

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
VALLEY CITIES COUNSELING AND CONSULTATION

Doing business as

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

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

D Employer identification number
91-6063183

E Telephone number
(253) 833-7444

G Gross receipts \$ 35,775,195

F Name and address of principal officer
KENNETH TAYLOR
33405 8TH AVE S SUITE 200
FEDERAL WAY, WA 98003

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

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

J Website: ▶ WWW VALLEYCITIES ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMPASSION, CONNECTION, COMMUNITY - STRENGTHENING COMMUNITIES THROUGH THE DELIVERY OF HOLISTIC, INTEGRATED BEHAVIORAL HEALTH SERVICES THAT PROMOTE HOPE, RECOVERY, AND IMPROVED QUALITY OF LIFE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	464
6 Total number of volunteers (estimate if necessary)	38
7a Total unrelated business revenue from Part VIII, column (C), line 12	-12,103
7b Net unrelated business taxable income from Form 990-T, line 34	-11,257

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	489,689	1,791,576
9 Program service revenue (Part VIII, line 2g)	28,405,269	33,961,749
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,917	2,825
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,677	-60,895
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,918,552	35,695,255

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,551,865	25,336,182
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 268,105		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,902,891	8,049,366
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	25,454,756	33,385,548
19 Revenue less expenses Subtract line 18 from line 12	3,463,796	2,309,707

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	42,401,398	50,483,261
21 Total liabilities (Part X, line 26)	22,928,266	28,700,422
22 Net assets or fund balances Subtract line 21 from line 20	19,473,132	21,782,839

Part II Signature Block

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

Sign Here *****
Signature of officer _____ Date 2018-06-27
SHEKH ALI CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name LOIS VANKAT	Preparer's signature LOIS VANKAT	Date 2018-06-28	Check <input type="checkbox"/> if self-employed	PTIN P00096434
Firm's name ▶ SHANNON & ASSOCIATES LLP			Firm's EIN ▶ 91-1125800	
Firm's address ▶ 1851 CENTRAL PLACE SOUTH SUITE 225 KENT, WA 980307507			Phone no (253) 852-8500	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

COMPASSION, CONNECTION, COMMUNITY - STRENGTHENING COMMUNITIES THROUGH THE DELIVERY OF HOLISTIC, INTEGRATED BEHAVIORAL HEALTH SERVICES THAT PROMOTE HOPE, RECOVERY, AND IMPROVED QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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? [] 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 others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,318,716 including grants of \$) (Revenue \$ 7,890,855) See Additional Data

4b (Code) (Expenses \$ 5,228,773 including grants of \$) (Revenue \$ 4,726,206) See Additional Data

4c (Code) (Expenses \$ 4,777,703 including grants of \$) (Revenue \$ 5,972,558) See Additional Data

(Code) (Expenses \$ 13,464,417 including grants of \$) (Revenue \$ 15,372,130)

VALLEY CITIES CLINICS IN KENT, AUBURN, ENUMCLAW, FEDERAL WAY, KENT, MERIDIAN AT NORTHGATE, MIDWAY, RAINIER BEACH, RENTON, PIKE PLACE, LAKE CITY, AND ST VINCENT DE PAUL-AURORA OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED SERVICES ARE PROVIDED TO MEET THE NEEDS OF CHILDREN, YOUTH AND THEIR FAMILIES WITH MENTAL ILLNESSES OR EMOTIONAL DISTURBANCES, CHILDREN, YOUTH AND FAMILIES WHO ARE IN CRISES, AND CHILDREN AND YOUTH WHO ARE VICTIMS OF TRAUMA OR FAMILY VIOLENCE THESE SERVICES INCLUDE INDIVIDUAL AND FAMILY COUNSELING, IN HOME FAMILY SUPPORT AND ADVOCACY, SCHOOL-BASED COUNSELING, CRISES INTERVENTION, CASE MANAGEMENT, PSYCHIATRIC ASSESSMENT, CASE COORDINATION WITH OTHER SERVICE PROVIDERS, MEDICATION MANAGEMENT, SUPPORT GROUPS AND SKILLS FOR TRAINING PARENTS, OUTREACH CLINICAL TEAMS FOR HOMELESS FAMILIES, COMMUNITY CONSULTATION AND EDUCATION, AND SPECIALIZED TREATMENT FOR THOSE WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES ARE ALSO PROVIDED TO ASSIST ADULTS AND THEIR FAMILIES WITH MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT SERVICES IN ADDITION, SPECIALIZED SERVICES ARE AVAILABLE TO THOSE WHO HAVE EXPERIENCED SEXUAL ABUSE OR DOMESTIC VIOLENCE SERVICES ARE DESIGNED WITH AN EMPHASIS ON RECOVERY AND HOPE VALLEY CITIES PROVIDES EMPLOYMENT AND EDUCATIONAL SERVICES SO THAT CLIENTS CAN BE SUPPORTED TO RETURN TO WORK OR SCHOOL THE CHEMICAL DEPENDENCY SERVICES INCLUDE INTENSIVE OUTPATIENT AND SPECIALIZED RELAPSE PREVENTION SERVICES AND ARE INTEGRATED WITH THE MENTAL HEALTH SERVICES FOR THOSE CLIENTS THAT HAVE CO-OCCURRING MENTAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS VALLEY CITIES IS COMMITTED TO QUALITY MENTAL HEALTH CARE DELIVERED FROM A RECOVERY ORIENTATION, MEANING THAT ITS TREATMENTS AND INTERVENTIONS EXTEND BEYOND SYMPTOM IMPROVEMENT TO A MORE HOLISTIC APPROACH TO CARE THAT HELPS ITS CLIENTS LIVE, WORK, LEARN, AND FULLY PARTICIPATE IN THEIR COMMUNITIES VARIOUS PUBLIC AND PRIVATE FUNDING SOURCES AND INDIVIDUAL CLIENT FEES ARE USED TO FUND SERVICES A SLIDING FEE SCALE IS AVAILABLE TO HELP INDIVIDUALS GAIN ACCESS TO SERVICES SERVICES ARE PROVIDED TO MORE THAN 13,000 INDIVIDUALS AND THEIR FAMILIES EVERY YEAR VALLEY CITIES' PROGRAMS CONSIST OF CARE COORDINATION AT EACH OUTPATIENT CLINIC A CARE COORDINATOR WILL BE THE MAIN POINT OF CONTACT AT VALLEY CITIES THEY WILL HELP WALK THE CLIENT THROUGH HOW TO GET SERVICES AT VALLEY CITIES, ASK THEM ABOUT WHAT DIFFICULTIES THEY ARE HAVING AND TRY TO FIND WAYS TO HELP THEY WILL CONNECT THE CLIENT WITH THE APPROPRIATE LEVEL OF CARE THAT IS NEEDED, WHICH CAN INCLUDE COUNSELING, MEDICATIONS, PEER SUPPORT, OR GROUPS THEY CAN ALSO HELP CONNECT THEM TO SERVICES IN THE COMMUNITY, LIKE A PRIMARY CARE PHYSICIAN OR A DENTIST THE CARE COORDINATOR HELPS MANAGE ALL OF THE EXPERTISE NEEDED TO PROVIDE THE BEST OUTCOMES FOR OUR CLIENTS PEER SUPPORT SERVICES VALLEY CITIES PROUDLY OFFERS A RANGE OF SUPPORT SERVICES PROVIDED BY CERTIFIED PEER COUNSELORS PEERS ARE AN INTEGRAL PART OF THE CARE TEAM AT VALLEY CITIES, OFFERING INSIGHT, EMPOWERMENT, AND ENGAGEMENT FROM LIFE EXPERIENCE PEER SUPPORT IS BASED ON THE PHILOSOPHY THAT SOMEONE WHO HAS FACED LIFE CIRCUMSTANCES SIMILAR TO YOURS MAY BE THE PERSON WHO CAN UNDERSTAND YOU THE MOST PEERS ARE LIVING, WALKING EXAMPLES OF HOPE AND THAT RECOVERY IS POSSIBLE PEER SUPPORT COUNSELORS HAVE BEEN TRAINED, TESTED, AND CERTIFIED TO INSPIRE HOPE AND PROVIDE UNIQUE SUPPORT TO PEOPLE RECEIVING MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES BECAUSE OF THEIR UNIQUE EXPERIENCE WITH MENTAL ILLNESS AND MENTAL HEALTH SERVICES, PEER COUNSELORS PROVIDE EXPERTISE THAT PROFESSIONAL TRAINING CANNOT REPLICATE PEERS AT VALLEY CITIES OFFER MANY SERVICES, AND EACH PEER HAS PERSONAL LIVED EXPERIENCE IN THE FIELD IN WHICH THEY WORK PEERS PARTICIPATE REGULARLY IN CLINICAL TEAM MEETINGS AND OFFER VALUABLE INPUT AND INSIGHT THAT ONLY LIVED EXPERIENCE CAN OFFER THEY ARE PROVIDED ON-GOING CLINICAL TRAINING AND SUPERVISION CHILDREN'S WRAPAROUND SERVICES VALLEY CITIES WRAPAROUND SERVES HIGH NEEDS YOUTH IN THE KENT, AUBURN, FEDERAL WAY AND ENUMCLAW SCHOOL DISTRICTS WHO ARE ELIGIBLE FOR ONE OF TWO WRAPAROUND PROGRAMS OFFERED IN KING COUNTY 1) WRAPAROUND WITH INTENSIVE SERVICES - WISE (YOUTH UTILIZING MEDICAID FUNDED MENTAL HEALTH TREATMENT) OR 2) MIDD WRAPAROUND (YOUTH INVOLVED IN AT LEAST TWO OF THE FOLLOWING SYSTEMS MENTAL HEALTH, SPECIAL EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, DDA - DEVELOPMENT DISABILITIES, AND CHEMICAL DEPENDENCY) WRAPAROUND FACILITATORS, PARENT PARTNERS AND YOUTH PEERS WORKED COLLABORATIVELY WITH THE YOUTH, FAMILIES, PROVIDERS AND COMMUNITY MEMBERS TO DEVELOP A CROSS SYSTEM CARE PLAN DRIVEN BY THE YOUTH AND FAMILIES IDENTIFIED NEEDS AND GOALS WRAPAROUND STAFF FOLLOW TEN GUIDING PRINCIPLES AS THEY SUPPORT THE TEAM PLANNING PROCESS THESE PRINCIPLES ARE FAMILY VOICE AND CHOICE, TEAM BASED, NATURAL SUPPORTS, COLLABORATION, COMMUNITY- BASED, CULTURALLY COMPETENT, INDIVIDUALIZED, STRENGTHS BASED, PERSISTENCE AND OUTCOMES BASED VALLEY CITIES SERVES ABOUT 260 YOUTH PER YEAR, A NUMBER THAT WILL GROW IN 2018 AS THE PROGRAM CONTINUES TO EXPAND THE AVERAGE YOUTH IS SERVED IN WRAPAROUND FOR 18 MONTHS AND OUTCOMES INCLUDE FEWER HOSPITAL VISITS, INCREASED SCHOOL ATTENDANCE AND ACHIEVEMENT AND FEWER POLICE CONTACTS FAMILIES LEAVE WRAPAROUND WITH INCREASED ONGOING SUPPORTS AND IMPROVED SKILLS TO NAVIGATE THEIR YOUTH'S RECOVERY MOVING FORWARD FAMILY TREATMENT COURT WRAPAROUND FAMILY TREATMENT COURT IS AN ALTERNATIVE TO REGULAR DEPENDENCY COURT AND IS DESIGNED TO IMPROVE THE SAFETY AND WELL-BEING OF CHILDREN IN THE DEPENDENCY SYSTEM BY PROVIDING PARENTS ACCESS TO DRUG AND ALCOHOL TREATMENT, JUDICIAL MONITORING OF THEIR SOBRIETY AND INDIVIDUALIZED SERVICES TO SUPPORT THE ENTIRE FAMILY VALLEY CITIES IS THE ONLY WRAPAROUND PROGRAM IN THE STATE OF WASHINGTON TO WORK WITH ADULTS AS THE IDENTIFIED CLIENT, TO AMPLIFY THE PARENT'S VOICE IN THE DEPENDENCY PROCESS A WRAPAROUND FACILITATOR WORKS WITH THE TEAM TO DISCOVER THE INDIVIDUAL'S STRENGTHS, SET GOALS, DETERMINE MAJOR NEEDS, AND DEVELOP STRENGTH-BASED OPTIONS TO MEET THOSE NEEDS A VALLEY CITIES FACILITATOR WORKS WITH 15 FAMILIES AT A TIME TO PROVIDE THIS CRITICAL RESOURCE IN ORDER TO KEEP FAMILIES TOGETHER IN A SAFE AND HEALTHY ENVIRONMENT PREVENTION AND COMMUNITY SUPPORT PROGRAM IN COOPERATION WITH FEDERAL WAY SCHOOL DISTRICT VALLEY CITIES RUNS THE REAL TALK FOR TEENS PROGRAM, FORMERLY KNOWN AS GIRLS CIRCLE AT MULTIPLE SCHOOLS WITHIN THE DISTRICT EACH YEAR 160 HIGH-RISK YOUTH, 10 AT-A-TIME, MEET ONCE A WEEK FOR 13 WEEKS TO WORK ON LIFE SKILLS AND DECISION MAKING IN COLLABORATION WITH THE SCHOOL DISTRICT, YOUTH ENROLLED IN THE PROGRAM WORK TO INCREASE THEIR SCHOOL ATTENDANCE, ACADEMIC PERFORMANCE, AND ABILITY TO HANDLE STRESSFUL EVENTS AT HOME, IN THE COMMUNITY, AND AT SCHOOL YOUTH CHOSEN FOR THE PROGRAM ARE NOT ONLY AT HIGH RISK FOR DROPPING OUT OF SCHOOL, BUT ARE ALSO AT A HIGHER RISK FOR INVOLVEMENT WITH GANGS, UNPLANNED PREGNANCY, AND ENTERING THE CRIMINAL JUSTICE SYSTEM VALLEY CITIES' GOAL IS TO HELP THESE YOUTHS FINISH SCHOOL AND BECOME POSITIVE CONTRIBUTORS TO THE COMMUNITY VALLEY CITIES HAS ADOPTED THE METHODS DEVELOPED BY THE CENTER FOR YOUTH PROGRAM QUALITY AND IS COMMITTED TO A CONSTANT ENGAGEMENT IN SELF- ASSESSMENT AND CONTINUAL PROGRAM IMPROVEMENT VALLEY CITIES PROGRAM HAS BEEN FAVORABLY GRADED BY THEM, AND VALLEY CITIES CONTINUES TO MAKE ADJUSTMENTS TO HAVE THE MOST EFFECTIVE PROGRAM POSSIBLE IN ADDITION TO REAL TALK FOR TEENS, VALLEY CITIES HAS OFFERED YOUTH MENTAL HEALTH FIRST AID TRAINING TO SEVERAL STAFF MEMBERS WITHIN THE DISTRICT IN AN EFFORT TO BETTER SUPPORT YOUTH WHO MAY BE EXPERIENCING A MENTAL HEALTH CHALLENGE AND/OR CRISIS BOTH OF THESE PROGRAMS ARE ROOTED IN PREVENTION AND EARLY INTERVENTION KENT SCHOOL DISTRICT IN RESPONSE TO THE HIGH DEGREE OF MENTAL HEALTH/SUBSTANCE USE PROBLEMS IN SCHOOLS, THE NEEDS OF STUDENTS AND STAFF LIMITATIONS IN ADDRESSING THOSE NEEDS, THE DISTRICT AND VALLEY CITIES COLLABORATES TO PROVIDE PREVENTION, EARLY INTERVENTION AND TREATMENT SERVICES TO THE STUDENTS IN KENT SCHOOL DISTRICT THIS PROGRAM STARTED IN 2016 BRIDGES VALLEY CITIES' BRIDGES PROGRAM PROVIDES SITE BASED MENTAL HEALTH ENGAGEMENT, SCREENING, AND ASSESSMENT SERVICES ON AN OUTREACH BASIS TO INDIVIDUALS WHO ARE ENDURING HOMELESSNESS DURING 2017, VALLEY CITIES BRIDGES PROGRAM PROVIDED OUTREACH SERVICES TO 138 CHRONICALLY HOMELESS ADULTS VALLEY CITIES MENTAL HEALTH OUTREACH SPECIALISTS PROVIDE SERVICES

4d Other program services (Describe in Schedule O) (Expenses \$ 13,464,417 including grants of \$) (Revenue \$ 15,372,130)

4e Total program service expenses 29,789,609

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family relationships), 3 (Management delegation), 4-6 (Organizational changes), 7a-b (Governance decisions), 8 (Meeting documentation), 9 (Officer contact).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a-b (Local chapters/policies), 11a-b (Form 990 distribution), 12a-c (Conflict of interest policy), 13 (Whistleblower policy), 14 (Document retention), 15a-b (Compensation review), 16a-b (Joint ventures).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States with copy), 18 (Public inspection methods), 19 (Governing documents availability), 20 (Person with books/records).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE SMITH CHAIR	1 00	X		X			0	0	0	
(2) DAVE BLAKE DIRECTOR	1 00	X					0	0	0	
(3) JAMES OLSEN DIRECTOR	1 00	X					0	0	0	
(4) STEVE WILLIAMS SECRETARY	1 00	X		X			0	0	0	
(5) NICHOLAS YU DIRECTOR	1 00	X					0	0	0	
(6) DAVID HEINEMAN DIRECTOR	1 00	X					0	0	0	
(7) EMILY PARZYBOK VICE CHAIR	1 00	X		X			0	0	0	
(8) HOLLY WEST TREASURER	1 00	X		X			0	0	0	
(9) MIRYA MUNOZ-ROACH DIRECTOR	1 00	X					0	0	0	
(10) ANTHONY COX DIRECTOR	1 00	X					0	0	0	
(11) JEANNIE JOHNSON DIRECTOR	1 00	X					0	0	0	
(12) KENNETH TAYLOR CEO	40 00			X			235,245	0	35,168	
(13) SHEKH ALI CFO	40 00			X			219,357	0	9,018	
(14) MILENA C STOTT CHIEF OF TRA	40 00			X			108,010	0	17,893	
(15) BRIAN ALLENDER CHIEF MED O	40 00				X		256,163	0	23,889	
(16) BRIAN PHAM PSYCHIATRIST	40 00					X	274,538	0	8,418	
(17) TAWNYA L CHRISTIANSEN VP MEDICAL S	38 00					X	212,359	0	20,660	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	359,000				
	b Membership dues	1b					
	c Fundraising events	1c	150,453				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,282,123				
	g Noncash contributions included in lines 1a-1f \$ _____		977,947				
	h Total. Add lines 1a-1f			1,791,576			
Program Service Revenue		Business Code					
	2a KING COUNTY CONTRACTS	621400	31,061,214	31,061,214			
	b SUPPORTED HOUSING INCOME	624200	872,349	872,349			
	c STATE OF WASHINGTON	621400	765,449	765,449			
	d LOCAL CONTRACTS	621400	636,666	636,666			
	e REFUNDABLE ADVANCE AMORT	621400	238,113	238,113			
	f All other program service revenue		387,958	387,958			
g Total. Add lines 2a-2f			33,961,749				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,825			2,825	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		7,000					
		b Less rental expenses	19,103				
		c Rental income or (loss)	-12,103				
	d Net rental income or (loss)			-12,103		-12,103	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 150,453 of contributions reported on line 1c) See Part IV, line 18	a	12,045				
		b Less direct expenses	60,837				
c Net income or (loss) from fundraising events			-48,792				
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			35,695,255	33,961,749	-12,103	2,825	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	904,743	280,052	624,691	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,607,551	17,915,484	1,500,223	191,844
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	461,083	365,243	93,015	2,825
9 Other employee benefits	2,590,054	2,381,892	186,018	22,144
10 Payroll taxes	1,772,751	1,586,444	170,037	16,270
11 Fees for services (non-employees)				
a Management				
b Legal	22,937	1,323	21,614	
c Accounting	47,600	43,267	4,012	321
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	705,571	596,550	109,021	
12 Advertising and promotion	269,854	161,819	107,818	217
13 Office expenses	1,245,211	1,141,684	97,181	6,346
14 Information technology	574,126	532,658	39,310	2,158
15 Royalties				
16 Occupancy	2,240,040	1,977,653	242,984	19,403
17 Travel	261,224	241,972	17,385	1,867
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250,454	177,869	70,925	1,660
20 Interest	255,136	255,136		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	795,448	787,309	7,536	603
23 Insurance	244,457	227,175	16,005	1,277
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	965,873	965,873		
b CLIENTS-SPECIAL NEEDS	125,234	125,234		
c OTHER EXPENSES	46,201	24,972	20,059	1,170
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	33,385,548	29,789,609	3,327,834	268,105
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,142,686	1	1,130,994
	2 Savings and temporary cash investments	4,354,457	2	6,203,227
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,378,463	4	2,005,022
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	2,595,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	406,335	9	423,452
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	43,344,487		
	b Less accumulated depreciation	5,218,921		
		35,119,457	10c	38,125,566
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,401,398	16	50,483,261	
Liabilities	17 Accounts payable and accrued expenses	2,171,444	17	3,222,954
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,032,285	23	8,862,365
	24 Unsecured notes and loans payable to unrelated third parties		24	7,120,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	9,724,537	25	9,495,103
	26 Total liabilities. Add lines 17 through 25	22,928,266	26	28,700,422
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	19,329,894	27	21,557,477
	28 Temporarily restricted net assets	143,238	28	225,362
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,473,132	33	21,782,839
	34 Total liabilities and net assets/fund balances	42,401,398	34	50,483,261

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,695,255
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,385,548
3	Revenue less expenses Subtract line 2 from line 1	3	2,309,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,473,132
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,782,839

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-6063183

Name: VALLEY CITIES COUNSELING
AND CONSULTATION

Form 990 (2017)

Form 990, Part III, Line 4a:

AUBURN VALLEY CITIES COUNSELING AND CONSULTATION (VALLEY CITIES), A NOT-FOR-PROFIT COMMUNITY BEHAVIOR HEALTH CENTER, HAS BEEN THE LOCAL SOURCE FOR QUALITY BEHAVIOR HEALTH COUNSELING AND CHEMICAL DEPENDENCY SINCE 1965 IT HAS BEEN A UNITED WAY AGENCY SINCE 1967 AND HAS BEEN ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) VALLEY CITIES PROVIDES LICENSED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT FOR YOUTH AND ADULTS, SUPPORTED EMPLOYMENT AND EDUCATION SERVICES, DOMESTIC VIOLENCE SERVICES FOR VICTIMS AND PERPETRATORS, OUTREACH SERVICES AND HOUSING PROGRAMS FOR THE HOMELESS, FAMILY SUPPORT PROGRAMS OFFERING YOUTH AND FAMILY ACTIVITIES, AND SPECIALIZED VETERANS SERVICES THAT DELIVER COUNSELING AND FAMILY SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES THE DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND THE ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEE INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES CLINICS OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

Form 990, Part III, Line 4b:

HOUSING SUPPORT SERVICES VALLEY CITIES OPERATES BOTH PERMANENT AND TRANSITIONAL SUPPORTED HOUSING PROGRAMS THAT PROVIDE RENTAL ASSISTANCE WITH HOME-BASED CASE MANAGEMENT SERVICES FOR HOMELESS INDIVIDUALS AND HOMELESS FAMILIES SUPPORTIVE SERVICES IN THESE PROGRAMS ADDRESS EVENTS AND CIRCUMSTANCES THAT UNDERLIE OR CONTRIBUTE TO THE INABILITY TO OBTAIN AND MAINTAIN AFFORDABLE, STABLE HOUSING THIS INCLUDES VALLEY CITIES LANDING, VALLEY CITIES PLACE AND PHOENIX RISING PERMANENT SUPPORTIVE HOUSING PROJECTS DEDICATED TO SERVING INDIVIDUALS WITH MENTAL ILLNESS AND HISTORY OF HOMELESSNESS TWELVE UNITS AT VALLEY CITIES LANDING ARE DEDICATED FOR HOMELESS "VETERANS" RESIDENTS ENGAGE IN ON-SITE AND COMMUNITY-BASED SERVICES THAT HELP THEM LIVE WITH STABILITY, AUTONOMY AND DIGNITY STANDARD SUPPORTIVE HOUSING STANDARD SUPPORTIVE HOUSING PROVIDES HOUSING AND OUTPATIENT CARE FOR CLIENTS WHO MAY REQUIRE REGULAR STAFF CONTACT AND THE AVAILABILITY OF STAFF 24-HOURS-A -DAY, SEVEN-DAYS-A-WEEK, BUT WHO DO NOT NEED THE PHYSICAL SAFETY AND STRUCTURE OF A RESIDENTIAL FACILITY THE PROGRAM OFFERS THE BENEFITS INCLUDED IN ALL OUTPATIENT TREATMENT SERVICES, IN ADDITION TO SUPPORT SERVICES THAT ASSIST PROGRAM PARTICIPANTS TO DEVELOP A DAILY STRUCTURE AND MEANINGFUL ACTIVITIES IN THEIR LIVES, MAKE CONNECTIONS TO COMMUNITY SOCIAL, EMPLOYMENT, EDUCATIONAL, LEISURE AND SPIRITUAL ACTIVITIES AND SUPPORT, ACQUIRE THE SKILLS AND MEANS TO MEET BASIC NUTRITIONAL NEEDS AND MEANS TO MOVE TO A LESS INTENSIVE SERVICE LEVEL WITHIN TWO YEARS VALLEY CITIES SERVES AN AVERAGE OF 32 INDIVIDUALS A YEAR WHO ARE SERVED BY THE KING COUNTY BEHAVIORAL HEALTH ORGANIZATION (BHO) AND MEET THE ACCESS TO CARE STANDARDS PRIORITY IS GIVEN TO CLIENTS FROM WESTERN STATE HOSPITAL OR FROM ANOTHER LOCAL PSYCHIATRIC HOSPITAL SECOND PRIORITY ARE CLIENTS WHO NEED AN EXTENDED PERIOD OF TIME FOR STABILIZATION, ARE A FREQUENT OR HIGH UTILIZER OF PSYCHIATRIC HOSPITALS OR JAILS, ARE AT RISK OF HOSPITALIZATION, OR WHO ARE CHRONICALLY HOMELESS COMING-UP YOUTH PROGRAM THE COMING-UP YOUTH PROGRAM (CUP) IS A SUPPORTIVE HOUSING PROGRAM SUBSIDIZED IN LARGE PART THROUGH KING COUNTY HOUSING AUTHORITY (KCHA), KING COUNTY, AND UNITED WAY CUP PROVIDES HOUSING AND AGENCY SUPPORT SERVICES TO UP TO 22 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AGES 18-24 THE PROGRAM SWITCHED SERVICE PROVIDERS FROM AUBURN YOUTH RESOURCES (NOW KNOWN AS NEXUS YOUTH) TO VALLEY CITIES IN NOVEMBER 2016 THE CUP TEAM CONSISTS OF ONE CASE MANAGER, ONE PEER SUPPORT SPECIALIST, ONE HOUSING SPECIALIST, A HOUSING MANAGER, A PROGRAM MANAGER, AND FINANCE SUPPORT STAFF, PLUS ACCESS TO A MENTAL HEALTH THERAPIST AND AN OUTREACH MANAGER THERE ARE MANY LEVELS OF SERVICE PROVIDED TO CLIENTS BY THE AGENCY THERE ARE AN ESTIMATED 1,200 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AT ANY GIVEN TIME AND FEW HOUSING PROGRAMS SPECIFICALLY DESIGNATED FOR THOSE HOMELESS YOUNG ADULTS THE GOAL OF THE CUP PROGRAM IS TO PROVIDE PROGRAM PARTICIPANTS WITH A WRAPAROUND APPROACH TO SERVICES AND SUPPORT THAT WILL ENABLE THEM TO ACHIEVE SELF-SUFFICIENCY THE PROGRAM ENABLES THEM TO GAIN LIFE SKILLS NECESSARY TO GAIN EDUCATION AND EMPLOYMENT, MAINTAIN THEIR HEALTH, FINANCES, AND HOMES, AND MAINTAIN HOUSING STABILITY RESOURCE ROOMS THE COMMUNITY RESOURCE ROOMS AT ALL LOCATIONS ARE OPEN TO THE COMMUNITY- AT-LARGE AND PROVIDE INDIVIDUAL SUPPORT, SKILL-BUILDING AND A VARIETY OF FREE RESOURCES TO ASSIST THOSE WHO MIGHT NOT HAVE A NETWORK OF SUPPORT VALLEY CITIES PROMOTES RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED VALLEY CITIES PROVIDES COMPUTERS, FAX AND PHONES, EMPLOYMENT AND HOUSING INFORMATION, FAMILY/YOUTH AND HEALTH SERVICES, AND COMMUNITY AND TRANSPORTATION SERVICES ALL RESOURCE ROOMS ARE RUN BY PEERS AND COMMUNITY VOLUNTEERS HOURS VARY BY LOCATION AND ARE BASED ON VOLUNTEER AVAILABILITY

Form 990, Part III, Line 4c:

KENT VALLEY CITIES COUNSELING AND CONSULTATION (VALLEY CITIES), A NOT-FOR-PROFIT COMMUNITY BEHAVIOR HEALTH CENTER, HAS BEEN THE LOCAL SOURCE FOR QUALITY BEHAVIOR HEALTH COUNSELING AND CHEMICAL DEPENDENCY SINCE 1965. IT HAS BEEN A UNITED WAY AGENCY SINCE 1967 AND HAS BEEN ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). VALLEY CITIES PROVIDES LICENSED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT FOR YOUTH AND ADULTS, SUPPORTED EMPLOYMENT AND EDUCATION SERVICES, DOMESTIC VIOLENCE SERVICES FOR VICTIMS AND PERPETRATORS, OUTREACH SERVICES AND HOUSING PROGRAMS FOR THE HOMELESS, FAMILY SUPPORT PROGRAMS OFFERING YOUTH AND FAMILY ACTIVITIES, AND SPECIALIZED VETERANS SERVICES THAT DELIVER COUNSELING AND FAMILY SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES. THE DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY. THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND THE ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEE INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS. VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS. VALLEY CITIES CLINICS OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION. ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY. CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS. THROUGH CARE COORDINATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED.

SCHEDULE A
(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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Employer identification number

91-6063183

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	871,391	612,370	523,900	489,689	1,791,576	4,288,926
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	15,181,722	20,549,949	24,684,455	28,459,994	33,973,794	122,849,914
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,053,113	21,162,319	25,208,355	28,949,683	35,765,370	127,138,840
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						127,138,840

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	16,053,113	21,162,319	25,208,355	28,949,683	35,765,370	127,138,840
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,106	3,006	3,641	2,917	2,825	15,495
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,106	3,006	3,641	2,917	2,825	15,495
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	16,056,219	21,165,325	25,211,996	28,952,600	35,768,195	127,154,335

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.990 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.990 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART I LINE 10 - REASON FOR PUBLIC CHARITY STATUS THE ORGANIZATION CONSIDERED ITSELF A 33 1/3% SUPPORTED ORGANIZATION, WHICH IS DIFFERENT THAN THE IRS DETERMINATION LETTER DATED APRIL 13, 1994 WHERE IT STATES THAT IT IS A HOSPITAL DESCRIBED IN SECTION 170(B)1(A)(III) ALTHOUGH IT STILL PROVIDES OUTPATIENT MENTAL HEALTH SERVICES, IT PROVIDES OTHER SERVICES AS WELL AND RECEIVES MORE THAN 33 1/3% OF ITS TOTAL SUPPORT FROM CONTRIBUTIONS AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS

Schedule A Form 990 or 990-E 2012

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
VALLEY CITIES COUNSELING AND CONSULTATION

Employer identification number
91-6063183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,050,699		5,050,699
b Buildings		35,317,557	3,702,951	31,614,606
c Leasehold improvements		702,183	74,865	627,318
d Equipment		2,274,048	1,441,105	832,943
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				38,125,566

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
REFUNDABLE ADVANCE	9,468,324
SECURITY DEPOSITS	26,779
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	9,495,103

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	35,775,196
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	79,941	
e	Add lines 2a through 2d		2e	79,941
3	Subtract line 2e from line 1		3	35,695,255
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	35,695,255

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	33,465,489
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	79,941	
e	Add lines 2a through 2d		2e	79,941
3	Subtract line 2e from line 1		3	33,385,548
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	33,385,548

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 91-6063183

Name: VALLEY CITIES COUNSELING
AND CONSULTATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	FASB ASC 740 REQUIRES NONPUBLIC ENTITIES TO DETERMINE AND EVALUATE UNCERTAIN TAX POSITIONS THE STANDARD REQUIRES ENTITIES TO MEASURE, RECOGNIZE, AND DISCLOSE UNCERTAIN TAX POSITIONS THE TERM TAX POSITION INCLUDES, BUT IS NOT LIMITED TO, A DECISION NOT TO FILE A RETURN , THE CHARACTERIZATION OF INCOME OR A DECISION TO EXCLUDE REPORTING TAXABLE INCOME ON A TAX RETURN, AND THE ENTITY'S TAX EXEMPT STATUS MANAGEMENT BELIEVES VALLEY CITIES DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS VALLEY CITIES MAY BE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR CALENDAR YEARS 2014 THROUGH 2017

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EVENT EXPENSES 60,838 RENTAL EXPENSES 19,103

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EVENT EXPENSES 60,838 RENTAL EXPENSES 19,103

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		STAND UP FOR VC (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
	1 Gross receipts	162,498			162,498
	2 Less Contributions	150,453			150,453
	3 Gross income (line 1 minus line 2)	12,045			12,045
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,249			2,249
	6 Rent/facility costs	5,025			5,025
	7 Food and beverages	27,918			27,918
	8 Entertainment	19,072			19,072
	9 Other direct expenses	6,573			6,573
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				60,837
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-48,792	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number
91-6063183

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH TAYLOR CEO	(i)	235,245			35,168		270,413	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 SHEKH ALI CFO	(i)	219,357			9,018		228,375	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 BRIAN ALLENDER CHIEF MED OFFICER	(i)	256,163			23,889		280,052	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 BRIAN PHAM PSYCHIATRIST	(i)	274,538			8,418		282,956	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 TAWNIA L CHRISTIANSEN VP MEDICAL SERVICES	(i)	212,359			20,660		233,019	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 JOHN VASZARI PSYCHIATRIST	(i)	211,742			10,089		221,831	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 ANNA HOLEN PSYCHIATRIST	(i)	199,192			9,393		208,585	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 CATHERINE E SHIM PSYCHIATRIST	(i)	160,740			12,876		173,616	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number
91-6063183

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	977,947	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
VALLEY CITIES COUNSELING
AND CONSULTATION

Employer identification number

91-6063183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	MOST VOLUNTEERS WORKED IN THE RESOURCE ROOM AND WITH THE FAMILY SUPPORT PROGRAM THE RESOURCE ROOM PROVIDES THE OPPORTUNITY FOR CLIENTS TO OBTAIN INFORMATION ABOUT WHAT COMMUNITY RESOURCES MIGHT BENEFIT THEM AND PROVIDES COMPUTER ACCESS THE FAMILY SUPPORT PROGRAM PROVIDES COMPUTER ACCESS AND TRAINING, HOMEWORK ASSISTANCE, HOME-SKILLS TRAINING AND OTHER SUPPORT TO LOW-INCOME FAMILIES ADDITIONALLY, ALL BOARD MEMBERS ARE UNPAID VOLUNTEERS WHO ASSIST IN OVERSIGHT OF THE ORGANIZATION THROUGH MONTHLY MEETINGS DISCUSSING FINANCIAL RESULTS, POLICIES, THE MISSION, AND OTHER GOVERNANCE ISSUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THAT DELIVER COUNSELING AND FAMILY SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES THE DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND THE ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEE INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES CLINICS OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>STABILITY, AUTONOMY AND DIGNITY STANDARD SUPPORTIVE HOUSING STANDARD SUPPORTIVE HOUSING PROVIDES HOUSING AND OUTPATIENT CARE FOR CLIENTS WHO MAY REQUIRE REGULAR STAFF CONTACT AND THE AVAILABILITY OF STAFF 24-HOURS-A -DAY, SEVEN-DAYS-A-WEEK, BUT WHO DO NOT NEED THE PHYSICAL SAFETY AND STRUCTURE OF A RESIDENTIAL FACILITY THE PROGRAM OFFERS THE BENEFITS INCLUDED IN ALL OUTPATIENT TREATMENT SERVICES, IN ADDITION TO SUPPORT SERVICES THAT ASSIST PROGRAM PARTICIPANTS TO DEVELOP A DAILY STRUCTURE AND MEANINGFUL ACTIVITIES IN THEIR LIVES, MAKE CONNECTIONS TO COMMUNITY SOCIAL, EMPLOYMENT, EDUCATIONAL, LEISURE AND SPIRITUAL ACTIVITIES AND SUPPORT, ACQUIRE THE SKILLS AND MEANS TO MEET BASIC NUTRITIONAL NEEDS AND MEANS TO MOVE TO A LESS INTENSIVE SERVICE LEVEL WITHIN TWO YEARS VALLEY CITIES SERVES AN AVERAGE OF 32 INDIVIDUALS A YEAR WHO ARE SERVED BY THE KING COUNTY BEHAVIORAL HEALTH ORGANIZATION (BHO) AND MEET THE ACCESS TO CARE STANDARDS PRIORITY IS GIVEN TO CLIENTS FROM WESTERN STATE HOSPITAL OR FROM ANOTHER LOCAL PSYCHIATRIC HOSPITAL SECOND PRIORITY ARE CLIENTS WHO NEED AN EXTENDED PERIOD OF TIME FOR STABILIZATION, ARE A FREQUENT OR HIGH UTILIZER OF PSYCHIATRIC HOSPITALS OR JAILS, ARE AT RISK OF HOSPITALIZATION, OR WHO ARE CHRONICALLY HOMELESS COMING-UP YOUTH PROGRAM THE COMING-UP YOUTH PROGRAM (CUP) IS A SUPPORTIVE HOUSING PROGRAM SUBSIDIZED IN LARGE PART THROUGH KING COUNTY HOUSING AUTHORITY (KCHA), KING COUNTY, AND UNITED WAY CUP PROVIDES HOUSING AND AGENCY SUPPORT SERVICES TO UP TO 22 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AGES 18-24 THE PROGRAM SWITCHED SERVICE PROVIDERS FROM AUBURN YOUTH RESOURCES (NOW KNOWN AS NEXUS YOUTH) TO VALLEY CITIES IN NOVEMBER 2016 THE CUP TEAM CONSISTS OF ONE CASE MANAGER, ONE PEER SUPPORT SPECIALIST, ONE HOUSING SPECIALIST, A HOUSING MANAGER, A PROGRAM MANAGER, AND FINANCE SUPPORT STAFF, PLUS ACCESS TO A MENTAL HEALTH THERAPIST AND AN OUTREACH MANAGER THERE ARE MANY LEVELS OF SERVICE PROVIDED TO CLIENTS BY THE AGENCY THERE ARE AN ESTIMATED 1,200 HOMELESS YOUNG ADULTS IN SOUTH KING COUNTY AT ANY GIVEN TIME AND FEW HOUSING PROGRAMS SPECIFICALLY DESIGNATED FOR THOSE HOMELESS YOUNG ADULTS THE GOAL OF THE CUP PROGRAM IS TO PROVIDE PROGRAM PARTICIPANTS WITH A WRAPAROUND APPROACH TO SERVICES AND SUPPORT THAT WILL ENABLE THEM TO ACHIEVE SELF-SUFFICIENCY THE PROGRAM ENABLES THEM TO GAIN LIFE SKILLS NECESSARY TO GAIN EDUCATION AND EMPLOYMENT, MAINTAIN THEIR HEALTH, FINANCES, AND HOMES, AND MAINTAIN HOUSING STABILITY RESOURCE ROOMS THE COMMUNITY RESOURCE ROOMS AT ALL LOCATIONS ARE OPEN TO THE COMMUNITY- AT-LARGE AND PROVIDE INDIVIDUAL SUPPORT, SKILL-BUILDING AND A VARIETY OF FREE RESOURCES TO ASSIST THOSE WHO MIGHT NOT HAVE A NETWORK OF SUPPORT VALLEY CITIES PROMOTES RECOVERY BY INVOLVING CONSUMERS IN THEIR OWN PROCESS OF FINDING THE SUPPORT AND RESOURCES THEY NEED VALLEY CITIES PROVIDES COMPUTERS, FAX AND PHONES, EMPLOYMENT AND HOUSING INFORMATION, FAMILY/YOUTH AND HEALTH SERVICES, AND COMMUNITY AND TRANSPORTATION</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	ON SERVICES ALL RESOURCE ROOMS ARE RUN BY PEERS AND COMMUNITY VOLUNTEERS HOURS VARY BY LOCATION AND ARE BASED ON VOLUNTEER AVAILABILITY

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	THAT DELIVER COUNSELING AND FAMILY SUPPORT SERVICES TO VETERANS AND THEIR FAMILIES THE DEVELOPMENT DEPARTMENT CARRIES OUT FUNDRAISING, MARKETING, PUBLIC RELATIONS, GRANT WRITING, AND PUBLIC POLICY ADVOCACY THE HUMAN RESOURCES DEPARTMENT OVERSEES PERSONNEL, STAFF TRAINING, STUDENT INTERN, AND VOLUNTEER FUNCTIONS, AND THE ADMINISTRATION AND FINANCE DEPARTMENTS OVERSEE INFORMATION MANAGEMENT SYSTEMS, SUPPORT STAFF, ACCOUNTING AND PAYROLL OPERATIONS VALLEY CITIES CONTINUES TO INTEGRATE TRAINED AND CERTIFIED PEER SUPPORT SPECIALISTS INTO ALL PROGRAMS, ALLOWING THEIR OWN RECOVERY, AND MOTIVATING OTHERS TO FIND HOPE AND GROWTH IN THEIR RECOVERY PROCESS VALLEY CITIES CLINICS OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>VALLEY CITIES CLINICS IN KENT, AUBURN, ENUMCLAW, FEDERAL WAY, KENT, MERIDIAN AT NORTHGATE, MIDWAY, RAINIER BEACH, RENTON, PIKE PLACE, LAKE CITY, AND ST VINCENT DE PAUL-AURORA OFFER A UNIQUE MODEL OF CARE, CARE COORDINATION ALL CLIENTS ARE ASSIGNED TO A CARE COORDINATOR WHO THEN ASSISTS THEM IN CONNECTING TO RESOURCES IN THE AGENCY AND IN THE COMMUNITY CLINICIANS ARE TRAINED IN EVIDENCED BASED TREATMENT MODALITIES INCLUDING CBT+ (TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR CHILDREN) AND LOVE AND LOGIC PARENTING SKILLS THROUGH CARE COORDINATION, VALLEY CITIES STILL TREATS CHILDREN, ADULTS AND OLDER ADULTS, BUT AS A TEAM APPROACH SO EACH INDIVIDUAL GETS THE FOCUS THAT THEY NEED SERVICES ARE PROVIDED TO MEET THE NEEDS OF CHILDREN, YOUTH AND THEIR FAMILIES WITH MENTAL ILLNESSES OR EMOTIONAL DISTURBANCES, CHILDREN, YOUTH AND FAMILIES WHO ARE IN CRISES, AND CHILDREN AND YOUTH WHO ARE VICTIMS OF TRAUMA OR FAMILY VIOLENCE THESE SERVICES INCLUDE INDIVIDUAL AND FAMILY COUNSELING, IN HOME FAMILY SUPPORT AND ADVOCACY, SCHOOL-BASED COUNSELING, CRISES INTERVENTION, CASE MANAGEMENT, PSYCHIATRIC ASSESSMENT, CASE COORDINATION WITH OTHER SERVICE PROVIDERS, MEDIATION MANAGEMENT, SUPPORT GROUPS AND SKILLS FOR TRAINING PARENTS, OUTREACH CLINICAL TEAMS FOR HOMELESS FAMILIES, COMMUNITY CONSULTATION AND EDUCATION, AND SPECIALIZED TREATMENT FOR THOSE WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES ARE ALSO PROVIDED TO ASSIST ADULTS AND THEIR FAMILIES WITH MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT SERVICES IN ADDITION, SPECIALIZED SERVICES ARE AVAILABLE TO THOSE WHO HAVE EXPERIENCED SEXUAL ABUSE OR DOMESTIC VIOLENCE SERVICES ARE DESIGNED WITH AN EMPHASIS ON RECOVERY AND HOPE VALLEY CITIES PROVIDES EMPLOYMENT AND EDUCATIONAL SERVICES SO THAT CLIENTS CAN BE SUPPORTED TO RETURN TO WORK OR SCHOOL THE CHEMICAL DEPENDENCY SERVICES INCLUDE INTENSIVE OUTPATIENT AND SPECIALIZED RELAPSE PREVENTION SERVICES AND ARE INTEGRATED WITH THE MENTAL HEALTH SERVICES FOR THOSE CLIENTS THAT HAVE CO-OCCURRING MENTAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS VALLEY CITIES IS COMMITTED TO QUALITY MENTAL HEALTH CARE DELIVERED FROM A RECOVERY ORIENTATION, MEANING THAT ITS TREATMENTS AND INTERVENTIONS EXTEND BEYOND SYMPTOM IMPROVEMENT TO A MORE HOLISTIC APPROACH TO CARE THAT HELPS ITS CLIENTS LIVE, WORK, LEARN, AND FULLY PARTICIPATE IN THEIR COMMUNITIES VARIOUS PUBLIC AND PRIVATE FUNDING SOURCES AND INDIVIDUAL CLIENT FEES ARE USED TO FUND SERVICES A SLIDING FEE SCALE IS AVAILABLE TO HELP INDIVIDUALS GAIN ACCESS TO SERVICES SERVICES ARE PROVIDED TO MORE THAN 13,000 INDIVIDUALS AND THEIR FAMILIES EVERY YEAR VALLEY CITIES' PROGRAMS CONSIST OF CARE COORDINATION AT EACH OUTPATIENT CLINIC A CARE COORDINATOR WILL BE THE MAIN POINT OF CONTACT AT VALLEY CITIES THEY WILL HELP WALK THE CLIENT THROUGH HOW TO GET SERVICES AT VALLEY CITIES, ASK THEM ABOUT WHAT DIFFICULTIES THEY ARE HAVING AND TRY TO FIND WAYS TO HELP THEY WILL CONNECT THE CLIENT WITH THE APPROPRIATE</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>LEVEL OF CARE THAT IS NEEDED, WHICH CAN INCLUDE COUNSELING, MEDICATIONS, PEER SUPPORT, OR GROUPS THEY CAN ALSO HELP CONNECT THEM TO SERVICES IN THE COMMUNITY, LIKE A PRIMARY CARE PHYSICIAN OR A DENTIST THE CARE COORDINATOR HELPS MANAGE ALL OF THE EXPERTISE NEEDED TO PROVIDE THE BEST OUTCOMES FOR OUR CLIENTS PEER SUPPORT SERVICES VALLEY CITIES PROUDLY OFF ERS A RANGE OF SUPPORT SERVICES PROVIDED BY CERTIFIED PEER COUNSELORS PEERS ARE AN INTEGR AL PART OF THE CARE TEAM AT VALLEY CITIES, OFFERING INSIGHT, EMPOWERMENT, AND ENGAGEMENT F ROM LIFE EXPERIENCE PEER SUPPORT IS BASED ON THE PHILOSOPHY THAT SOMEONE WHO HAS FACED LI FE CIRCUMSTANCES SIMILAR TO YOURS MAY BE THE PERSON WHO CAN UNDERSTAND YOU THE MOST PEERS ARE LIVING, WALKING EXAMPLES OF HOPE AND THAT RECOVERY IS POSSIBLE PEER SUPPORT COUNSELO RS HAVE BEEN TRAINED, TESTED, AND CERTIFIED TO INSPIRE HOPE AND PROVIDE UNIQUE SUPPORT TO PEOPLE RECEIVING MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES BECAUSE OF THEIR UNIQUE E XPERIENCE WITH MENTAL ILLNESS AND MENTAL HEALTH SERVICES, PEER COUNSELORS PROVIDE EXPERTIS E THAT PROFESSIONAL TRAINING CANNOT REPLICATE PEERS AT VALLEY CITIES OFFER MANY SERVICES, AND EACH PEER HAS PERSONAL LIVED EXPERIENCE IN THE FIELD IN WHICH THEY WORK PEERS PARTIC IPATE REGULARLY IN CLINICAL TEAM MEETINGS AND OFFER VALUABLE INPUT AND INSIGHT THAT ONLY L IVED EXPERIENCE CAN OFFER THEY ARE PROVIDED ON-GOING CLINICAL TRAINING AND SUPERVISION C HILDREN'S WRAPAROUND SERVICES VALLEY CITIES WRAPAROUND SERVES HIGH NEEDS YOUTH IN THE KENT , AUBURN, FEDERAL WAY AND ENUMCLAW SCHOOL DISTRICTS WHO ARE ELIGIBLE FOR ONE OF TWO WRAPAR OUND PROGRAMS OFFERED IN KING COUNTY 1) WRAPAROUND WITH INTENSIVE SERVICES - WISE (YOUTH UTILIZING MEDICAID FUNDED MENTAL HEALTH TREATMENT) OR 2) MIDD WRAPAROUND (YOUTH INVOLVED I N AT LEAST TWO OF THE FOLLOWING SYSTEMS MENTAL HEALTH, SPECIAL EDUCATION, JUVENILE JUSTIC E, CHILD WELFARE, DDA - DEVELOPMENT DISABILITIES, AND CHEMICAL DEPENDENCY) WRAPAROUND FAC ILITATORS, PARENT PARTNERS AND YOUTH PEERS WORKED COLLABORATIVELY WITH THE YOUTH, FAMILIES , PROVIDERS AND COMMUNITY MEMBERS TO DEVELOP A CROSS SYSTEM CARE PLAN DRIVEN BY THE YOUTH AND FAMILIES IDENTIFIED NEEDS AND GOALS WRAPAROUND STAFF FOLLOW TEN GUIDING PRINCIPLES AS THEY SUPPORT THE TEAM PLANNING PROCESS THESE PRINCIPLES ARE FAMILY VOICE AND CHOICE, TE AM BASED, NATURAL SUPPORTS, COLLABORATION, COMMUNITY- BASED, CULTURALLY COMPETENT, INDIVID UALIZED, STRENGTHS BASED, PERSISTENCE AND OUTCOMES BASED VALLEY CITIES SERVES ABOUT 260 Y OUTH PER YEAR, A NUMBER THAT WILL GROW IN 2018 AS THE PROGRAM CONTINUES TO EXPAND THE AVE RAGE YOUTH IS SERVED IN WRAPAROUND FOR 18 MONTHS AND OUTCOMES INCLUDE FEWER HOSPITAL VISIT S, INCREASED SCHOOL ATTENDANCE AND ACHIEVEMENT AND FEWER POLICE CONTACTS FAMILIES LEAVE W RAPAROUND WITH INCREASED ONGOING SUPPORTS AND IMPROVED SKILLS TO NAVIGATE THEIR YOUTH'S RE COVERY MOVING FORWARD FAMILY TREATMENT COURT WRAPAROUND FAMILY TREATMENT COURT IS AN ALTER NATIVE TO REGULAR DEPENDENCY C</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>COURT AND IS DESIGNED TO IMPROVE THE SAFETY AND WELL-BEING OF CHILDREN IN THE DEPENDENCY SYSTEM BY PROVIDING PARENTS ACCESS TO DRUG AND ALCOHOL TREATMENT, JUDICIAL MONITORING OF THE IR SOBRIETY AND INDIVIDUALIZED SERVICES TO SUPPORT THE ENTIRE FAMILY VALLEY CITIES IS THE ONLY WRAPAROUND PROGRAM IN THE STATE OF WASHINGTON TO WORK WITH ADULTS AS THE IDENTIFIED CLIENT, TO AMPLIFY THE PARENT'S VOICE IN THE DEPENDENCY PROCESS A WRAPAROUND FACILITATOR WORKS WITH THE TEAM TO DISCOVER THE INDIVIDUAL'S STRENGTHS, SET GOALS, DETERMINE MAJOR NEEDS, AND DEVELOP STRENGTH-BASED OPTIONS TO MEET THOSE NEEDS A VALLEY CITIES FACILITATOR WORKS WITH 15 FAMILIES AT A TIME TO PROVIDE THIS CRITICAL RESOURCE IN ORDER TO KEEP FAMILIES TOGETHER IN A SAFE AND HEALTHY ENVIRONMENT PREVENTION AND COMMUNITY SUPPORT PROGRAM IN COOPERATION WITH FEDERAL WAY SCHOOL DISTRICT VALLEY CITIES RUNS THE REAL TALK FOR TEENS PROGRAM, FORMERLY KNOWN AS GIRLS CIRCLE AT MULTIPLE SCHOOLS WITHIN THE DISTRICT EACH YEAR 160 HIGH-RISK YOUTH, 10 AT-A-TIME, MEET ONCE A WEEK FOR 13 WEEKS TO WORK ON LIFE SKILLS AND DECISION MAKING IN COLLABORATION WITH THE SCHOOL DISTRICT, YOUTH ENROLLED IN THE PROGRAM WORK TO INCREASE THEIR SCHOOL ATTENDANCE, ACADEMIC PERFORMANCE, AND ABILITY TO HANDLE STRESSFUL EVENTS AT HOME, IN THE COMMUNITY, AND AT SCHOOL YOUTH CHOSEN FOR THE PROGRAM ARE NOT ONLY AT HIGH RISK FOR DROPPING OUT OF SCHOOL, BUT ARE ALSO AT A HIGHER RISK FOR INVOLVEMENT WITH GANGS, UNPLANNED PREGNANCY, AND ENTERING THE CRIMINAL JUSTICE SYSTEM VALLEY CITIES' GOAL IS TO HELP THESE YOUTHS FINISH SCHOOL AND BECOME POSITIVE CONTRIBUTORS TO THE COMMUNITY VALLEY CITIES HAS ADOPTED THE METHODS DEVELOPED BY THE CENTER FOR YOUTH PROGRAM QUALITY AND IS COMMITTED TO A CONSTANT ENGAGEMENT IN SELF-ASSESSMENT AND CONTINUAL PROGRAM IMPROVEMENT VALLEY CITIES PROGRAM HAS BEEN FAVORABLY GRADED BY THEM, AND VALLEY CITIES CONTINUES TO MAKE ADJUSTMENTS TO HAVE THE MOST EFFECTIVE PROGRAM POSSIBLE IN ADDITION TO REAL TALK FOR TEENS, VALLEY CITIES HAS OFFERED YOUTH MENTAL HEALTH FIRST AID TRAINING TO SEVERAL STAFF MEMBERS WITHIN THE DISTRICT IN AN EFFORT TO BETTER SUPPORT YOUTH WHO MAY BE EXPERIENCING A MENTAL HEALTH CHALLENGE AND/OR CRISIS BOTH OF THESE PROGRAMS ARE ROOTED IN PREVENTION AND EARLY INTERVENTION KENT SCHOOL DISTRICT IN RESPONSE TO THE HIGH DEGREE OF MENTAL HEALTH/SUBSTANCE USE PROBLEMS IN SCHOOLS, THE NEEDS OF STUDENTS AND STAFF LIMITATIONS IN ADDRESSING THOSE NEEDS, THE DISTRICT AND VALLEY CITIES COLLABORATES TO PROVIDE PREVENTION, EARLY INTERVENTION AND TREATMENT SERVICES TO THE STUDENTS IN KENT SCHOOL DISTRICT THIS PROGRAM STARTED IN 2016 BRIDGES VALLEY CITIES' BRIDGES PROGRAM PROVIDES SITE BASED MENTAL HEALTH ENGAGEMENT, SCREENING, AND ASSESSMENT SERVICES ON AN OUTREACH BASIS TO INDIVIDUALS WHO ARE ENDURING HOMELESSNESS DURING 2017, VALLEY CITIES BRIDGES PROGRAM PROVIDED OUTREACH SERVICES TO 138 CHRONICALLY HOMELESS ADULTS VALLEY CITIES MENTAL HEALTH OUTREACH SPECIALISTS PROVIDE SERVICES</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE REVIEWS A DRAFT COPY OF THE FORM 990 FOR ACCURACY AND PRESENTS TO THE FULL BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY IN PLACE THAT EACH BOARD MEMBER AND OFFICER IS REQUIRED TO SIGN AND DISCLOSE THEIR INTERESTS ANNUALLY

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	HUMAN RESOURCES PERFORMS A SALARY COMPARISON WITH LIKE AGENCIES FOR THE POSITION THE CEO HAS AN "AT WILL" CONTRACT REVIEWED AND APPROVED BY THE BOARD ANNUALLY, AND CAN BE TERMINATED AT ANYTIME

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	HUMAN RESOURCES PERFORMS A SALARY COMPARISON WITH LIKE AGENCIES FOR THE POSITION SALARY IS REVIEWED AND APPROVED BY THE CEO, CFO, CMO, COO, AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS ARE PROVIDED TO FUNDERS, AUDITORS, AND THE STATE OF WASHINGTON ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING EVENT EXPENSES 60,838 RENTAL EXPENSES 19,103 FUNDRAISING EVENT EXPENSES -60,838 RENTAL EXPENSES -19,103