•	'		EXTENDED TO	NOVEMB:	ER 15, 2017	•			
Form	990-T	E	xempt Organization I	Busine	ss Income 1	Γax Return	ı L	OMB No 1545-0687	
			(and proxy tax						
		For cal	lendar year 2016 or other tax year beginning		, and ending		_	2016	
Depar	tment of the Treasury		▶ Information about Form 990-T and its	instructions is	s available at www.irs.	gov/form990t.	_ [<u> </u>	
Intern	al Revenue Service		Do not enter SSN numbers on this form as	it may be ma	de public if your organi	zation is a 501(c)(3).	5	0 1(c)(3) Organizations Only	
ΑL	Check box if		Name of organization (Check box if n	ame changed	and see instructions.)		(Emplo	yer identification number byees' trust, see	
	address changed						ınstruc	,	
_	xempt under section	Print	CONSEJO COUNSELING			E		91-1021247 Inrelated business activity codes	
X] 501(c)(3)	or Type	Number, street, and room or suite no. If a P.	.O. box, see in	structions.		(See in	structions)	
<u> </u>	408(e) 220(e)	,	3808 S ANGELINE ST						
늗	408A530(a)		City or town, state or province, country, and	ZIP or foreig	n postal code		531:	1 2 0	
C 80	529(a)	E Crow	SEATTLE, WA 98118 per exemption number (See instructions.)				331.	120	
at 6	ok value of all assets end of year , 357, 465.		k organization type X 501(c) corp	oration	501(c) trust	401(a) trust		Other trust	
H De	escribe the organization		ary unrelated business activity. DEBT			ACTIVITY		Other trade	
			poration a subsidiary in an affiliated group or a				Yes	s X No	
	•		tifying number of the parent corporation.	a param sass	iolary controlled group				
			LIDIA ESCOTO		Teleph	none number 🕨 2	06-4	461-4880	
			de or Business Income		(A) Income	(B) Expenses		(C) Net	
1 a	Gross receipts or sal	es							
b	Less returns and allo	wances	c Balance	▶ 1c			ļ		
2	Cost of goods sold (Schedule	A, line 7)	2					
3	Gross profit. Subtrac	t line 2 fi	rom line 1c	3					
4 a	Capital gain net incoi	ne (attac	th Schedule D)	4a					
b	Net gain (loss) (Form	1 4797, F	Part II, line 17) (attach Form 4797)	4b					
C	Capital loss deductio	n for trus	sts	4c					
5	, , ,		ups and S corporations (attach statement)	5					
6	Rent income (Sched	-		6	26 760	30 3	03	1 166	
7	Unrelated debt-finan		,	7	36,769.	32,3	03.	4,466.	
8			and rents from controlled organizations (Sch.						
9 10			on 501(c)(7), (9), or (17) organization (Sched	iule G) 9		 			
11	Exploited exempt act Advertising income (•	,	11		 			
12	Other income (See in		•	12		 			
13	Total. Combine line			13	36,769	32,3	03.	4,466.	
			ot Taken Elsewhere (See instructi						
<u> </u>			utions, deductions must be directly con						
14	Compensation of o	ficers, d	rectors, and trustees (Schedule K)				14		
15	Salaries and wages		,				15		
16	Repairs and mainte	nance					16		
17	Bad debts						17		
18	Interest (attach sch	edule)					18		
19	Taxes and licenses						19		
20			e instructions for limitation rules)			7 260	20		
21	Depreciation (attacl			REC	EIVE 122a	7,369.		•	
22		iaimed o	on Schedule A and elsewhere on return		- V L 22a	7,369.	22b	0.	
23	Depletion	faurad a r	ompensation plans	NOV 1	5 2017				
24 25	Contributions to de		ompensation plans	17(7) 4	W 4011		24		
26	Employee benefit p Excess exempt exp		, -	^			26		
27	Excess readership	•	· ·	<u>UGD</u>	EN, UT		27		
28	Other deductions (a	•	,	_ _			28	<u></u>	
29	Total deductions.		•				29	0.	
30			income before net operating loss deduction. S	Subtract line 2	9 from line 13		30	4,466.	
31			n (limited to the amount on line 30)			rement 1	31	4,466.	
32			income before specific deduction. Subtract lir	ne 31 from line		·	32	0.	
33			ly \$1,000, but see line 33 instructions for exc				33	1,000.	
34			e income. Subtract line 33 from line 32. If line		than line 32, enter the s	maller of zero or		<u> </u>	
	line 32			-			34	0.	
_	IIIIe 32								



Part III Tax Computation So Organizations See instructions for tax computation. Centrolled group members described to 5 18 So Organizations 1 18 So Organizations	Form 990-7	(2016) CONSEJO COUNSELING & REFERRAL SERVICE 91-102:	1247	Page 2
Controlled group members (sections: 1561 and 1563) entex hire P See instructions and: a Enter voyarshare of the \$50,000, \$5000, stass \$95,000 tassable monome brackets (or that order); (1) \$	Part I	Tax Computation		
a Enter your share of the SSQ,000, SSC,5000, and S9,925,900 (saudable income brackets (in that order): (1) S	35	Organizations Taxable as Corporations. See instructions for tax computation.		
to Be Einer organization's share of till Additional Sk tax (not more than \$11,750) S (2) Additional Sk tax (not more than \$100,000) (2) Additional Sk tax (not more than \$100,000) (3) Forest Taxable at Treat Rates. See indirections for tax computation, income tax on the amount on line 34 from the area of the amount on line 34 from the area of the amount on line 34 from 1116) 41a Foreign tax credit (corporations attach Form 380 or 8827) 41b		Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:	ľ	
b Enter organizations share of (1) Additional SNs tax (not more than \$11,750) S (2) Additional SNs tax (not mere than \$100,000) c Income tax on the amount on tine 34 36 Turbs Taxbel at Trust Rates. See instructions for tax computation, Income tax on the amount on ine 34 from	a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(2) Additional 3% tax finds more than \$100,000) (a) Income tax on the amount on the 34 from Tax dras schedule or Schedule 0 (Form 1041) 36 37 Tax first Taxable at Trust Rates, See instructions for tax computation, Income tax on the amount on line 34 from Tax dras schedule or Schedule 0 (Form 1041) 38 37 Tax on Non-Complian Easility Income. See instructions 39 39 39 Tax on Non-Complian Easility Income. See instructions 39 39 39 39 39 39 39 3		(1) \$ (2) \$ (3) \$		
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Trust Taxable at Trust Rates, See instructions for fax computation, income tax on the amount on line 34 from: Tax rate schedule or Schedule 0 (Form 1041) 38 37 37 38 38 37 37 38 38				
Tax rate schedule or Schedule D (Form 1041) 38 37 37 38 38 37 38 Alternative minimum tax 39 Tax on Non-Compiliant Facility Income. See instructions 39 39 40 0 0 0 0 0 0 0 0	C	Income tax on the amount on line 34	35c	0.
37 Proxy tax. See instructions 38 Altername minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total Add lines 37, 38 and 39 to line 35 or 36, whichever applies. Part IV Tax and Payments 41a Foreign tax credit (corporations attach form 118; trusts attach Form 1116) 41b Center of the see instructions 6 Ceneral business credit. Attach Form 8800 41b 6 Credit for pror year immimimized itach Form 8801 or 8827) 6 Credit for pror year immimimized itach Form 8801 or 8827) 7 Total tax. Add lines 42 and 43 7 Total tax. Add lines 42 and 44 7 Total tax. Add lines 42 and 45 7 Total tax. Add lines 45 tax. Bax. Bax. Bax. Bax. Bax. Bax. Bax. B	36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
38 38 39 39 39 39 39 39		Tax rate schedule or Schedule D (Form 1041)	36	
Tax on Nor-Compilant Facility Income. See natructions 39 0.	37	Proxy tax. See instructions	37	
Total Add lines 37, 38 and 39 to the 35c or 36, whichever applies 40 0	38	Alternative minimum tax	38	
Part IV Tax and Payments 41a Foreign rax credit (corporations) attach Form 1116; frusts attach Form 1116) 41a 41b	39	Tax on Non-Compliant Facility Income. See instructions	39	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 3801 or 3827) t Total credits. Add lines 42 and 43 41b 41c 30 Other taxes. Other fix from line 40 41 Total tax. Add lines 42 and 43 42 0 43 Other taxes. Other fix from line 40 44 0 45 a Payments: A 2015 overpayment credited to 2016 b 2016 estimated tax payments c Tax deposited with Form 8888 d Foreign organizations: Tax paid or withheld at source (see instructions) d Backup withholding (see instructions) c Backup withholding (see instructions) f Form 435 C Total payments. Add lines 45 at through 459 d Estimated tax penalty (see instructions) f Form 435 C Total payments. Add lines 46 at a through 459 d Estimated tax penalty (see instructions) f Form 435 C Total payments. Add lines 46 at a through 459 d Estimated tax penalty (see instructions) f Form 435 C Total payments. Add lines 46 is lies than the total of lines 44 and 47, enter amount owed d Overpayment, if line 46 is larger than the total of lines 44 and 47, enter amount owed d Overpayment, if line 46 is larger than the total of lines 44 and 47, enter amount owed f Tax due. If line 46 is larger than the total of lines 44 and 47, enter amount owed f Total payments, add line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due. If line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due, If line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due, If line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due, If line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due, If line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due, If line 46 is lines than the total of lines 44 and 47, enter amount owed f Tax due, If line 46 is lines than the total of lines 44 and 47, enter amount			40	0.
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42	d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
Other taxes, Check if from Form 4255 Form 8611 Form 8697 Form 8686 Other (whech schedule) 43	e	Total credits. Add lines 41a through 41d	41e	
44 Total tax. Add lines 42 and 43 45 a Payments; A 2015 overpayment credited to 2016 b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments.	42	Subtract line 41e from line 40	42	0.
b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations. Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments. Form 2439 Form 4136	43	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
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c Tax deposited with Form 8868 d Foreign organizations; Tax pand or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments. Form 4136 Form 2439 Form 4136 Form 4136 Form 4136 Form 2439 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 48 Tax due, if line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment, if line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want; Credited to 2017 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year Message of the state of the section of propage (before than tax) payers based on all information of which preparer has any knowledge Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name PracoBSON JARVIS & CO, PALC Firm's address SEATTLE, WA 98119 – 4219 Phone no. (206) –628 –8990	45 a	Payments: A 2015 overpayment credited to 2016		
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46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	g	Other credits and payments, Form 2439	,	
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49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want; Credited to 2017 estimated tax Refunded 50	47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	47	
Enter the amount of line 49 you want: Credited to 2017 estimated tax	48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
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TREASURER Correct, and complete Declaration of prepager (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer Date Print/Type preparer's name Preparer's signature Print's address SEATTLE, WA 98119-4219 Phone no. (206)-628-8990	50	Enter the amount of line 49 you want: Credited to 2017 estimated tax	50	
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FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X	51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	Υ	'es No
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Enter the amount of tax-exempt interest received or accrued during the tax year \$ Sign Here Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X yes No	52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
Sign Here Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No No		If YES, see instructions for other forms the organization may have to file.		,
Here Correct, any demplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Correct, any demplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see Instructions)? ★ Yes Nowledge Print/Type preparer's name	53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		'
Here Signature of officer Date TREASURER Title Instructions)? X yes No		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and camplete. Declaration of prepare (other than tax pavel) is based on all information of which preparer has any knowledge.	vledge and belief, it is tru	9,
Paid Preparer Use Only No Indicator		-1	v the IRS discuss this re	turn with
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Polity of PTIN Self- employed Self- employed Prim's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Polity of PTIN Self- employed Prim's EIN ▶ 91-2011386 Prim's address ▶ SEATTLE, WA 98119-4219 Phone no. (206)-628-8990	Here		•	
Paid Preparer Use Only HOWARD DONKIN, CPA HOWARD DONKIN, SPA 10/19/17 Self-employed P00147726 P00147726 Firm's name ► JACOBSON JARVIS & CO, PLIC 200 Firm's address Firm's AVE WEST, SUITE 200 Phone no. (206)-628-8990		Signature of Officer Date Title	tructions)? X Yes	No No
Preparer HOWARD DONKIN, CPA HOWARD DONKIN, SPA 10/19/17 P00147726 Use Only Firm's name ► JACOBSON JARVIS & CO, PLC Firm's EIN ► 91-2011386 200 FIRST AVE WEST, SUITE 200 Phone no. (206)-628-8990		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
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Use Only Firm's name ► JACOBSON JARVIS & CO, PALC Firm's EIN ► 91-2011386 200 FIRST AVE WEST, SUITE 200 Firm's address ► SEATTLE, WA 98119-4219 Phone no. (206)-628-8990		HOWARD DONIETS OD THOUSARD DONIETS DO 10/10/17	P001477	26
200 FIRST AVE WEST, SUITE 200 Firm's address > SEATTLE, WA 98119-4219 Phone no. (206)-628-8990	•	TA CORCON TARVITCE CO. TATE		
Firm's address ► SEATTLE, WA 98119-4219 Phone no. (206)-628-8990	USE C			
			206)-628-	8990
		,		

Schedule A - Cost of Goods	s Sold. Enter met	thod of invento	ory valuation N/A	<u> </u>					
1 Inventory at beginning of year 1			6 Inventory at end of year 6						
2 Purchases 2			7 Cost of goods sold. Si	ubtract li	ne 6				
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	_1			
4a Additional section 263A costs			line 2		L	7			
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No	
b Other costs (attach schedule) 4b			property produced or a	acquired	for resale) apply to			income in	
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income ((see instructions)	(From Real Pro	operty and	Personal Property	Leas	ed With Real Prop	erty)			
Description of property									
(1)									
(2)			 						
(3)									
(4)			······································						
	2. Rent received or	accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than [of rent for per	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	lage	3(a) Deductions directly of columns 2(a) and	ectly connected with the income in a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0 • Tot	al		Ō.					
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.	
Schedule E - Unrelated Deb	ot-Financed In	come (see in	nstructions)						
			2. Gross income from		3. Deductions directly conn to debt-finance		cable		
1. Description of debt-fir	nanced property	į	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(D) Other deduction (attach schedule)		ıs	
	·			STATEMENT 2		STATEMENT 3		3	
(1) 50% TACOMA BUILD	ING		46,239.		7,369.		33,2	<u>53.</u>	
(2)			·	<u> </u>		<u> </u>			
(3)						ļ			
(4)				<u> </u>		<u> </u>			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adju of or alloca debt-financed (attach sch	ible to property	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deducti total of coi and 3(b))		
(1) 282,608.	3	55,405.	79.52%	\top	36,769.		32,3	03.	
(2)			%			1			
(3)			%	 					
(4)			%	†					
					nter here and on page 1, Part I, line 7, column (A)	Enter here a Part I, line 1			
Totals			•	.]	36,769.	,	32,3	03.	
Total dividends-received deductions in	S amula a radiuma		•					0.	
10101 0111001100 10001100 000010110110	icidaca ili colaniili o					.1			

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	odicals Reported on a Separate Basis (For each periodical listed in Part II, fill in a line-by-line basis.) 2. Gross advertising income 3 Direct advertising costs 1. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) 1. Enter here and on page 1, Part I, line 11 col (A) 1. Enter here and on page 1, Part I, line 11, col (B) 1. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 6) 8. Readership costs (column 6 minus column 5, but not more than column 4) 9. O.						
			parate Basis (For ea	ach periodic	al listed in Pa	art II, fill in	
1. Name of periodical	advertising		or (loss) (cot 2 minus col 3) If a gain, compute				costs (column 6 minus column 5, but not more
(1)	1			-			
(2)							
(3)							
(4)							
Totals from Part I	2. Gross advertising income O O O Compensation of Officers, Directors, and Trus).				0.	
	page 1, Part I,	page 1, Part I,	1			i	on page 1,
Totals, Part II (lines 1-5)	0.						0.
Schedule K - Compensati	on of Officers,	Directors, a	ind Trustees (see i	nstructions)			
1. Name						ensation attributable related business	
(1)					%		

Form 990-T (2016)

0.

(3)

(4)
Total. Enter here and on page 1, Part II, line 14

FORM 990-T	NET	OPERATING LOSS	DEDUCTI	ON	STATEMENT	1
TAX YEAR I	OSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		AVAILABLE THIS YEAR	
12/31/12 12/31/13	13,994.	4,580.		9,414.	9,414. 2,993.	
NOL CARRYOVER	AVAILABLE THIS	YEAR		12,407.	12,40	7.
FORM 990-T	SCHEDULE E	- DEPRECIATION	DEDUCT	ION	STATEMENT	2
DESCRIPTION			IVITY MBER	AMOUNT	TOTAL	
DEPRECIATION	-	SUBTOTAL -	1	7,369.	7,36	59.
TOTAL OF FORM	1990-T, SCHEDULE	E, COLUMN 3(A)			7,36	59.
FORM 990-T	SCHEDUL	E E - OTHER DED	UCTIONS	;	STATEMENT	3
DESCRIPTION			IVITY MBER	AMOUNT	TOTAL	
MAINTENANCE UTILITIES PROPERTY TAXE INTEREST MISCELLANEOUS INSURANCE	;			863. 9,572. 3,337. 17,997. 405. 1,079.		
		SUBTOTAL -	1		33,2	
TOTAL OF FORM	1 990-T, SCHEDULE	E E, COLUMN 3(B)			33,2	53.