Northwest Youth Services

2019 Form 990 Public Disclosure Copy

Larson Gross

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

ΑI	or the	2019 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
X	Addre	NORTHWEST YOUTH SERVICES			
	Name change	Doing business as		91-09705	61
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/	108 PROSPECT STREET		360-734-	
	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,577,252.
F	lreturn	BELLINGHAM, WA 90225		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: DEAN WIGHT SAME AS C ABOVE		for subordinates	
_	F		. E07	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o e: ► WWW • NWYS • ORG	or 527	┥	list. (see instructions)
		organization: X Corporation	I Vear	of formation: 1989	n number ▶ 1 State of legal domicile: WA
P	art I	Summary	L Toai	or formation.	7 State of legal dofficile, 1122
		Briefly describe the organization's mission or most significant activities: COLLA	ABORAT	ING WITH AT	-RISK,
Activities & Governance		RUNAWAY, AND HOMELESS YOUTH TO FOSTER SEI	F-REL	IANCE.	·
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	e than 25% of its net as	ssets.
OVE	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
জ		Number of independent voting members of the governing body (Part VI, line 1b)			8
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a) $$			80
Ξ		Total number of volunteers (estimate if necessary)			13
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
		O	-	Prior Year 3,551,067.	Current Year
Revenue	1	Contributions and grants (Part VIII, line 1h)		3,331,067.	3,448,448. 750.
	1	Program service revenue (Part VIII, line 2g)		22.	5,217.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,282.	45,094.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,557,753.	3,499,509.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		412,329.	327,055.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,309,969.	2,413,348.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ф.		Total fundraising expenses (Part IX, column (D), line 25)	77.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		631,086.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,353,384.	3,537,248.
		Revenue less expenses. Subtract line 18 from line 12		204,369.	-37,739.
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,008,822.	2,087,791.
et A	21	Total liabilities (Part X, line 26)		602,776.	678,727.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,406,046.	1,409,064.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	y knowledge and belief, it is
	, 0000	L	ion proparo	l l	
Sig	n	Signature of officer		Date	
Her		▶ DEAN WIGHT, INTERIM EXECUTIVE DIRECTOR	₹		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai		KEATON WERSEN-CPA		if self-employ	P01957642
	parer	Firm's name LARSON GROSS PLLC		Firm's EIN ▶	91-1663574
Use	Only	Firm's address 2211 RIMLAND DR., STE 422		,_	CO \
		BELLINGHAM, WA 98226		Phone no. (3	
Ma	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	n 990 (2019) NORTHWEST YOUTH SERVICES	91-0970561	Page 2
Pai	rt 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:	31311317 3310	
	NORTHWEST YOUTH SERVICES COLLABORATES WITH AT-RISK, RU	-	ШО
	HOMELESS YOUTH TO FOSTER SELF-RELIANCE. THE ORGANIZATI KEEP YOUTH SAFE, HEAL FAMILY RELATIONSHIPS, AND RECONN		TO
	COMMUNITY. THE ORGANIZATION PROVIDES EMERGENCY SHELTER		Inc
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	5 5 000 000 570		X No
	prior Form 990 or 990-EZ? 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 service	s? 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	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 992,104. including grants of \$ 257,566.) (Re		750.
	HOUSING PROGRAMS - THESE PROGRAMS PROVIDE HOUSING AND		
	SERVICES TO HOMELESS YOUTH (AGES 18-25) INCLUDING PREG		
	PARENTING YOUTH IN WHATCOM AND SKAGIT COUNTIES. SERVIC DEVELOPED WITH EACH PARTICIPANT DEPENDING ON INDIVIDUA	E PLANS ARE L STRENGTHS A	NTD
	DEVELOPED WITH EACH PARTICIPANT DEPENDING ON INDIVIDUA NEEDS. FOCUS AREAS INCLUDE DEVELOPMENT OF INDEPENDENT		
	EMPLOYMENT, VOCATIONAL AND EDUCATIONAL SUPPORT, ACCESS		•
	PARENTING SUPPORT, FINANCIAL LITERACY, AND RENTER EDUC		
	GOALS ARE AIMED TOWARD PARTICIPANT INDEPENDENCE AND SE		
4b		venue \$	
		N EMERGENCY	
	HOUSING PROGRAM PROVIDING HOUSING FOR MINORS (AGES 13-PROGRAM, CLIENTS WORK WITH A CASE MANAGER TO CREATE A	17). IN THIS PLAN FOR	
	OBTAINING STABLE HOUSING. THE PAD PROGRAM PROVIDES SHE		TTNT
	ACTIVITIES, AND SCHOOL ENROLLMENT SERVICES.	HIER, FOOD, P	OIN
	460.045		
4c	(Code:) (Expenses \$ 468,245 . including grants of \$ 4,651 .) (Re	/enue \$	
	THE BEHAVIORAL HEALTH PROGRAM PROVIDES INTEGRATED CLIN CLIENTS INVOLVED IN OTHER NWYS PROGRAMS. IT PROVIDES P		10
	THERAPEUTIC SERVICES, EVALUATION, SCREEN AND ASSESSMEN		ENTO
	AND RECOVERY SUPPORT SERVICES FOR INDIVIDUALS WITH MEN		EMI
	SUBSTANCE USE DISORDERS.	IAL AND/OR	
	DODDIIIIO ODI DIDOMDIMO.		

4d Other program services (Describe on Schedule O.)

413,864. including grants of \$

vnenses \(\sum_{2,571,295}. \)

46,772 (Revenue \$

Total program service expenses

Form 990 (2019) NORTHWEST YO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	^-		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

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Partiv	Checklist of Required Schedules (continued)

	<u> </u>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schoolula I. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	222	
00000	4 04 00 00		aan	(0010)

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

2a Ref the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, to fed for the calendary aver arriching with or within they ware covered by this return 2. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2s is greater than 50,00 umay be required to 4-file gene instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? a At any time during the calendary ear, did the organization have an interest is, or a signature or other authority over, a francial account; or the financial account; or					Yes	No			
b If a least one is reported on line 2a, did the organization file all required to derive employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to d-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X If Yes, 'has it field a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b If Yes, 'main it field a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b If Yes, 'main the dring the calendary year, did the organization for interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). 5b If Yes, 'meter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization aparty to a prohibeted tax whelter transaction? 5c If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax whelter transaction? 5c If Yes' to line 5a or 5b, did the organization the Form 8886-T or 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione) 3a		filed for the calendar year ending with or within the year covered by this return	2a 80						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, "Nat It filed a Form 990 Tor the year "Wo" to file 3b, your owice an explanation on Schedule O 5b If 1 Yes, "Nat It filed a Form 990 Tor the year "Wo" to file 3b, your owice an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 1 Yes's 1 to lie 5a or 5b, did the foreign country. 5c Was the organization a party to a prohibet tax whether transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions? 6c If Yes's 1 time 5a or 5b, did the organization in Event 88617. 6d If Yes's 1 time 5a or 5b, did the organization in Event 88617. 6d If Yes's 1 time 5a or 5b, did the organization in Evidence where you solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes's 1 time 5a or 5b, did the organization in Evidence where you solicitation are species statement that such contributions or gifts were not tax deductible? 6d If Yes's 1 time 6a or 5b, did the organization in Evidence where you solicitation are species statement that such contributions or gifts were not tax deductible? 6d If Yes's 1 time 6a or 5b, did the organization the organization in Evidence where you solicitation are species statement that such contributions or gifts were not tax deductible? 6d If Yes's 1 time 1 time 5a or 5b, did the organization to notify the cone or the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes's 1 time 5a organization that may receive deductible organization and partly for gods and	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
b If "Yes," has it filled a Form 990-T to this year? If "No" to life 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited fax shelter transaction? 5b ID day any stable party notify the organization file Form 8886-17 6a Does the organization the organization file Form 8886-17 6b IT "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b IT "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c ID IT "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations shall may receive deductible contributions under section 170(c). 8c ID IT "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations shall may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of cars, boats, sinplanes, or other vehicles, did the organization file Form 190-8-07 8 Sponsoring organization nemiatinal gonor organization file a Form 1989-8 required? 9 Organization		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have party to a prohibited tax shelter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Uses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Uses the organization than any receive deductible contributions under section 170(c). 6d Uffers, did the organization nortly the donor of the value of the goods or services provided? 6d Uffers, did the organization nortly the donor of the value of the goods or services provided? 6d Uffers, indicate the number of Forms 8282 field during the year 6d Uffers, indicate the number of Forms 8282 field during the year 6d Uffers, indicate the number of Forms 8282 field during the year 6d Uffers, indicate the number of Forms 8282 field during the year 6d Uffers, indicate the number of Forms 8282 field during the year 7d Uffers organization received a contribution of qualified intellectual property, did the organization flex provided to the properties of the value of the separation of the value of the separation flex provided to the properties of the value of the organization have excess business holdings at any time during the year 9 Sponsoring organization was deviced funds. 10b Uffers organizati	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
b if "Yes," enter the name of the foreign country. ▶ b if "Yes," enter the name of the foreign country. ▶ see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or 5b, did the organization file Form 8886-17? 6a Does the organization shall were not tax deductible as charitable contributions? 6b I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apprentin recesse of 55 made party as contribution and party for goods and services provided to the payor? 7 Tes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the ferm 8282? 7 Tes, and the organization ferm 8282? 7 Tes, and the organization received an contribution of your dimeterly, to pay premiums on a personal benefit contract? 7 Tes, and the organization received an contribution of cars, boats, sirplanes, or other vehicles, did the organization file Form 899 as required? 1 If the organization received an contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations enhanced and contributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distribution				3b					
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c Enter the amount of reserves on hand 13c	-		13b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	С								
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
If "Yes," complete Form 4720, Schedule O.	16		t income?	16		Х			
		If "Yes," complete Form 4720, Schedule O.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets: Did the organization have members or stockholders?	6		X
_		-		
7a		7a		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		7.		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		22
8		0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
40-	Did the every insting have lead shouten by an above or efflicted.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		22
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	25	
		40-	Х	
12a	1 , , , ,	12a	X	
b		12b	Α.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١.,	х	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	, , , , , , , , , , , , , , , , , , , ,	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 360-734-4720			
	108 PROSPECT STREET, BELLINGHAM, WA 98225			

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not cl	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
I \ IODT NICUOIC	week (list any hours for related organizations below line)	stee or director	er an	Officer p p	Key employee	Highest compensated through the compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LORI NICHOLS	3.00			37				0	0	0
PRESIDENT	2.00	Х		Х				0.	0.	0 .
(2) CANDY GALINDO VICE-PRESEIDENT	2.00	x		х				0.	0.	0 .
(3) WALTER HUDSICK	3.00	^	\vdash	Λ				0.	0.	0
TREASURER	3.00	Х		Х				0.	0.	0 .
(4) HOLLIE BROWN	2.00									
SECRETARY	1 2000	x		х				0.	0.	0.
(5) LK LANGLEY	1.00	 								
BOARD MEMBER		Х						0.	0.	0.
(6) JODI WALLACE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ALEXANDER BRUNER	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(8) ELLIE POSEL	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(9) RIANNON BARDSLEY	40.00									
EXECUTIVE DIRECTOR	10.00			X				14,164.	0.	865
(10) EMILIO VELA	40.00							75 040		F 0.45
EXECUTIVE DIRECTOR	40.00			Х				75,948.	0.	5,047
(11) HARRIET MARKELL	40.00	-		37				42 056	0.	0 .
INTERIM EXECUTIVE DIRECTOR				X				43,056.	0.	0
		1								

	T VII Section A. Officers, Directors, Trus (A)	(B)				<u>2</u> C)	JJ		(D)	(E)			(F)	
	Name and title	Average			Posi	•	1		Reportable	Reportable			timate	nd.
	Name and title	hours per					than		compensation	compensation	1		nount	
		week					or/trus		from	from related	'	الما	other	Oi
		(list any	tor						the	organizations	;	com	pensa	ation
		hours for	direc				eq		organization	(W-2/1099-MIS		l	om th	
		related	tee or	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	Itrus	nal tr		oyee	dwo					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
		line)	Pul	lns	Offi	Key	Hig	윤						
	Subtotal								133,168.		0.		5,9	
	Total from continuation sheets to Part V								0.		0.		- 0	0.
	Total (add lines 1b and 1c)								133,168.				5,9	14.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wh	no r	eceived more than \$100	,000 of reportable	Э			(
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director, trust	ee, I	кеу е	empl	loye	e, o	hiç	ghest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the si	um of reportab												
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>					-		elat	-			_		Х
Sec	tion B. Independent Contractors	ipiete Scriedui	e J i	OI SI	ucn	pers	SOII .					5		21
1	Complete this table for your five highest co	-	-								pens	ation :	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		year.				
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C	ompe) nsatio	n
								_						
								\dashv						
	Takal mumah ay af indonesia d	ha a li valle e di di			al 4	1 1-			d ala ava\t	ana da sis				
2	Total number of independent contractors (\$100,000 of compensation from the organ		iot li	mıte	a to		se li: 0	stec	a above) who received m	ore than				
_												Form	aan /	2010

Pa	πv	/ 111			a a in this Dart VIII			
			Check if Schedule O contains a response	or note to any III	ne in this Part VIII	(B)	(C)	<u> </u>
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	All other contributions, gifts, grants, and	Business Code 624200		750.		36010115 312 - 314
		g	Total. Add lines 2a-2f		750.			
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties	est, and	987.			987.
	6	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	_		Net rental income or (loss) Gross amount from sales of (i) Securities					
	7	а	Gross amount from sales of assets other than inventory 7a (i) Securities 54, 215.	(ii) Other	-			
Revenue		_	Less: cost or other basis and sales expenses Gain or (loss) 7b 49,985. 7c 4,230.					
r Re		d	Net gain or (loss)		4,230.			4,230.
Other	8		Gross income from fundraising events (not including \$ 98,165 • of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	 				
			Net income or (loss) from fundraising events	>	40,097.			40,097.
	9		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a	+				
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
	L		Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11		OTHER INCOME	Business Code 624200	4,997.			4,997.
ella		C						
Misc			All other revenue					
_			Total. Add lines 11a-11d	>	4,997.			
	12		Total revenue. See instructions	>	3,499,509.	750.	0.	50,311.

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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).

D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	327,055.	327,055.		
_	individuals. See Part IV, line 22	321,033.	327,033.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4					
5	Compensation of current officers, directors, trustees, and key employees	139,080.	94,223.	34,848.	10,009
6	Compensation not included above to disqualified	133,000.	34,223.	34,040.	10,005
O	persons (as defined under section 4958(f)(1)) and				
	paragna described in costion 40E0(a)(2)(D)				
7		1,888,284.	1,418,862.	308,328.	161,094
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,000,20±•	1,110,002.	500,520.	±0±,00±
0	section 401(k) and 403(b) employer contributions)	13,586.	9,085.	4,501.	
9	Other employee benefits	164,980.	122,708.	27,909.	14,363
10	Payroll taxes	207,418.	150,566.	40,426.	16,426
11	Fees for services (nonemployees):	20171200	130,300.	10/1200	10,120
''					
a b		26,479.		26,479.	
C	LegalAccounting	204,795.	144,803.	59,992.	
	Lobbying	20177330	111,0031	3373321	
e	D (' 1(1 ' ' ' ' O D ' N' I' 47				
f	Investment management fees				
g g	//(!) 44				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	58,492.	40,498.	7,049.	10,945
14	Information technology	127,145.	33,299.	92,820.	1,026
15	Royalties	,	, ,	, , ,	,
16	Occupancy	125,085.	68,772.	56,313.	
17	Travel	26,277.	22,320.	3,076.	881
18	Payments of travel or entertainment expenses	,		· · · · · ·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,960.	20,205.	5,321.	434
20	Interest	16,773.		16,773.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,506.	47,605.	11,901.	
23	Insurance	27,880.	16,550.	11,330.	
24	Other expenses. Itemize expenses not covered	-	-		
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT AND REPAIRS	36,474.	23,929.	12,360.	185
b	IN-KIND	28,493.	6,234.	30.	22,229
С	SUPPLIES	22,550.	21,047.	136.	1,367
d					
е	All other expenses	10,936.	3,534.	3,784.	3,618
25	Total functional expenses. Add lines 1 through 24e	3,537,248.	2,571,295.	723,376.	242,577
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X Balance Sheet

<u>rar</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			685,825.	1	699,206
	2	Savings and temporary cash investments			1,179.	2	170,590
	3	Pledges and grants receivable, net			543,604.	3	355,152
	4	Accounts receivable, net			4	40,757	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			29,510.	9	45,317
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,390,094.			
	b			633,106.	731,146.	10c	756,988
	11	Investments - publicly traded securities		10 501	11		
	12	Investments - other securities. See Part IV, line		13,594.	12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	2 261	14	40.704		
	15	Other assets. See Part IV, line 11	3,964.	15	19,781		
	16	Total assets. Add lines 1 through 15 (must ed	2,008,822.	16	2,087,791		
	17	Accounts payable and accrued expenses	233,987.	17	218,323		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
les	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th			315,657.	22	205 051
	23	Secured mortgages and notes payable to unre			53,132.	23	305,851 53,132
	24	Unsecured notes and loans payable to unrelate			33,134.	24	33,134
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin-	es 17-24)). Complete Part X	0.	25	101,421
	26	of Schedule D			602,776.	26	678,727
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			002,770•	26	070,727
es		and complete lines 27, 28, 32, and 33.	ieck iiei				
auc	27	Net assets without donor restrictions	745,008.	27	935,393		
Bal	28	Net assets with donor restrictions	661,038.	28	473,671		
D D		Organizations that do not follow FASB ASC			, , , , , , , , , , , , , , , , , , , ,		
ᇳ		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fund	s			29	
) šet	30	Paid-in or capital surplus, or land, building, or o			30		
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • • •	1,406,046.	32	1,409,064
_	33	Total liabilities and net assets/fund balances			2,008,822.	33	2,087,791

Pa	rt 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	3,49	9,5	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,53	7,2	48.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	7,7	39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,40	6,0	46.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	4	0,7	57.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,40	9,0	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NORTHWEST YOUTH SERVICES 91-0970561 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2197091.	2278961.	2787082.	3551067.	3448448.	14262649.
2	Tax revenues levied for the organ-						
	ization'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			19,200.	19,632.	20,221.	59,053.
4	Total. Add lines 1 through 3	2197091.	2278961.	2806282.	3570699.	3468669.	14321702.
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)						303,338.
	Public support. Subtract line 5 from line 4.						14018364.
	ction B. Total Support					-	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2197091.	2278961.	2806282.	3570699.	3468669.	14321702.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	77	4.0	2.0		007	1 172
	and income from similar sources	77.	48.	39.	22.	987.	1,173.
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				454.	4,997.	5,451.
	assets (Explain in Part VI.)				454.	4,337.	14328326.
11	• • • • • • • • • • • • • • • • • • • •	-1- /!	\			40	182,799.
12	Gross receipts from related activities,			ما ها ما ما العامل		12 501(a)(0)	102,755.
13	First five years. If the Form 990 is for organization, check this box and stop						► □
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2019 (I			column (f))		14	97.84 %
	Public support percentage from 2018					15	99.99 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes						
	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"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	Э
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18							

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	d fourth or fifth t	av voar as a soctio	n 501(c)(3) organia	zation.
		· ·	•		-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	70
	•					17	04
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2019. If the						i / is not ⊾
	more than 33 1/3%, check this box ar						P
k	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	D 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- **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.
- 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.
- 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 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Dort VI	Constitution of the control of the c
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.)
	(See metastionel)
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

NORTHWEST YOUTH SERVICES 91-0970561

Organization type (check one):

a gainzation type (check one).					
Filers of:	Section:				
Form 990 or 990	-EZ X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ganization is covered by the General Rule or a Special Rule. tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
section any one	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; orm 990-EZ, line 1. Complete Parts I and II.				
year, to	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ion of cruelty to children or animals. Complete Parts I, II, and III.				
year, co is chec purpose	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the partial organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the partial organization stated more than \$1,000. If this box seed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., a. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively s, charitable, etc., contributions totaling \$5,000 or more during the year				
but it must answ	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ver "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to esp't meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

NORTHWEST YOUTH SERVICES

91-0970561

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 280,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 550,170.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 251,673.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n ++	\$ 77,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>189,027.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>458,469</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NORTHWEST YOUTH SERVICES

91-0970561

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>403,258.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 77,115.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 10	Name, address, and ZIP + 4	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$80,247.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NORTHWEST YOUTH SERVICES

91-0970561

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED SPACE	_	
		_	
		_ \$\$	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- aiti	DONATED SPACE		
11		_ _	
		\$\$	02/01/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	_	
		-	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		- - .	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
		_	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		-	
		- -	
002452 11 0		_ \$	000 000 F7 at 000 PF\ (0040\

Employer identification number

Name of organization

NORTHWEST YOUTH SERVICES 91-0970561 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTHWEST YOUTH SERVICES

Employer identification number 91-0970561

Part I Organization s Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Canada	Pai	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the
Total number at end of year	I al			3 Of Accounts. Complete if the
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 of grants from (during year) 5 Did the organization informal donors and donor advisors in writing that the assets held in donor advised funds are the organization informal 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 imperimentable private benefit? Part II Conservation Easements. Complete if the organization can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable private benefit? Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of part or public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of part public use (for example, recreation or education) Preservation of a certified historic structure Preservation of part part passes. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assements on the last day of the tax year. a Total number of conservation easements in conservation easements. b Total acreage restricted by conservation of assements. c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements on a certified historic structure included in (a) 2 c 3 Number of conservation easements in condition, inspection, planning of violations, and enforcing conservation easements during the year Part of conservation easements on a certified historic structure included in (a) 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Part III Organizat		organization answered fes on Form 990, Part IV, iii		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization informal donors and donor advisors in writing that the assets helid in donor advisor from (arriving year) 6 Did the organization informal 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? 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 (for example, recreation or education) □ Preservation of a historically important land area □ Preservation of land for public use (for example, recreation or education) □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2 a through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements so a certified historic structure included in (a) □ Value of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure listed in the National Register 5 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 8 Number of states where property subject to conservation easements in located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspectic, handling of violations, and enforcing conservation easements during the year ▶ \$ 6 Staff and volunteer hours devoted to monitoring, inspectic, 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		-	(a) Donor advised funds	(b) i unus and other accounts
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 is property, subject to the organization's exclusive legal control? No 6 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? No 6 Did the organization inform all grantees, donors, and donor advisors in writing that the part 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 impermissable purpose benefit? Perturbose(s) of 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 of education) Preservation of a historically important land area Protection of natural habitat Preservation of pan papace 2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2	_			
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 inform all grantless, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation assements held by the organization or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete line 2a through 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?				
are the organization's property, subject to the organization's exclusive legal control?				
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 impermissuble private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of alm of properties are the preservation of the anison of a historically important land area Protection of natural habitat Preservation of pen space Protection of natural habitat Preservation of pen space 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 Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2a b Total acreage restricted by conservation easements 2a b Total organization easements 2a b Total number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d Number of states where property subject to conservation easement is located P No No No No No No No	5	-	-	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (held all that apply).				
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 (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation open space Preservation of open space Preservation of open space Preservation open space Preservation of open space Preservation open sp	6			
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 (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ 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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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 easements 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 hidds? 4 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 5 Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 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 singunization statements that describes the organization saccounting for conservation easements. Part IIII 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			or donor advisor, or for any other purpose	
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area 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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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? 5 Does and the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) Preservation easements in the fortone to the organization's financial statements that describes the organization's accounting for conservation easements. 1a If the organization sharitaning 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 or	D-1			
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2 a 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. Itel dat the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements including of violations, and enforcement of the conservation easements thoids? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No 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 organization answered "Yes" on Form 990, Part IV, line 8. It if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	Pai		·	Part IV, line 7.
Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 26 if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ S 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)? 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 organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part N, line 8. 1a If the organization balance heet 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 and balance sheet works of art, historical treasures, or other simi	1			
Preservation of open space		Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
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. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ No 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. If the organization elected, as permitted under FASB 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 s		Protection of natural habitat	Preservation o	f a certified historic structure
day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5 Des each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)		Preservation of open space		
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ▶ ↑ A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) and section 170(h)(4)(B)(f)(f)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)	2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
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listed in the National Register	С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		listed in the National Register		2d
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3			
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	6	·		
 ▶ \$		>	,	5 ,
 ▶ \$	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
and section 170(h)(4)(B)(ii)?			, ,	5 ,
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2			
a Revenue included on Form 990, Part VIII, line 1	_			ai gairi, provido
	9	- · · · · · · · · · · · · · · · · · · ·	-	> \$

932051 10-02-19

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

Schedule D (Form 990) 2019

(a) Current year

b

Part IV

collection items (check all that apply):

☐ Preservation for future generations

reported an amount on Form 990, Part X, line 21.

☐ Public exhibition

1a Beginning of year balance

e Other expenditures for facilities

b Permanent endowment ▶ __ Term endowment

b Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships

and programs f Administrative expenses g End of year balance

a Board designated or quasi-endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

Scholarly research

4	Descr	ibe in Pa	rt XIII the inte	ended u	ises of th	e orga
Par	t VI	Land.	Buildings	s. and	Equipn	nent.

Complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

Complete in the organization answered Tes off form 990, Part 17, line Tra. See Form 990, Part 17, line To.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land	,	109,440.	1	109,440.			
b Buildings		468,000.	188,000.	280,000.			
c Leasehold improvements		662,654.	370,069.	292,585.			
d Equipment		40,372.	28,005.	12,367.			
e Other		109,628.	47,032.	62,596.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2019

	OUTH SERVICE	is g	91-0970561 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV li	and 11a. Son Form 000. Dort V. line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)	(b) Book value	(e) methed of valuation: eggs of	ond or your market value
(2)		_	
(3)		_	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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, li	ne 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) lin	ne 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	IGOD		101 401
(2) FUNDS HELD AS FISCAL SPON	IDUK		101,421
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

(8)

101,421.

1 Total revenue, gains, and other support per audited financial statements	V, line 12a.		1	3,608,334.
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		110,753.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		-1,928.		
e Add lines 2a through 2d			2e	108,825.
3 Subtract line 2e from line 1			3	3,499,509.
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.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,499,509.
Part XII Reconciliation of Expenses per Audited Financia			Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part I				
Total expenses and losses per audited financial statements			1	3,605,316.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	69,996.		
b Prior year adjustments				
c Other losses	_			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	69,996.
3 Subtract line 2e from line 1			3	3,535,320.
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.)		1,928.		
c Add lines 4a and 4b			4c	1,928.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	3,537,248.
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,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4; Part	X, line 2; Part XI,
			4; Part	X, line 2; Part XI,
•			4; Part	X, line 2; Part XI,
			4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			4; Part	X, line 2; Part XI,
			4; Part	X, line 2; Part XI,
PART XI, LINE 2D - OTHER ADJUSTMENTS:	de any additional infor	mation.	4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional infor	mation.	4; Part	X, line 2; Part XI,
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WI	de any additional infor	mation.	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	de any additional infor	mation.	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WI	de any additional infor	mation.	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WI	de any additional infor	mation.	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	mation.	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WI	de any additional infor	mation.	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS:	de any additional infor	IN	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	-1,928.
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS:	de any additional infor	IN	4; Part	-1,928.
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	-1,928.
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	-1,928.
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	-1,928.
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	-1,928.
PART XI, LINE 2D - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS PART XII, LINE 4B - OTHER ADJUSTMENTS: NON-EVENT FUNDRAISING EXPENSE NETTED WIFINANCIAL STATEMENTS	de any additional infor	IN	4; Part	X, line 2; Part XI, -1,928.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

NORTHWEST YOUTH SERVICES

Employer identification number 91-0970561

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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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Schedule G (Form 990 or 990-EZ) 2019

or licensing.

		lle G (Form 990 or 990-EZ) 2019 NORTHWE				0970561 Page 2
Pa	ırt					
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	NONE	(d) Total events
			ANNUAL GALA		110112	(add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
Revenue				-		
3eve	1	Gross receipts	166,020.			166,020.
ш.			00 165			00 165
	2	Less: Contributions	98,165.			98,165.
	3	Gross income (line 1 minus line 2)	67,855.			67,855.
	3	Gross income (line 1 minus line 2)	07,033.			07,033.
	4	Cash prizes				
	5	Noncash prizes	1,261.			1,261.
JSes	_	5 . 16	15 400			15 400
xpel	6	Rent/facility costs	15,490.			15,490.
Direct Expenses	7	Food and beverages	2,497.			2,497.
Öire	'	Toda and beverages	_,			
_	8	Entertainment	2,181. 6,329.			2,181. 6,329.
	9	Other direct expenses	6,329.			
	l	Direct expense summary. Add lines 4 through			>	27,758.
Dr	11 irt	Net income summary. Subtract line 10 from li		- 000 Dest IV line 10 ex		40,097
ГС	וונ	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered tes on Forn	1990, Part IV, line 19, or	reported more than	
		ψ10,000 0H1 0H1 000 22, III 0 0α.	() 5:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
3eVe						
_	1	Gross revenue				
		Cook avines				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ě						
jrec	4	Rent/facility costs				
	5	Other direct expenses		W 0/	W 0/	
	۱	Volunteer labor	Yes % No	Yes %	Yes % No	
	ľ	Volunteer labor	NO		NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
^	г-	stor the state(a) in which the average time and	ioto gamina activitica:			
9		iter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	states?		Yes No
		'No," explain:		J. J		1631NO
-						
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b) If "	'Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2019

Sch	ledule G (Form 990 or 990-EZ) 2019 NORTHWEST YOUTH SERVICES 91-	09/056	D⊥ Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s L 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	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
17	Enter the hame 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	s No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
•	of gaming revenue retained by the third party > \$		
(If "Yes," enter name and address of the third party:		
	Nama 🏲		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠		Ye:	s 🗆 No
L	retain the state gaming license?	16	.
K	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	ort III. linno	0 0b 10b
Г		art III, Ilnes	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	NORTHWEST YOUTH SERVICES	91-0970561	Page 4
Part IV Supplemental Info	ormation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number
	NORTHWEST YOUTH SERVICES						91-0970561	
Part I	General Information on Grants a	and Assistance						
	Ooes the organization maintain records							
С	riteria used to award the grants or assi	stance?						X Yes No
2 D	Describe in Part IV the organization's pr	ocedures for monit	toring the use of grant	funds in the Unite	d States.			
Part I	Granto ana Otrici Addictance to	_				anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Mathad of		1
1 (a	 a) Name and address of organization or government 	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	inter total number of section 501(c)(3) a			ne line 1 table				

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
(-, -,) 3	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(*)
BASIC NEEDS	1290	0.	327,055.	EM17	SHELTER, TRANSPORTATION, FOOD, AND OTHER COSTS
BASIC NEEDS	1230		321,033.	FIV	AND OTHER COSTS
Part IV Supplemental Information. Provide the information re-	uired in Part Llin	le 2: Part III. column	(b): and any other a	l dditional information	
Tartiv Cappiemental information: 1 Toylde the information to	quired in rait i, iii	ic 2, r art iii, colairiii	(b), and any other a	aditional information.	
PART I, LINE 2:					
INDIRECT ASSISTANCE IS PROVIDED TO	ט אטננשט ש	UDOIICU WAD	TOTIC DDOCD	AMC OF THE	
INDIRECT ASSISTANCE IS FROVIDED IN	J TOOTH T	HROUGH VAN	LIOUS PROGR	AMS OF THE	
ORGANIZATION. ALL SUPPORT PROVIDE	ED AS DES	CRIBED IN	PART III I	S GIVEN TO	
YOUTH THAT QUALIFY FOR THE VARIOUS	S PROGRAM	S OF THE C	RGANIZATIO	N. THE	
ORGANIZATION EMPLOYEES PROVIDE TH	E SUPPORT	FOR THESE	YOUTH AND	MATNTATN	
	<u> </u>	1011 111202	. 100111 11112	111111111111	
RECORD OF ENTRY, SUPPORT, AND OUT	COMES.				
_					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NORTHWEST YOUTH SERVICES Employer identification number 91-0970561

Par	rt 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	Method of	d) determining ibution amounts	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X			DONOR SET		
6	Cars and other vehicles	X	1	6,000.	DONOR SET	VALUE	
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	trust interests 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	X	41	2,360.	DONOR SET	VALUE	
20	Drugs and medical supplies			,			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (TRANSPORTATIO)	X	3	4,324.	DONOR SET	VALUE	
26	Other ()						
27	Other (
28	Other ()						
29	Number of Forms 8283 received by the organize	zation durin	g the tax year for c	contributions			
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29			
						Yes N	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period?	·				. 30a	<u>X</u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	ıtions?	31 X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					. 32a	<u>X</u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORTHWEST YOUTH SERVICES

Employer identification number 91-0970561

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORTIVE SERVICES TO YOUTH AND FAMILIES TO ACHIEVE THESE GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE VOCATIONAL PROGRAM SUPPORTS PARTICIPANTS IN EXPLORING AND

IDENTIFYING STRENGTHS AND INTEREST, BUILDING SELF-CONFIDENCE, AND

DEVELOPING THE SKILLS AND RELATIONSHIPS NECESSARY TO ACHIEVE AND

MAINTAIN SUSTAINABLE EMPLOYMENT AND BECOME SELF-SUFFICIENT. CURRENTLY,

THE PROGRAM CONSISTS OF THE FOLLOWING ASPECTS: SUPPORTING EMPLOYMENT

READINESS, INDIVIDUAL CASE MANAGEMENT, WE GROW, AND SUMMER JOBS/YOUTH

JOBS.

TEEN COURT IS A COLLABORATIVE PROGRAM BETWEEN THE ORGANIZATION AND THE
WHATCOM COUNTY SUPERIOR COURTS AND IS DESIGNED TO DEAL WITH SECOND-TIME
YOUTH OFFENDERS. TEEN COURT IS BASED UPON A PHILOSOPHY OF RESTORATIVE
JUSTICE IN WHICH (1) THE OFFENDER IS HELD ACCOUNTABLE, (2) THE VICTIM
IS MADE WHOLE, AND (3) THE OFFENDER IS RESTORED TO THE COMMUNITY.

THE GROUND FLOOR PROGRAM IS A DAY CENTER PROVIDING BASIC NEED SERVICES

TO YOUTH AGES 13 TO 24. THIS LOW-BARRIER SPACE ACTS AS AN ENTRY POINT

FOR THE REST OF NORTHWEST YOUTH SERVICES' PROGRAMS AND PARTNER

AGENCIES, AND PROVIDES AN INDOOR COMMUNITY AREA, LAUNDRY UNITS, FOOD

AND KITCHEN SPACE, PRIVATE BATHROOMS AND SHOWERS, QUIET ROOMS, AND A

'FREE STORE' CONTAINING CLOTHING AND OTHER SURVIVAL SUPPLIES.

THE QUEER YOUTH PROJECT SUPPORTS VULNERABLE LGBTQ YOUTH BY PROVIDING

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NORTHWEST YOUTH SERVICES

Employer identification number 91-0970561

SENSITIVITY TRAININGS TO COMMUNITY SERVICE PROVIDERS; REFERRING YOUTH

ONLY TO LGTBQ-FRIENDLY OR "SAFE" PROVIDERS; BUILDING RELATIONSHIPS WITH

LGTBQ YOUTH LIVING ON THE STREET; WORKING TOGETHER WITH FAMILIES

THROUGH COUNSELING TO RETURN LGBTQ YOUTH TO SAFE HOMES; AND PROVIDING A

SAFE SPACE FOR QUEER YOUTH TO JUST BE THEMSELVES. THESE SERVICES FOSTER

HEALTHY FAMILY AND COMMUNITY RELATIONSHIPS, AS WELL AS HAPPY AND SAFE

FUTURES FOR YOUTH.

EXPENSES \$ 413,864. INCLUDING GRANTS OF \$ 46,772. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS AUTHORIZED THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR TO REVIEW THE INCOME TAX RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

WHEN DECISIONS ARISE THAT COULD POSE A CONFLICT OF INTEREST, THEY ARE

DISCUSSED OPENLY AND A DECISION IS MADE WHETHER OR NOT IT IS AN ACTUAL

CONFLICT, OR THE BOARD MEMBER OR STAFF IN QUESTION REMOVES THEMSELF FROM

THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD RECEIVES COMPENSATION DATA FROM THREE OTHER LOCAL NONPROFIT

ORGANIZATIONS IN WHATCOM COUNTY. THIS INFORMATION IS USED TO COMPARE WAGE

LEVELS ACROSS THE ORGANIZATION. ADDITIONALLY, THE BOARD RECEIVES SURVEY

DATA AND INDEPENDENT CONSULTING ADVICE. THE BOARD MEETS INDEPENDENTLY OF

THE EXECUTIVE DIRECTOR TO EVALUATE PERFORMANCE AND DETERMINE APPROPRIATE

COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

Name of the organization NORTHWEST YOUTH SERVICES	91-0970561
THE ORGANIZATION POSTS ITS INCOME TAX RETURN ON THE STATE	OF WASHINGTON
CHARITABLE SOLICITATIONS WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST. A COPY WILL BE MAI	LED TO THE
REQUESTING PARTY.	