II, line 10, F b, and 11c, Part IV, S a, 2b, 3a, and 3b, Pai llso complete this pa	Section B, lines 1 a rt V, line 1, Part V,	and 2, Part IV, Section C, Section B, line 1e, Part V,
	(See instructions)						
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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.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Council House Inc.

Employer identification number 91-0856761

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	•
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	* *	<u>2c</u>
d	Number of conservation easements included in (c) acquired	after //25/06, and not on a historic structu	1 1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year •		
4 5	Number of states where property subject to conservation ear		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements if	• • •	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
v	b	rianding of violations, and emorting cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	▶ \$	imig of troublerior and officioning correctivate	ion outsine the daming the your
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 1700	h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financial	gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$
HA	For Panerwork Reduction Act Notice see the Instructions	for Form 000	Schedule D (Form 990) 2018

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ations Maintaining (ation's acquisition, accessibly). Intion search In for future generations It on of the organization's odd the organization solicit of funds rather than to be mand Custodial Arran an amount on Form 990, Paran agent, trustee, custodix? The earrangement in Part XIII The year The trust of the trust of the product of the product on Form 990, Paran agent, trustee, custodix?	ollections and expla or receive donations aintained as part of igements. Compl int X, line 21	ds, check a d	oan or exchange pother y further the organionical treasures, or exation's collection's rganization answere.	g that are a s rograms nization's exe r other similar	empt purpos ar assets n Form 990,	se of its o	t XIII Yes line 9, or	items No
oly). Intion Intion In for future generations In on of the organization's column of the organization solicit of funds rather than to be mand Custodial Arranta amount on Form 990, Paran agent, trustee, custod X? In earrangement in Part XIII In eyear In the year	ollections and expla or receive donations aintained as part of igements. Compl int X, line 21 lian or other interme	d Lo e Of ann how the of art, hist the organizate of the of diary for co	pan or exchange pother y further the organical treasures, or zation's collection' organization answe	rograms inzation's exert other similar ored "Yes" of	empt purpos ar assets n Form 990,	se in Part	t XIII Yes line 9, or	□ No
intion search in for future generations in on of the organization's of the organization solicit of the organization solicit of the organization solicit of the organization solicit of the organization solicit of the organization solicit of the organization solicit of the organization solicit of the organization of the organiz	ollections and expla or receive donations aintained as part of igements. Compl int X, line 21	e Or nin how the of art, hist the organiz lete if the or diary for co	y further the organorical treasures, or zation's collection' organization answe	nization's exe r other simila r red "Yes" of	ar assets n Form 990,		Yes	
search in for future generations ion of the organization's of d the organization solicit of funds rather than to be me and Custodial Arran in amount on Form 990, Pa an agent, trustee, custodial X? ie arrangement in Part XIII in eyear ig the year	ollections and expla or receive donations aintained as part of igements. Compl int X, line 21	e Or nin how the of art, hist the organiz lete if the or diary for co	y further the organorical treasures, or zation's collection' organization answe	nization's exe r other simila r red "Yes" of	ar assets n Form 990,		Yes	
of for future generations ion of the organization's condition of the organization solicition of the organization solicition of the organization solicition of the organization solicition of the organization	ollections and expla or receive donations aintained as part of gements. Compl int X, line 21	nin how the of art, hist the organizate of the o diary for co	y further the organ orical treasures, or zation's collection' organization answe	r other simila o red "Yes" oi	ar assets n Form 990,		Yes	
ion of the organization's country of the organization solicit of funds rather than to be mand Custodial Arran a amount on Form 990, Paran agent, trustee, custodial X? The arrangement in Part XIII are year go the year	or receive donations annual as part of agements. Complet X, line 21	of art, hist the organizate of the of diary for co	orical treasures, or zation's collection' rganization answe	r other simila o red "Yes" oi	ar assets n Form 990,		Yes	
d the organization solicit of funds rather than to be mand Custodial Arran an amount on Form 990, Paran an agent, trustee, custod X? The arrangement in Part XIII The year The gran of the year The gran of the gran of the gran of the year The gran of the gran of the gran of the year The gran of the gran of the gran of the year The gran of the gran	or receive donations annual as part of agements. Complet X, line 21	of art, hist the organizate of the of diary for co	orical treasures, or zation's collection' rganization answe	r other simila o red "Yes" oi	ar assets n Form 990,		Yes	
funds rather than to be mand Custodial Arran amount on Form 990, Paran agent, trustee, custod X? The arrangement in Part XIII The year The think is the state of the state	aintained as part of igements. Compl irt X, line 21 lian or other interme	the organizate of the organiza	zation's collection' rganization answe	red "Yes" or	n Form 990,	Part IV, I	line 9, or	
and Custodial Arran n amount on Form 990, Pa an agent, trustee, custod X? ne arrangement in Part XIII ne year g the year	igements. Compl art X, line 21 lian or other interme	lete if the o	ontributions or other	red "Yes" o		Part IV, I	line 9, or	
amount on Form 990, Pa an agent, trustee, custod X? e arrangement in Part XIII ne year g the year	irt X, line 21	diary for co	entributions or othe			Part IV,		
X? e arrangement in Part XIII ne year g the year		•		er assets no	t included		7. ,	
e arrangement in Part XIII e ne year g the year	and complete the fo	ollowing tal	ole				٦	
ne year g the year	and complete the fo	ollowing tal	ole				」Yes	X No
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ne year g the year							Amount	
g the year					1c			
•					1d			
on include an amount on F					1e			
n include an amount on F					1f			
Sidde an amount on r	orm 990, Part X, line	e 21, for es	crow or custodial	account liab	ılıty?	X	Yes	No
e arrangement in Part XIII								X
ent Funds. Complete	f the organization ar	nswered "Y	es" on Form 990,	Part IV, line	10			
	(a) Current year	(b) Prio	oryear (c) Two	years back	(d) Three year	ars back	(e) Four y	ears back
oalance								
rnings, gains, and losses								
hips								
s for facilities								
enses								
e								
ted percentage of the cur	rent year end baland	ce (line 1g,	column (a)) held a	S				
or quasi-endowment		%						
ment >	%							
ted endowment 🟲	%							
	•							
ent funds not in the posse	ssion of the organiz	ation that a	are held and admir	nistered for t	he organiza	ition		
							Y	es No
nizations							3a(i)	
ations							3a(iı)	
							3b	
		owment fur	nds					
• • • •								
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on of property	, , ,		` '	\ \-'		J	(d) Book v	value
 	basis (investr	nent)			preciation		126	422
					100 00	_		<u>,438.</u>
			7,431,29	4,	<u>190,86</u>	8.	<u>3,240</u>	<u>,424.</u>
			450 0-	_	450 0=	_		
ments		1	160 271	5 . l	159,37	5.1		
ments						_		0.
ments gh 1e <i>(Column (d) must e</i>			169,87		140,55	8.	29 3,406	,314.
e e t o m to r e n e i) ii t	enses ed percentage of the curbor quasi-endowment ed endowment ed endowment in lines 2a, 2b, and 2c showent funds not in the posses educations enses ed percentage of the current year end balance or quasi-endowment enert % ed endowment % ed endowment % ed endowment % in lines 2a, 2b, and 2c should equal 100% ent funds not in the possession of the organizations attorns attorns attorns it is the related organizations listed as required intended uses of the organization's endo ldings, and Equipment. The organization answered "Yes" on Form 99 in of property (a) Cost or organization organization's endown of property (basis (investre	enses ed percentage of the current year end balance (line 1g, or quasi-endowment	ed percentage of the current year end balance (line 1g, column (a)) held as or quasi-endowment \(\)	ed percentage of the current year end balance (line 1g, column (a)) held as or quasi-endowment	ed percentage of the current year end balance (line 1g, column (a)) held as or quasi-endowment	ed percentage of the current year end balance (line 1g, column (a)) held as or quasi-endowment	ed percentage of the current year end balance (line 1g, column (a)) held as or quasi-endowment	

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	fule D (Form 990) 2018 Council House Inc			J856/61 Page 4
Part			iue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a	1 1	
	Total revenue, gains, and other support per audited financial statements		1	2,074,205.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	Net unrealized gains (losses) on investments	<u>2a</u>		
	Donated services and use of facilities	<u>2b</u>		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII)			0
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1		3	2,074,205.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		0
_	Add lines 4a and 4b		4c	<u>0.</u> 2,074,205.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ■ XII Reconciliation of Expenses per Audited Financial S		nses per Retu	
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, II	-	ilaca per netu	
		12a		1,620,958.
	Total expenses and losses per audited financial statements		1	1,020,930.
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	ا م		
	Prior year adjustments	2a		
	Other losses	2b 2c		
_	Other losses Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		20	0.
	Subtract line 2e from line 1		2e 3	1,620,958.
	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	1,020,550.
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4a 4b	-	
	Add lines 4a and 4b	40	4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line in	181	5	1,620,958.
Part	XIII Supplemental Information.			1,020,3300
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4 Part IV lines 1h and 2h	Part V line 4 Part	X line 2 Part XI
	d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, mio +, i art.	x, iiio 2, i uit xi,
		ary deather a minimum and m		
		,	-	
Par	t IV, line 2b:			
The	organization holds security deposits	from tenants.		
			_	
			<u> </u>	<u> </u>
			_	
			· <u>·</u> ·	
32054	10-29-18		Sched	ule D (Form 990) 2018

SCHEDULE.O

(Form 990 or 990-EZ)

Department of the Treasury

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.

Attack to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service

Name of the organization Council House Inc	Employer identification number 91-0856761
Form 990, Part III, Line 1, Description of Organization M	
helath, security, happiness and usefulness in longer livi	ng.
Form 990, Part VI, Section B, line 11b:	
Treasurer reviews the Form 990 and reports to the Board.	Form 990 is
signed by the President.	
Form 990, Part VI, Section B, Line 12c:	
Annual representations are submitted to HUD.	
Form 990, Part VI, Section B, Line 15:	
The Board approves all wage increases. Written job descri	ptions and related
wages are also submitted to HUD.	
· · ·	
Form 990, Part VI, Section C, Line 19:	
Information is available upon request.	
Part XII Line 2c	
The Board is responsible for the audit process.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990.

2018
Open to Public Inspection

OMB No 1545-0047

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

Council House Inc Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part

Employer identification number 91-0856761

(g) Section 512(b)(13) controlled ٥ × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End-of-year assets status (if section 501(c)(3)) **e** Public charity Line 10 Total income Exempt Code section 501(c)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) Vashington entertainment & recreation Primary activity Primary activity provide classes, 9 or elderly Council House Foundation - 91-1562508 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 1501 - 17th Avenue 98122 Seattle, WA Part II

Schedule R (Form 990) 2018

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

91-0856761

Page 2

Schedule R (Form 990) 2018 Council House Inc

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership Schedule R (Form 990) 2018 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Yes No 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income (d)
(d)
Interpretation of the controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) છ Direct controlling enrity ਉ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 832,162 10-02-18 Part IV

91-0856761

Yes

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)			ΣΙ.	1e
# Dividends from related organization(s)				. *
				1 5
b Purchase of assets from related organization(s)				£ 4
				=
J Lease of facilities, equipment, or other assets to related organization(s)				=
k Lease of facilities, equipment, or other assets from related organization(s)				, ¥
	nization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		<u> </u>	Ē
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			두
o Sharing of paid employees with related organization(s)			~	9
p Rembursement paid to related organization(s) for expenses				<u>,</u> 6
q Reimbursement paid by related organization(s) for expenses			<u> </u>	19
s Other transfer of cash or property from related organization(s)				= 5
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1)				
(2)				
(E)				

Schedule R (Form 990) 2018

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(0)	(p)	(e)	9	(b)	ε	(9)	(=	3
Name, address, and EIN of entity	Primary activity	micile	t incom related,	Are all partners sec 501(c)(3)	잔 +	Share of end-of-year	Dispropor- tonate	Dispupping Code V-UBI General or Percentage the plant of	Seneral or managin	Percentage
		country)	sections 512-514)	Yes No	income	assets	Yes	(Form 1065)	Yes No	
		-								
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Schedule R	(Form 990) 2018	<u> Council</u>	House	Inc	91-08567	1 Page 5
Part VII	Supplemental Info	ormation.				
			oo to augoti	ions on Schedule R See instructions		
	Provide additional infor	mation for respons	es to questi	ions on schedule h. See instructions		<u> </u>
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