Department of the Treasury

Faultha 0040 salandan waan

a u ha u u a a u h a uluunin a

Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2019 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.

م منام مر م الم م



AI	or the	2018 calendar year, or tax year beginning and	enaing					
B	Check if applicable:	C Name of organization	D Employer identific	cation number				
	Address	NEW PHOEBE HOUSE						
	Name change	Doing business as		33-1	023012			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	PO BOX 5245		253-383-7710				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 917,85				
	Amende return	TACOMA, WA 98415		H(a) Is this a group re	turn			
	Applica-	F Name and address of principal officer: <b>INAUMIL</b> VILLIANO		for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
11	Tax-exer	mpt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1)$	or 🚺 527		list. (see instructions)			
J١	Vebsite	e:► NEWPHOEBEHOUSE.ORG		H(c) Group exemption	n number 🕨			
ĸ	Form of c	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2002 N	I State of legal domicile: WA			
Pa	art I	Summary						
	<b>1</b> E	Briefly describe the organization's mission or most significant activities: $[] THRO]$	UGH HO	USING, SERVI	ICES,			
- Ce	5	SUPPORT, AND TREATMENT, WE SERVE PIERCE C						
Governance	2 0	Check this box 🕨 🥅 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.			
Nel	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	12			
ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			12			
ې مې		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			15			
itie		otal number of volunteers (estimate if necessary)			80			
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
4		Vet unrelated business taxable income from Form 990-T, line 38			0.			
				Prior Year	Current Year			
~	8 0	Contributions and grants (Part VIII, line 1h)		472,413.	773,538.			
ň	9 F	Program service revenue (Part VIII, line 2g)		26,716.	20,072.			
Revenue	<b>10</b> Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
č	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,615.	94,193.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		518,744.	887,803.			
	<b>13</b> G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	<b>15</b> S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		450,501.	559,871.			
ISe	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		2,888.	2,880.			
Expenses	. ьт	otal fundraising expenses (Part IX, column (D), line 25) > 38,3	31.					
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		250,319.	292,300.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		703,708.	855,051.			
		Revenue less expenses. Subtract line 18 from line 12		-184,964.	32,752.			
På		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year			
ets	<b>20</b> ⊺	otal assets (Part X, line 16)		610,331.	630,788.			
Assets	21 T	Total liabilities (Part X, line 26)		437,367.	425,072.			
Net,	1	Net assets or fund balances. Subtract line 21 from line 20		172,964.	205,716.			
		Signatura Block		=:=,:,:,:,	= • • , • = • •			

Part II Signature Block

Т

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

Sign Here	Signature of officer         NAOMI VILLANO, EXECUTI         Type or print name and title	VE DIRECTOR		Date					
Paid	Print/Type preparer's name MICHAEL GINTZ, CPA	Preparer's signature	Date	Check PTIN if self-employed P00089258					
Preparer	reparer Firm's name BRANTLEY JANSON YOST & ELLISON			Firm's EIN ▶ 91-0998786					
Use Only Firm's address 1617 SOUTH 325TH STREET									
	FEDERAL WAY, WA		Phone no. 253 - 838 - 3484						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2018)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) NEW PHOEBE HOUSE 33-1023012 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THROUGH HOUSING, SERVICES, SUPPORT, AND TREATMENT, WE SERVE PIERCE
	COUNTY MOTHERS AND CHILDREN IMPACTED BY CHEMICAL DEPENDENCY,
	HOMELESSNESS, AND TRAUMA. WE HELP MOTHERS ACHIEVE AND MAINTAIN SAFE REUNIFICATION THROUGH CLEAN AND SOBER LIVING, HEALING, AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 666,019 . including grants of \$) (Revenue \$ 20,072 . ]
40	(Code:) (Expenses \$666,019. including grants of \$) (Revenue \$072. THE NEW PHOEBE HOUSE ASSOCIATION (NPHA) SERVES HOMELESS WOMAN (18 YEARS
	AND OLDER) AND THEIR CHILDREN (UNDER AGE 7) WHOSE LIVES HAVE BEEN
	SEVERELY IMPACTED BY SUBSTANCE ABUSE. A MAJORITY OF OUR RESIDENTS ARE
	CONSIDERED HIGH RISK FOR SUBSTANCE ABUSE RE-LAPSE AND CERTAINLY ARE
	HIGH RISK FOR CHILD NEGLECT AND DOMESTIC VIOLENCE.
	IIGH KIDK FOK CHILD MEGLECT AND DOMEDTIC VIOLENCE:
4b	(Code:) (Expenses \$ 41,451. including grants of \$) (Revenue \$)
	THE PHOEBE FOREVER AFTERCARE PROGRAM HELPS THE WOMEN TRANSITION BACK TO
	THE COMMUNITY WITH CASE MANAGEMENT SUPPORT FOR UP TO A YEAR, HOUSING
	SUBSIDIES TO KEEP THEM STABLY HOUSED, ONGOING RECOVERY MAINTENANCE
	GROUPS TO PROTECT AGAINST RELAPSE, AID IN HOUSEHOLD MANAGEMENT, CHILD
	COACHING AS NEEDED AND SUPPORT TO NAVIGATE CONTINUED STEPS TOWARD
	INDEPENDENCE.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	Other program carriage (Describe in Schoolule O)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses > 707, 470.
<u>4e</u>	Form 990 (2018
832000	12-31-18
032002	or - 10-201 ك

Form	990	(2018)	۱
	330	12010	ı

 Form 990 (2018)
 NEW
 PHOEBE
 HOUSE

 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			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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			x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	L		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
44				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	A	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		x
18				
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III			x
20a				X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
832003	12-31-18		990	(2018)
002000				(

Form	aan	(2018)	
FUIIII	330	2010	I

 Form 990 (2018)
 NEW
 PHOEBE
 HOUSE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<u> </u>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
04		34		x
35 -	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	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?	000		<u> </u>
50		36		x
37	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	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?	- 57		<u> </u>
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		1 30	- 22	I
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Vac	
10	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10	х	
00000		1c		l (2018)
o32004	12-31-18 <b>4</b>	FOUL		(2010)

2018.05000 NEW PHOEBE HOUSE

Form 990 (2018) NEW PHOEBE HOUSE 33-1023012 Page						
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 15					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ļ		
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?			X		
	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?				X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

832005 12-31-18

officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustee, or key employees to a management company or other person?       3         4       Did the organization make any significant changes to its governing documents since the prior Form 990 vas filed?       4         4       Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6         7       Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7         8       Did the organization neored to for subject to approval by members, stockholders, or persons other than the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Each committee with authority to act on behalf of the governing bod/?       8a       X         9       Each committee with authority to act on behalf of the governing bod/?       8a       X         9       Each committee with authority to act on behalf of the governing bod/?       8a       X         9       Cottom B. Policies (This Section B requests information addresses in Schedula O       9a       X         10	Sec	tion A. Governing Body and Management				
tithe are network differences in webging this among members of the governing body of the governing body and the standard authority to an exclute committee or similar committee, or plan in Schedule 0.     1					Yes	;
<form>be drag dengated broad authority to an exonitive committee or similar committee, ropta in Schedule 0. b. bretter the undered of voting members included in line 1a, above, who are independent of a second processing of the organization delegate correly over management duties customarily performed by or under the direct supervision of officers, director, survey employees to a management company or other person? 3 and officers, directors, survey anglicitant changes to its governing documents since the prior form 800 was filed? 5 bit the organization have members, stockholders? 5 bit the organization have members, stockholders? 5 bit the organization is assets? 5 bit the organization is the server integrate the persons who had the power to diect or appoint one or more members of the governing body? 5 bit the organization thave members, stockholders, or other persons who had the power to diect or appoint one or radius and the organization thave members, stockholders, or other persons who had the power to diect or appoint one or radius and the organization thave members, stockholders, or other persons who had the power to diect or appoint one or radius and governing body? 5 bit the organization thave members, stockholders, or regulate the medings bell or written actions undertaken during the year by the tollowing. 5 bit of the organization have written policies and procedures governing body? 5 bit the angle of the organization have written policies and procedures governing body? 5 bit the angle and the organization have written policies and process. The sector of the organization have written policies and procedures governing the activities of such chapters, affiliates, and be engingeres and processes in Schedule 0 and processes in Schedule 0 and processes in Schedule 0 and process and by the process and processes in Schedule 0 and process and proces and processes in Schedule 0 and proces and p</form>	1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	2		
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing				
2       Defined any officer, director, function, or key employee have a family reliationship or a business relationship with any other officer, directors, trustee, or key employees to a management company or other person?       3         3       Did the organization delegate control over management dufies customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3         4       Did the organization become aware during the year of a significant diversion of the organization's assets?       5         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a         4       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a         5       Both the organization chargements dy document the medings held or written actions undertaken during the year by the following:       8a         6       Each committee with authority to act on behalf of the governing body?       8a       Xa         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       7a         9       Did the organization have solical chapters, branches, or affiliates?       7a         14       Has the organization have awritten conflict of interest policy? if 'No,' go to fire		body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
officer, director, turster, or key employee?              2             X               2             X               2             X               2             X               2             X               2             X               2               X	b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	2		
<ul> <li>3 Did the organization delegate control over management dules customatily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 950 was fleef?</li> <li>5 Did the organization have members, stockholders?</li> <li>6 Did the organization have members, stockholders?</li> <li>7 Did the organization have members, stockholders?</li> <li>7 Did the organization thave members, stockholders?</li> <li>8 Did the organization thave members, stockholders?</li> <li>9 Did the organization contenportanes of the coverning body?</li> <li>9 Did the organization contenportanes by document the meetings held or written actors undertaken during the year by the following:</li> <li>8 Did the organization thave members, stockholders?</li> <li>9 Did the organization function to the powering body?</li> <li>9 Did the organization function to the powering body?</li> <li>9 Did the organization function to the powering body?</li> <li>9 Did the organization have to can behalf of the governing body?</li> <li>9 Did the organization have local chapters, branches, or affiliates?</li> <li>10 Did the organization have local chapters, branches, or affiliates?</li> <li>10 Did the organization have local chapters, branches, or affiliates?</li> <li>11 Did the organization have withen policies and procedures governing bods?</li> <li>12 Did the organization have a written contint or interest policy? <i>I'</i> '''res, '' order to regulate the organization have a written contint or and writtenes on tracket are the organization have a written contint or and writtenes on thread weak the conflicts?</li> <li>12 Did the organization have a written contint or interest policy? <i>I'</i> ''res, '' order conflicts?</li> <li>13 X</li> <li>14 Did the organization have a written contint or and</li></ul>	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
d officers, directors, or trustees, or key employees to a management company or other person?       3         4       Did the organization have marke any significant changes to its governing documents since the prior Form 990 was filed?       5         5       Did the organization have members, stockholders?       6         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       8         8       Did the organization in the members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       8         9       Are any governments decisions of the organization reserved to (or subject to approval by) members, stockholders, or more members of the governing body?       8         9       Ib the organization formelinporaneously document the meetings held or written actions undertaken during the year by the following:       8         9       Is there any officer, director, trustee, or key employees listed In PAUII. Section A, who cannot be reached at the governing body?       8         9       Is there any officer, director, trustee, or key employees listed In PAUII. Section A, who cannot be reached at the governing body and any and the organization have local chapters, or affiliates?       10         9       Did the organization have local chapters, branches, or affiliates?       10       10         10       If a vs. of id the organization nawa written policity? If vs.' go to line 13 <td></td> <td>officer, director, trustee, or key employee?</td> <td></td> <td>2</td> <td>Х</td> <td></td>		officer, director, trustee, or key employee?		2	Х	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 vas filed? 4 did the organization have members or stockholders? 7 a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 do the organization contemporaneously document the methings held or written actions undertaken during the year by the following. 8 do the organization contemporaneously document the methings held or written actions undertaken during the year by the following. 8 do the organization contemporaneously document the methings held or written actions undertaken during the year by the following. 9 Do the organization contemporaneously document the methings held or written actions undertaken during the year by the following. 9 De tack committee with authority to act on behalf of the governing body? 9 De tack committee with authority to act on behalf of the governing body. 9 De tack commission mailing address? If Yes, 'norwide the names and addresses in Schedule 0 9 Did the organization have local chapters, branches, or affiliates? 10 De organization have local chapters, branches, or affiliates? 10 De the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are exempt purposes? 10 Did the organization have written policies and procedures governing body before filing the form? 11 Has the organization have written oxistent with the organization is exempt purposes? 12 Did the organization have written continet of miters toplo?? If Ywo, 'go to fine is 13 12 Did the organization have a written whistleblower policy? 13 Did the organization have a written writtees toplice YWo, 'go to fine is 13 14 Has the organization have a written writtee toplice to compliance written by independent persons.	3					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?   6 Did the organization have members or stockholders? 5   7 Did the organization have members, stockholders? 7   7 Der any governing body? 7   9 Ar eary governing body? 7   9 Lift he organization neare members of the organization reserved to for subject to approval by members, stockholders, or the presens who had the power to elect or appoint one or more members of the governing body? 7   9 Ar eary governing body? 8   9 Lift he organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8   9 Lift he organization ontemporaneously document the meetings held or written actions undertaken during the year by the following: 8   9 Lift heory differ. 8 X   9 Lift heory differ. 9 X   9 Lift heory differ. 9 X   9 Lift heory differ. 9 X   9 Lift heory differ. 10 10   9 Lift heory differ. 10 10 <		of officers, directors, or trustees, or key employees to a management company or other person?		3		
bid the organization have members or stockholders?          6       Did the organization have members, stockholders?       6         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a         8       Did the organization neareneing body?       8a       X         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Did the organization interview this autionity to act on behalf of the governing body?       8a       X         9       Did the organization function to act on behalf of the governing body?       8a       X         9       Did the organization function to act on behalf of the governing body?       8a       X         9       Did the organization function to act on behalf of the governing body?       8a       X         9       Did the organization function to act the person stock with the policies and registres at the organization regenestion stoce consistent with the organization function persons stoce with the organization function persons stoce with the regranization regularized and branches and stock as a stoch chapters, affiliates, and branches, or affiliates?       10a         14       Has the organization have a written conflict of interest policy?       17a, 'yoo,' go to line 13       12a         20       Did the organization function st	4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       Ta         6       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       Ta         9       Oth the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba         9       Is there any officer, director, truste, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>It</i> 'Yes, ' provide the names and addresses in Schedule O       9         ection B. Policies ( <i>This Saction B requests information about opolicies and procedures governing body before film; the form?</i> Yes, ' did the organization provided a complete copy of this Form 990 to all members of its governing body before film; the form?         10       Did the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990. To all members of its governing body before film; the form?         11       Describe in Schedule O how written policy? <i>I''</i> 'Wea, ' describe'         12       Did the organization nave written policy? <i>I''</i> 'Wea, '' describe'       12a         2       Did the organization nave written policy? <i>I''</i> 'Wea, '' describe'       12a         2       Did the org	5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         b       Bit che organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         b       Bit che organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         b       Bit che organization fragmeneously document the meetings held or written actions undertaken during the year by the following:       8a       X         cettorn B. Policies       Data the authority to act on behalf of the governing body?       9a       8a       X         cettorn B. Policies       Dring address?       Ir Yes, 'r author and addresses in Schedule 0       9a       10a	6	Did the organization have members or stockholders?		6		
more members of the governing body?      A reary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or     persons often than the governing body?      Bold the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     a The governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body?     Bet committee with authority to act on behalf of the governing body before fling the granization for a second by the Internal Revenue Code.     The granization have written opticies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     The granization have awritten opticies and procedures governing body before fling the form?     Bo of the organization have awritten opticies of the granization to review this form 1990.     Bu of the organization have awritten opticies of the granization or review this form 1990.     Bu of the organization have a written opticies and eleforce compliance writh the policy?     Bo dit the organization have a written obtices to and elefore compliance writt the policy?     Bu of the organization have a written obtices to the organization and destruction policy?     Bu organization have a written obtices to the following persons include a review and approval by indepe	7a					
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or repersons other than the governing body? b Id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b If "Yes," did the organization is mailing address? /// "Yes," <i>crouide the names and addresses in Schedule O</i> . b Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization spoke of the some 900. 11a A Has the organization provide a complete copy of this Form 900 to all members of 11s governing body before fling the form? 12a b Wer officer, director, or trustes, and key employees required to disclos annually interests that could give rise to conflict? 12a b Wer officers of rectors, in trustes, and key employees required to disclos annually interests that could give rise to conflict? 12a b Wer officers of the organization nave a written document retention and destruction policy? <i>If "No", go to ine 13 a</i> x 4 Did the organization have a written whisteblower policy? 13 X 4 Did the organization have a written with wisteblower policy? 14 Kas to argunization in weit any and consistently monitor and enforce compliance writh the policy? <i>If "Yes," describe in Schedule O how this was dore</i>				7a		
persons other than the governing body?       7b         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       be chack committee with authority to act on behalf of the governing body?       8a       X         9       is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? // *vs, ' provide the names and addresses in Schedule O       9         ection B. Policies <i>This Section B requests information about policies not required by the Internal Revenue Code</i> .       10a         0       Did the organization have local chapters, branches, or affiliates?       10a       10a         10       the "vss,' did the organization have vortite poreions and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is consistent with the organization is even withis Form 990.       12a       X         20       Did the organization have a written conflict of interest policy? If *No, "go to line 13       12a       X         20       Did the organization have a written ownitte disclose annually interests that could give rise to conflicts?       12a       X         20       Did the organization have a written ownitte disclose annually interests that could give rise to conflicts?       12a       X         20       D	h					
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:: <ul> <li>The governing body?</li> <li>Bach commutee with authority to act on behalf of the governing body?</li> <li>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," they "to governing the attivities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is even plurposes?               0a             Did the organization have local chapters, branches, or affiliates?             <li>If "Yes," idid the organization have office organization account or eview this form 190 to all members of its governing body before filing the form??</li> <li>Ia Has the organization nave a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is governing body before filing the form??               1a             Has the organization nave a written conflict of interest policy? If "Wey," go to line 13             <li>Ita &amp; 2b</li> <li>Did the organization nave a written woniter and enforce compliance with the policy? If "Yes," describe in Schedule O has written whitehower policy?</li> <li>Ita &amp; 3b</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Ita &amp; 3c</li> <li>Did the organization have a written ownitebelower policy?</li> <li>Ita was abore</li> <li>Ita &amp; 3c</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Ita was abore in</li></li></li></ul>				76		
a The governing body?     Ba     X       b Each committee with authority to act on behalf of the governing body?     Ba     Ba       b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes," provide the names and addresses in Schedule O     9       certion B. Policies     (This Section B requests information about policies not required by the Internal Revenue Code.)     Yes       GD Id the organization have local chapters, branches, or affiliates?     10a     10a       b if "ves," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10b       1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     12a       2b Old the organization neave written conflict of interest policy? If 'No,' go to line 13     12a       2b Old the organization have a written conflict of interest policy? If 'No,' go to line 13     12a       2b Old the organization active advitte montor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done in Schedule O how this was done written document retention and destruction policy?     13       4 Did the organization in Sec Aschube Write policy?     13     X       5 Did the organization in Sec Aschube Process in Schedule O (see instructions).     15a     X       6     Did the organization	0			15		
b       Each committee with authority to act on behalf of the governing body?       B       B       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If Yes, "rowide the names and addresses in Schedule O.       9         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.       9         0       Did the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's evening budy before filing the form?         1       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         1       Bast for organization provided a complete copy of this Form 990.       11a         2       Did the organization provided a complete only of this Form 990.       12a         2       Did the organization nave a written volition of interest policy? If 'No," go to line 13       12a         2       Did the organization nave a written whisteblower policy?       14         3       Did the organization nave a written whisteblower policy?       14         4       Did the organization nave a written whisteblower policy?       14         5       Did the organization for the following persons include a review and approval by independent persons, comparability data, and co				80	x	
9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," rorwide the names and addresses in Schedule O     9       ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,)     10a       60     Did the organization have local chapters, branches, or affiliates?     10a       b     I' "yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10b       14     Has the organization have written colicies of the organization to review this Form 990.     12a     X       20     Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     12a     X       20     Did the organization nea a written conflict of interest polic??     17 No, go to line 13     12a     X       21     Wee officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?     12b     X       2     Did the organization have a written document retention and destruction policy?     13     X       3     Did the organization have a written document retention and destruction policy?     13     X       4     Did the organization have a written document retention and destructions).     15a     X <t< td=""><td>а ь</td><td></td><td></td><td></td><td></td><td></td></t<>	а ь					
organization's mailing address? // fryse, ' provide the names and addresses in Schedule 0     9       ection B. Policies     (This Section B requests information about policies not required by the Internal Revenue Code.)       0a     Did the organization have local chapters, branches, or affiliates?     10a       1b     If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10b       1a     Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     12a X       2     Did the organization have a written conflict of interest policy? // fryg or to line 13     12a X       2     Did the organization have a written conflict of interest policy? // fryg or to line 13     12a X       3     Did the organization have a written conflict of interest policy?     13       4     Did the organization have a written orbitower policy?     13       5     Did the organization have a written orbitower policy?     13       4     Did the organization frequence of the process in Schedule O low this was done     12a X       3     Did the organization frequence on complexition of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?     13a X       4     Did the organization in schedule O powers in Schedule O (see inst	D			08	л	_
ection B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> ) <ul> <li>Yes, "did the organization have local chapters, branches, or affiliates?</li> <li>If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization 'oseampt purposes?</li> <li>If a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Did the organization requirity and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>The organization have a written document retention and destruction policy?</li> <li>The organization have a written document retention and destruction policy?</li> <li>The organization have a written document retention and destruction policy?</li> <li>The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>Bit "Yes," did the organization follow a written policy or procedure requiring the organization is becidue O.</li> <li>Dist the state with which a copy of this Form 990 is required to be filed ►WA</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate howy you made these available. Check all that ap</li></ul>	9					
Qa       Did the organization have local chapters, branches, or affiliates?       Ves         Did "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       100         1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         Describe in Schedule OI the process, if any, used by the organization to review this Form 990.       12a       X         2a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         2b       Were offices, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         2 Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule OI how this was done       13       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization is cEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       16 bioxity       15a       X         16       If "ves," to line 15a or 15b, describe the process in Schedule O (see instructions).       15a       X <td>200</td> <td>organization's mailing address? If "Yes," provide the names and addresses in Schedule O</td> <td></td> <td>9</td> <td></td> <td></td>	200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
0a       Did the organization have local chapters, branches, or affiliates?       10a         0b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a         1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a         2a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a         3a       Wate officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12c         3b       Did the organization have a written whisteblower policy?       14       X         4       Did the organization are a written whisteblower policy?       13a       X         4       Did the organization have a written the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         5       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b       X         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16b <t< td=""><td>bec</td><td>TION B. POICIES (This Section B requests information about policies not required by the Internal Re</td><td>evenue Code.)</td><td></td><td></td><td>_</td></t<>	bec	TION B. POICIES (This Section B requests information about policies not required by the Internal Re	evenue Code.)			_
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?          1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X          2b Describe in Schedule O the process, if any, used by the organization review this Form 990.        12a       X          2c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "No," go to line 13        12a       X          2 Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Nes," describe       in Schedule O how this was done        12a       X          3 Did the organization have a written whistleblower policy?       14       X        12a       X          4 Did the organization have a written document retention and destruction policy?       14       X        14a       X          5 Did the organization is ECO. Executive Director, or top management official        15b       X        15b       X          6 Dther officers or key employees of the organization of the deliberation and decision?        15a       X          6 Dther officers or key employees of the organization or top management official        15a       X          9 Dther officers or key employees of the organizat					Yes	5
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         b Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       X         2 Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         • Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         • Did the organization have a written contribute on and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12c       13       X         4 Did the organization have a written document retention and destruction policy?       14       X       12c       X         5 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?       15b       X         6 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a       16a         b ft "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in point venture arrangements with a taxabee entity during the year? <td< td=""><td></td><td></td><td></td><td><u>10a</u></td><td></td><td>_</td></td<>				<u>10a</u>		_
1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       12a       X         c       Did the organization have a written conflict of interest policy? <i>If "No," go to line</i> 13       12a       X         c       Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 12c       13         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization have a written document retention and destruction policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         5       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?       15a       X         5       Did the organization invest in, contribute assets to, or participate	b					
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 22 Did the organization have a written conflict of interest policy? <i>If *No,* go to line 13</i> 12 Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 2 Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If *Yos,* describe</i> 2 Did the organization have a written whistleblower policy? 2 Did the organization have a written document retention and destruction policy? 3 Did the organization have a written document retention and destruction policy? 3 Did the organization inves a dorne more compliance with the policy? <i>If *Yos,* describe</i> 3 Did the organization inves a dorne more compliance with a destruction policy? 3 Did the organization is CEO, Executive Director, or top management official 4 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 4 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 4 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 4 Did the organization follow a written policy or procedure requiring the organization is exempt status with respect to such arrangements? 4 Section 6.0 Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶MA 8 Section 6104 requires an organization to make its Form 990 is required to be filed ▶MA 8 Section 6104 requires an organization to make its Form 990 is required to be filed ▶MA 8 Section 6104 requires an organization to make its Form 990 is required to be filed ▶MA 8 Section 6104 requires an organization to make its ports (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicat		and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
2a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c       13       X         3       Did the organization have a written whistleblower policy?       14       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization's CEO, Executive Director, or top management official       15a       X         b       H* ryes,* did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b       H* Yes,* did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16b       16a         cetton C. Disclosure       T       Upon request       Other (explain in Schedule O)       16b         cetton C. Disclosure       X       Upon request       Other (explain in Schedule O)       90       16a       16a       16a         cetton C. Disclosure       X <td< td=""><td>11a</td><td>Has the organization provided a complete copy of this Form 990 to all members of its governing bod</td><td>y before filing the form?</td><td>11a</td><td>X</td><td></td></td<>	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
<ul> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>It</i> "Yes," <i>describe</i> <ul> <li>in <i>Schedule O how this was done</i></li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written operation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>The organization in SCEO, Executive Director, or top management official</li> <li>D Other officers or key employees of the organization</li> <li>ff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> <li>Ista the states with which a copy of this Form 990 is required to be filed ►MA</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 Å if applicable), 990, and 990-T (Section 501(c)(3)s only) availat for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website</li> <li>Another's website</li> <li>Upon request</li></ul></li></ul>	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written whistleblower policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         5       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?       15a       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         1       f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement sundr applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
in Schedule O how this was done       12c         3       Did the organization have a written whistleblower policy?       13         4       Did the organization have a written document retention and destruction policy?       14         5       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?       15a         a       The organization's CEO, Executive Director, or top management official       15a         b       Other officers or key employees of the organization fills of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed ▶WA       8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s only) availat for public inspection. Indicate how you made these available. Check all that apply.	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х	
3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year?       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's cectors of such arrangements?       16b         exempt status with respect to such arrangements?       16b       16b         exempt status with respect to such arrangements?       16b       16b         9       Describe in Schedule O whether (and if so, how) the organization made its go	с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," describe			
4       Did the organization have a written document retention and destruction policy?       14       X         5       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed ▶WA       8         8       Section 6.04 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.       Own website       Another's website       X       Upon request       Other (explain		in Schedule O how this was done		12c		
4       Did the organization have a written document retention and destruction policy?       14       X         5       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?       15       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         exempt status with respect to such arrangements?       16b       16b         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed ▶WA       8         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.       Other (explain in Schedule O)       9         9       Describe in Schedule O whether (and if so, how) the organization made its governing	13	Did the organization have a written whistleblower policy?		13	Х	
5       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?       15a       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       1di the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed <b>WA</b> 16a         8       Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.       0         Own website       Another's website       X       Up on request       Other (explain in Schedule O)         9       Describe in Schedul	14			14	Х	
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.	15					
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       16a       16a         b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ►WA       16b         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.       Ohne website       Another's website       X       Upon request       Other (explain in Schedule O)       9         9       Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       Ista the name, address, and telephone number of the person who possesses the organizati			, i			
<ul> <li>b Other officers or key employees of the organization</li></ul>	а			15a	х	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □       Another's website       X       Upon request       Other (explain in Schedule O)         9       Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       0       State the name, address, and telephone number of the person who possesses the organization's books and records						
6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □ Another's website       X Upon request       ○ Other (explain in Schedule O)         9       Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       0         0       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶				10.5		
taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availar for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □         □       Own website       □         0       Own website       □         0       Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         0       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶         IIISA TALBOTT - 253-383-7710	162		mont with a			
<ul> <li>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?</li> <li>ection C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶WA</li> <li>8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> <li>LISA TALBOTT - 253-383-7710</li> <li>PO BOX 5245, TACOMA, WA 98415</li> </ul>	10a			160		
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's       16b         exempt status with respect to such arrangements?       16b         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply. <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain in Schedule O)</li> <li>9</li> <li>9</li> <li>9</li> <li>9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records</li> <li>IISA TALBOTT - 253 - 383 - 7710</li> <li>PO BOX 5245, TACOMA, WA 98415</li> <li>2006 12-31-18</li> <li>6</li> </ul>	Ŀ.			108		
exempt status with respect to such arrangements?       16b         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶WA       WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availar for public inspection. Indicate how you made these available. Check all that apply.       Other (explain in Schedule O)         9       Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       O         0       State the name, address, and telephone number of the person who possesses the organization's books and records       ●         LISA TALBOTT - 253 - 383 - 7710       PO       BOX 5245, TACOMA, WA 98415         2006       12-31-18       Form 990	D					
ection C. Disclosure         7       List the states with which a copy of this Form 990 is required to be filed ▶WA         8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □       Another's website       X       Upon request       Other (explain in Schedule O)         9       Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         0       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶				10		
<ul> <li>7 List the states with which a copy of this Form 990 is required to be filed ►WA</li> <li>8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availa for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)</li> <li>9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>LISA TALBOTT - 253 - 383 - 7710</li> <li>PO BOX 5245, TACOMA, WA 98415</li> </ul>	200			160		
<ul> <li>8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records </li> <li>ISA TALBOTT - 253-383-7710</li> <li>PO BOX 5245, TACOMA, WA 98415</li> </ul>						_
for public inspection. Indicate how you made these available. Check all that apply.	17					_
<ul> <li>Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>LISA TALBOTT - 253-383-7710</li> <li>PO BOX 5245, TACOMA, WA 98415</li> <li>2006 12-31-18</li> </ul>	18		nd 990-T (Section 501(c)(3	)s only)	availa	2
<ul> <li>9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records          <ul> <li>LISA TALBOTT - 253-383-7710</li> <li>PO BOX 5245, TACOMA, WA 98415</li> </ul> </li> <li>2006 12-31-18 Form 990</li> </ul>						
statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records  LISA TALBOTT - 253-383-7710  PO BOX 5245, TACOMA, WA 98415  2006 12-31-18  Form 990  6						
0       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶         LISA TALBOTT - 253-383-7710       PO BOX 5245, TACOMA, WA 98415         2006 12-31-18       Form 990         6	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest policy, an	d financ	ial	
LISA TALBOTT - 253-383-7710 PO BOX 5245, TACOMA, WA 98415 2006 12-31-18 Form 990						
PO BOX 5245, TACOMA, WA 98415 2006 12-31-18 6	20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records 🕨 🔜			
2006 12-31-18 Form <b>990</b>						_
6		PO BOX 5245, TACOMA, WA 98415				
6	32006	12-31-18		Form	990	)
1107 759032 604700.000       2018.05000 NEW PHOEBE HOUSE       60		6				
	11		BE HOUSE		6	ļ

33-1023012 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Form 990 (2018)

Form 990 (2018)	NEW PHOEBE HOUSE	33-1023012 Page 7				
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."

(D)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $\langle \mathbf{c} \rangle$ 

Т

**(D)** 

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		Ð	bensi		(W-2/1099-MISC)		organization
	organizations	ial tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KARALYN BETTS	2.50	-	=	of	Ъ	글들	요			
PRESIDENT	2.50	х		x				0.	0.	0.
(2) JULIA SCHIRO	2.00					$\vdash$				<u></u>
SECRETARY		x		x				0.	0.	0.
(3) RICHARD VENNE	2.00									<b>0.</b>
TREASURER		x		x				0.	Ο.	0.
(4) BILL DARNELL	1.00									
DIRECTOR		х						0.	0.	0.
(5) CHRISTINA FITZER	1.00									
DIRECTOR		Х						0.	Ο.	0.
(6) CINDY HINTON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHARLENE LEWIS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHARLES SCHMIT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SHAUNA SCHRAFT	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SUE FERNANDES	2.00									
PAST PRESIDENT		Х						0.	0.	0.
(11) JULIE PIERCE	2.00								0	
VICE PRESIDENT	1 00	Х		X		<u> </u>		0.	0.	0.
(12) KEN TEPLEY DIRECTOR	1.00	x						0.	0.	0.
(13) NAOMI VILLANO	40.00	^			<u> </u>	-		0.	0.	0.
EXECUTIVE DIRECTOR	40.00			x				97,241.	0.	0.
				1		-		J7,241.	0.	<u> </u>
		1								
832007 12-31-18										Form <b>990</b> (2018)

7

Т

(\_)

	Form 990 (2018) NEW PHOEBE HOUSE 33-10230										)12	Pa	age <b>8</b>	
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	Average ours per (do not o box, unle officer a				s both r/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		of tion
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		orga and	om the anizati d relate inizatio	ion ed
	Sub total								97,241.		0.			0.
с	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 97,241.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	•		<u> </u>	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su				-	•			•			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	sati	on fr	rom a	any	unre	late	ed organization or individ	dual for services		5		X
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Benort compensation for t	•	•							, 1	ensati	on fro	m	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       NONE							Co	(C omper	<b>;)</b> nsatior	n			
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos (		ted	above) who received mo	ore than				
					_	_	_	_			F	orm 9	<b>990</b> (2	2018)

832008 12-31-18

990 (2 r <b>t VII</b>		HOEBE HC ue				33-1023	8 <b>012</b> Pa
	Check if Schedule O conta		or note to any line	e in this Part VIII			
		·		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excl from tax un sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues						
	Fundraising events						
	Related organizations		0.00				
	Government grants (contributi	· ·	265,938.				
f	All other contributions, gifts, grant		507,600.				
	similar amounts not included abov Noncash contributions included in lines						
	Total. Add lines 1a-1f			773,538.			
			Business Code				
2 a	CLIENT FEES		900099	20,072.	20,072.		
b							
с							
d							
e 4	All other program service reve						
	Total. Add lines 2a-2f			20,072.			
3	Investment income (including			20,0,20			
-	other similar amounts)						
4	Income from investment of tax						
5	Royalties		🕨 [				
		(i) Real	(ii) Personal				
6 a	Gross rents						
	Less: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss) Gross amount from sales of						
7 a	assets other than inventory	(i) Securities	(ii) Other				
b	Less: cost or other basis						
-	and sales expenses						
с	Gain or (loss)						
d	Net gain or (loss)		►				
8 a	Gross income from fundraising						
	including \$						
	contributions reported on line	,	104 000				
	Part IV, line 18		124,282. 30,089.				
	Less: direct expenses			94,193.			94,19
	Net income or (loss) from fund Gross income from gaming ac		▶	J=,1JJ•			J - , 1 -
Ja	Part IV, line 19						
b	Less: direct expenses						
	Net income or (loss) from gam						
	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold						
С	Net income or (loss) from sales						
44 -	Miscellaneous Revenue		Business Code				
b							
c d	All other revenue						
u	Total. Add lines 11a-11d						
е	Iotal, Add lines Tra-Tro						

15541107 759032 604700.000

<sup>9</sup> 

NEW PHOEBE HOUSE

	Check if Schedule O contains a respons not include amounts reported on lines 6b,		(B) Program service	(C)	
	8b, 9b, and 10b of Part VIII.	<b>(A)</b> 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				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 -	Benefits paid to or for members				
5	Compensation of current officers, directors,	07 2/1	12 750	24 024	10 110
_	trustees, and key employees	97,241.	43,759.	34,034.	19,448
5	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	394,891.	360,671.	27,683.	6 525
7	Other salaries and wages	JJ4,0JI.	JUU,0/1.	41,003.	6,53
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	67,739.	55,667.	8,495.	3,57
)	Payroll taxes	07,739.	55,007.	0,495.	5,57
1	Fees for services (non-employees):				
	F				
b		9,000.		9,000.	
	<b>.</b>	9,000.		9,000.	
		2,880.			2 00
-	Professional fundraising services. See Part IV, line 17	2,000.			2,880
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	56 254	56 254		
_	column (A) amount, list line 11g expenses on Sch 0.)	56,254.	56,254.		
2	Advertising and promotion	20,098.	11,054.	6 0 2 0	2 01
3	Office expenses	11,033.	7,723.	6,029. 2,207.	3,019
4	Information technology	11,033.	1,143.	2,207.	1,10.
5	Royalties	25 449	21 621	3,817.	
6		25,448. 1,465.	<u>21,631.</u> 1,025.	440.	
7	Travel	1,405.	1,025.	440.	
3	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,471.	4,853.	1,618.	
0		υ,4/Ι.	4,000.	1,010.	
1	Payments to affiliates	25,849.	20,679.	5,170.	
2	Depreciation, depletion, and amortization	2,989.	2,541.	448.	
3	Insurance	2,909.	2,541.	440.	
1	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	75,368.	75,368.		
b	REPAIRS AND MAINTENANCE	27,456.	26,083.	1,373.	
c	OTHER EXPENSES	17,710.	8,855.	7,084.	1,77
d	IN-KIND EXPENSES	7,550.	7,550.	,	
	All other expenses	5,609.	3,757.	1,852.	
5	Total functional expenses. Add lines 1 through 24e	855,051.	707,470.	109,250.	38,333
,	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)				

832010 12-31-18

Form 990 (2018)

## NEW PHOEBE HOUSE

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

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or ho			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			97,703.	1	97,428.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net			7,743.	3	37,639.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fe				_	
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual				_	
	-	section 4958(f)(1)), persons described in section					
			employers and sponsoring organizations of section 501(c)(9) voluntary				
ú		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	11,112.
		Land, buildings, and equipment: cost or other				-	,
		basis. Complete Part VI of Schedule D	10a	591,824.			
	ь	Less: accumulated depreciation	10b	112,215.	504,885.	10c	479,609.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	5,000.
	16	Total assets. Add lines 1 through 15 (must equ			610,331.	16	630,788.
	17	Accounts payable and accrued expenses			43,283.	17	57,335.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ś	22	Loans and other payables to current and forme	r officers, di	irectors, trustees,			
Liabilities		key employees, highest compensated employe	es, and disc	qualified persons.			
abil		Complete Part II of Schedule L		22			
1	23	Secured mortgages and notes payable to unrel	ated third p	arties	374,084.	23	367,737.
	24	Unsecured notes and loans payable to unrelate	d third parti	ies	20,000.	24	0.
	25	Other liabilities (including federal income tax, pa	ayables to re	elated third			
		parties, and other liabilities not included on line	s 17-24). Co	omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			437,367.	26	425,072.
		Organizations that follow SFAS 117 (ASC 958	3), check he	ere 🕨 🔀 and 📗			
Se		complete lines 27 through 29, and lines 33 ar					
лс.	27	Unrestricted net assets			172,964.	27	205,716.
3ala	28	Temporarily restricted net assets	0.	28			
Б	29	Permanently restricted net assets		29			
Fur		Organizations that do not follow SFAS 117 (A					
ŗ		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Åss	31	Paid-in or capital surplus, or land, building, or e		F		31	
let /	32	Retained earnings, endowment, accumulated ir			100 000	32	0.05 51.5
Z	33	Total net assets or fund balances			172,964.	33	205,716.
	34	Total liabilities and net assets/fund balances			610,331.	34	630,788.

Form 990 (2018)

604700.1

15541107 759032 604700.000

Form	1990 (2018) NEW PHOEBE HOUSE	33-102	<u>3012</u>	Pag	<sub>ge</sub> 12
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		7,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	51.
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172	2,9	64.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	205	5,7	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	2a	Х	
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		Za	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ona			
h			2b		x
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	consolidated basis, or both:	Dasis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		20		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja	Act and OMB Circular A-133?	•	3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		34		
5	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(0010)

Form **990** (2018)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of	ame of the organization Employer identification number									
		PHOEBE HOU						3-1023012		
Part I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions	S.			
The orgar	nization is not a private found	ation because it is: (	For lines 1 through 12, cl	neck only	one box.)					
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in		
	section 170(b)(1)(A)(vi). (C	-		U U			•			
8	A community trust describe		(1)(A)(vi). (Complete Parl	: 11.)						
9	An agricultural research org			-	ed in conju	nction with a	land-grant	college		
	or university or a non-land-g	-			-		-	-		
	university:						-			
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersl	nip fees, an	d gross receipts from		
	activities related to its exem									
	income and unrelated busir							-		
	See section 509(a)(2). (Cor									
11	An organization organized a		velv to test for public sat	etv. See	section 50	)9(a)(4).				
12	An organization organized a	-	•	•			rrv out the	purposes of one or		
	more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a	<b>Type I.</b> A supporting orga				-		-	aivina		
	the supported organization	-	-	• • • •	-					
	organization. You must c							1-1		
b	<b>Type II.</b> A supporting org	-		ion with it:	s supporte	ed organizatio	n(s), by hav	rina		
	control or management o	-				-		-		
	organization(s). You mus						5			
c	Type III functionally inte	-		in connect	tion with, a	and functional	lv integrate	d with		
	its supported organization						.,	,		
d	Type III non-functionally						ted organiz	ration(s)		
	that is not functionally int						-			
	requirement (see instructi	с с	<b>e</b> ,	•		•				
e	Check this box if the orga		-				II. Type III			
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe			
f Ent	er the number of supported of		nany megrarea capper m	0 0						
	vide the following information	•								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount or	fmonetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total										
	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018		

### Schedule A (Form 990 or 990-EZ) 2018 NEW PHOEBE HOUSE

33-1023012 Page 2

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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	445,009.	732,682.	695,863.	472,413.	773,538.	3119505.				
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	10 676					10 676				
_	the organization without charge	18,676.	722 602		470 410	772 520	18,676.				
	Total. Add lines 1 through 3	463,685.	732,682.	695,863.	472,413.	773,538.	3138181.				
5											
	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)						437,236.				
6	····						2700945.				
	Public support. Subtract line 5 from line 4.						2700943.				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total				
	Amounts from line 4	463,685.	732,682.	695,863.	472,413.	773,538.	3138181.				
	Gross income from interest,	10570051	/52/0021	0,0000	1,2,113.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51501011				
0	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
Ŭ	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	<b>Total support.</b> Add lines 7 through 10						3138181.				
	Gross receipts from related activities,	etc. (see instructio	ins)			12	81,123.				
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)					
	organization, check this box and stop	phere			-						
Sec	ction C. Computation of Publi	ic Support Per	centage								
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	86.07 %				
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%				
	33 1/3% support test - 2018. If the o					ore, check this bo>					
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				► X				
b	33 1/3% support test - 2017. If the o										
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation							
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,				
	and if the organization meets the "fac			-	-	-	. —				
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances test	0									
	more, and if the organization meets th						·				
	organization meets the "facts-and-circ										
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b							
					Sche	edule A (Form 990	or 990-EZ) 2018				

832022 10-11-18

## Schedule A (Form 990 or 990-EZ) 2018 NEW PHOEBE HOUSE

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

33-1023012 Page 3

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201	B (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
~							
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201	B (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) or	ganization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	100.00 %
	Investment income percentage for 20			ine 13 column (f))		17	%
18	Investment income percentage from 2		<b>D 1 1 1 1 1</b>			18	%
	33 1/3% support tests - 2018. If the			on line 14 and line			
190	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	nization qualifies	as a publicly supp	orted organiza	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
83202	23 10-11-18		15		Sch	nedule A (For	m 990 or 990-EZ) 2018

<sup>2018.05000</sup> NEW PHOEBE HOUSE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## 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.)

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 instr	uctions		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	Ю-EZ)	2018

15541107 759032 604700.000

2018.05000 NEW PHOEBE HOUSE 604700.1

Sect	on 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	on 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 <b>Part VI</b> ):			
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	on 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		

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1

Schedule A (Form 990 or 990-EZ) 2018 NEW PHOEBE HOUSE

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

### emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

6

## Schedule A (Form 990 or 990-EZ) 2018 NEW PHOEBE HOUSE

Part V Type III Non-Functionally Integrated 509		nizations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	ne organization is responsive		
(provide details in <b>Part VI</b> ). See instructions.			
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in <b>Part VI.</b> See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			(Farme 000 ar 000 FZ) 004(

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

# Schedule A (Form 990 or 990 EZ) 2018 NEW PHOEBE HOUSE

Section D, lines 5, 6, and 8; and Part V, Sec (See instructions.)	, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ction E, lines 2, 5, and 6. Also complete this part for any additional information.
332028 10-11-18	Schedule A (Form 990 or 990-EZ) 2018 20
41107 759032 604700.000	2018.05000 NEW PHOEBE HOUSE 60470

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## 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

2018

Employer identification number

33-1023012

Section:
X 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an 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 sections 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 any one 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

**Caution:** An organization 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), but it **must** answer "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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

NEW PHOEBE HOUSE

Employer identification number

33-1023012

### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 SAFECO - LIBERTY MUTUAL FOUNDATION X Person Payroll 175 BERKELEY ST. 20,000. Noncash \$ (Complete Part II for BOSTON, MA 02117 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 MILGARD FAMILY FOUNDATION X Person Payroll 1701 COMMERCE ST 150,000. Noncash \$ (Complete Part II for TACOMA, WA 98402 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 COMPREHENSIVE LIFE RESOURCES X Person Payroll 1301 TACOMA AVE S. 123,579. Noncash \$ (Complete Part II for TACOMA, WA 98402 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 UNITED WAY X Person Payroll 1501 PACIFIC AVE #400 Noncash 55,000. \$ (Complete Part II for TACOMA, WA 98402 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 CITY OF TACOMA X Person Payroll 747 MARKET ST 122,806. Noncash (Complete Part II for TACOMA, WA 98402 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 PIERCE COUNTY X Person Payroll 930 TACOMA AVE S 143,132. Noncash \$ (Complete Part II for WA 98402 TACOMA, noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

15541107 759032 604700.000

2018.05000 NEW PHOEBE HOUSE

Name of organization

Page **3** 

Employer identification number

33-1023012

## NEW PHOEBE HOUSE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncasi i Toperty (see instructions). Ose duplicate copies of Par		1
(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. 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
3453 11-08-		\$Schedule B (Form	990, 990-EZ, or 990-PF) (

## 15541107 759032 604700.000

2018.05000 NEW PHOEBE HOUSE

Page 4

from any one completing Part Use duplica (a) No.	religious, charitable, etc., contribut	tions to organizations described in sec	33-1023012
Part III Exclusively r from any one completing Part Use duplica (a) No. from	eligious, charitable, etc., contribut e contributor. Complete columns (a t III, enter the total of exclusively religious,		
completing Part Use duplica (a) No. from	t III, enter the total of exclusively religious,		
(a) No. from ( Part I	te copies er i art in il additional	charitable, etc., contributions of \$1,000 or le	y. For organizations sss for the year. (Enter this info. once.)  \$
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, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from (			
from ( 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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from (			
Part I	b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
			Polotionship of transferrer to transferrer
	Transferee's name, address, a		Relationship of transferor to transferee
	Fransferee's name, address, a		Relationship of transferor to transferee
	Fransferee's name, address, a		Relationship of transferor to transferee

## 15541107 759032 604700.000

2018.05000 NEW PHOEBE HOUSE

SCHEDULE D	)
------------	---

Department of the Treasury

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.



	Revenue Service Go to www.irs.gov/Form	990 for instructions and the latest information.		Inspection
Nam	e of the organization NEW PHOEBE HOUSE			ridentification number 3-1023012
Pa		ed Funds or Other Similar Funds or A		
I UI	organization answered "Yes" on Form 990, Part IV, I		Joounts.	
	organization answered Tes of Form 330, Fait IV, I		(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ds	
•	are the organization's property, subject to the organization'	-		Yes No
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
		· · · · ·	•	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historical	y important la	and area
	Protection of natural habitat	Preservation of a certified h	istoric struct	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a co	nservation e	asement on the last
	day of the tax year.		Held	at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic s	tructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	-		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the organ	ization during	g the tax
	year ▶			
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conservation	on easements	s during the year
7	Amount of expenses incurred in monitoring, inspecting, har	adling of violations, and opforging concentration or	oomonto dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting, nar \$	iding of violations, and enforcing conservation ea	Sements dur	ing the year
8	Does each conservation easement reported on line 2(d) abo	$h_{0}$ satisfy the requirements of section $170(h)(A)(R)$	\/i\	
U	and section 170(h)(4)(B)(ii)?		, , , ,	
9	In Part XIII, describe how the organization reports conserva			
Ŭ	include, if applicable, the text of the footnote to the organiz	•		
	conservation easements.		jui illution o u	eeeen in gree
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Other S	Similar Ass	sets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statement ar	nd balance sh	neet works of art,
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance of	public servic	e, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement and b	alance sheet	works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public ser	rvice, provide	the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		. 🕨 💲 \_	
2	If the organization received or held works of art, historical the	reasures, or other similar assets for financial gain,	provide	
	the following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990. Part X			

|--|

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

15541107	759032	604700.000
T 2 2 4 T T 0 1	133032	004/00.000

25 2018.05000 NEW PHOEBE HOUSE

		EBE HOUSE							23012		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar A	Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sig	nificant use	of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d	I 🗌	Loan or exc	change progra	ams					
b	Scholarly research	е	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how th	ney further t	he organizatio	n's exem	pt purpose	in Part	XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be ma	aintained as part of th	he orgar	nization's co	ollection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arrang							Part IV, I	ine 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?		-					🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance						1f				
	Did the organization include an amount on Fo						:y?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	( <b>d)</b> Three yea	rs back	(e) Four y	/ears l	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1o	g, column (a	)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	it are held a	nd administer	ed for the	e organizatio	on			
	by:						•		<u>ا</u>	/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								·	•	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Ac	cumulated		(d) Book	value	3
		basis (investr	nent)		(other)	dep	reciation				
1a	Land				4,422.				114		
	Buildings			42	21,604.		65,201	L.	356	,40	)3.
	Leasehold improvements										
	Equipment			5	5,798.		47,014	1.	8	,78	34.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)		]		479	,60	)9.
							0		D (Earm	0001	0040

Schedule D (Form 990) 2018

15541107 759032 604700.000

a) Description of security or category (including name of security)	<b>(b)</b> Book value	ne 11b. See Form 990, (c) Method of v		nd-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(□) al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value			nd-of-year market value
	(b) BOOK Value		aluation. Cost of el	IU-OI-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
art IX Other Assets.				
Complete if the organization answered "Yes" of		ne 11d. See Form 990,	Part X, line 15.	1
Complete if the organization answered "Yes" of	on Form 990, Part IV, li Description	ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) [ (1) (2) (3) (4) (5) (6)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line	Description	ne 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [           (1)         (a) [           (2)         (a) [           (3)         (a) [           (4)         (b) [           (5)         (c) [           (6)         (c) [           (7)         (c) [           (8)         (c) [           (9)         [c] [           tal. (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.	Description			<pre></pre>
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line	Description			
Complete if the organization answered "Yes" of (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           (a). (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.           Complete if the organization answered "Yes" of (a) Description of liability	Description	ne 11e or 11f. See Form		<pre></pre>
Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	ne 11e or 11f. See Form		
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2)	Description	ne 11e or 11f. See Form		<pre></pre>
Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description	ne 11e or 11f. See Form		<pre></pre>
Complete if the organization answered "Yes" of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description	ne 11e or 11f. See Form		<pre></pre>
Complete if the organization answered "Yes" of (a) f           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.           Complete if the organization answered "Yes" of (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)	Description	ne 11e or 11f. See Form		<pre></pre>
Complete if the organization answered "Yes" of (a) f           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.           Complete if the organization answered "Yes" of (a) Description of liability           (1)           Federal income taxes           (2)           (3)           (4)           (5)           (6)	Description	ne 11e or 11f. See Form		<pre></pre>
Complete if the organization answered "Yes" of (a) f           (1)         (a) f           (2)         (a) f           (3)         (b) f           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (a)         (c)           (b)         must equal Form 990, Part X, col. (B) line           art X         Other Liabilities.           Complete if the organization answered "Yes" of (a) Description of liability           (1)         Federal income taxes           (2)         (a)           (3)         (4)           (5)         (c)           (6)         (c)           (7)         (c)	Description	ne 11e or 11f. See Form		
Complete if the organization answered "Yes" of (a) f           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line art X           Other Liabilities.           Complete if the organization answered "Yes" of (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)           (6)	Description	ne 11e or 11f. See Form		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

832053 10-29-18

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 NEW PHOEBE HOUSE		33-1023012 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

832054 10-29-18

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Z) 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.							2018
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection ntification number
		EBE HOUSE					33-1023	
	ing Activities.	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the</li> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
		n is registered or licensed to solicit c	contrib	utions	or has been notified	it is	exempt from re	l gistration
				000 5	7	Sele -		00 000 57) 00 10
LITA FOR Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	an or	990-F		sche	aule G (Form 9	90 or 990-EZ) 2018

## Schedule G (Form 990 or 990-EZ) 2018 NEW PHOEBE HOUSE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Gross receipts         Less: Contributions         Gross income (line 1 minus line 2)         Cash prizes         Noncash prizes         Rent/facility costs         Food and beverages         Entertainment         Other direct expenses	122,582.	(event type)	(total number)	- col. (c)) 122,582 122,582
Less: Contributions     Gross income (line 1 minus line 2)     Cash prizes     Noncash prizes     Rent/facility costs     Food and beverages     Entertainment	122,582.			122,582
Less: Contributions     Gross income (line 1 minus line 2)     Cash prizes     Noncash prizes     Rent/facility costs     Food and beverages     Entertainment	122,582.			122,582
Gross income (line 1 minus line 2)     Cash prizes     Noncash prizes     Rent/facility costs     Food and beverages     Entertainment	122,582.			
Gross income (line 1 minus line 2)     Cash prizes     Noncash prizes     Rent/facility costs     Food and beverages     Entertainment	122,582.			
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment	1,000.			
<ul> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Food and beverages</li> <li>Entertainment</li> </ul>	1,000.			1.000
<ul> <li>Rent/facility costs</li> <li>Food and beverages</li> <li>Entertainment</li> </ul>	1,000.			1 000
<ul> <li>Rent/facility costs</li> <li>Food and beverages</li> <li>Entertainment</li> </ul>	1,000.			1 000
B Entertainment	13,639.			1,000
B Entertainment	10,000			13,639
				1 20,000
Other direct expenses				
				12,880
. , ,	· · · · · · · · · · · · · · · · · · ·			27,519 95,063
Gaming Complete if the experimetion		000 Dert IV/ line 10 er m	·····	
	ranswered res on Form	1990, Fait IV, inte 19, 01 to	eported more than	
•••,••••	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a)
Gross revenue				
Cash prizes				
Noncash prizes				
Other direct expenses				
	Yes %	Yes %	Yes %	
Volunteer labor	No	No	No	
Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
Net gaming income summary. Subtract line	7 from line 1, column (d)			
nter the state(s) in which the organization cond	lucts caming activities:			
				Yes
			ear?	. Yes N
"Yes," explain:				
	<ul> <li>0 Direct expense summary. Add lines 4 throug</li> <li>1 Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	0       Direct expense summary. Add lines 4 through 9 in column (d)         1       Net income summary. Subtract line 10 from line 3, column (d)         1       Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a.         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary. Add lines 2 through 5 in column (d)         3       Net gaming income summary. Subtract line 7 from line 1, column (d)         3       Net gaming activities in each of these activities in each of these actives in explain:	0       Direct expense summary. Add lines 4 through 9 in column (d)         1       Net income summary. Subtract line 10 from line 3, column (d)         1       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or restand to prove the state of the organization answered "Yes" on Form 990, Part IV, line 19, or restand to prove the state of the organization answered "Yes" on Form 990, Part IV, line 19, or restand to prove the state of the organization answered "Yes" on Form 990, Part IV, line 19, or restand to prove the state of the organization answered "Yes" on Form 990, Part IV, line 19, or restand to prove the state of the organization conducts gaming activities:         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo         2       Cash prizes       (b) Pull tabs/instant bingo/progressive bingo         3       Noncash prizes       (b) Pull tabs/instant bingo/progressive bingo         4       Rent/facility costs       (c) Pull tabs/instant bingo/progressive bingo         5       Other direct expenses       (c) Pull tabs/instant bingo/progressive bingo         6       Other direct expenses       (c) Pull tabs/instant bingo/progressive bingo         7       Direct expenses summary. Add lines 2 through 5 in column (d)       (d) Pull tabs/instant bingo/progressive bingo         8       Net gaming income summary. Subtract line 7 from line	0 Direct expense summary. Add lines 4 through 9 in column (d)   1 Net income summary. Subtract line 10 from line 3, column (d)   Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   (a) Bingo (b) Pull tabs/instant bingo/progressive bingo   1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Ves%   9 Ves%

Sch	edule G (Form 990 or 990-EZ) 2018 <b>NEW PHOEBE HOUSE</b>	33-1	023012	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	I The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶\$	ount		
c	e If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	t III, lines 9,	9b, 10b,
_				
8320	83 10-03-18 Schedule 31	G (Form	990 or 990	)-EZ) 2018

Supplemental mornation (continued)	
	Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

NEW PHOEBE HOUSE

33-1023012

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPACTED BY CHEMICAL DEPENDENCY, HOMELESSNESS, AND TRAUMA. WE HELP

MOTHERS ACHIEVE AND MAINTAIN SAFE REUNIFICATION THROUGH CLEAN AND SOBER

LIVING, HEALING, AND SELF-SUFFICIENCY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SELF-SUFFICIENCY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HOLISTIC RECOVERY FOR MOTHERS IS A FULLY LICENSED BEHAVIORAL HEALTH

OUTPATIENT TREATMENT PROGRAM FOR MENTAL HEALTH AND SUBSTANCE USE

DISORDER AND TRAUMA RECOVERY DEVELOPED BY NEW PHOEBE HOUSE ASSOCIATION.

THE INDIVIDUALIZED TREATMENT AND SUPPORT IS MEANT TO STOP THE CYCLE OF

ADDICTION, VIOLENCE, AND HOMELESSNESS IN OUR FAMILIES NOW, AND FOR

FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

THREE OF THE BOARD MEMBERS ARE A MARRIED COUPLE AND THEIR DAUGHTER.

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

TAX RETURN WAS REVIEWED AND APRPOVED BY THE EXECUTIVE DIRECTOR PRIOR TO

FILING.

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

THE BOARD REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SETS THE

33

COMPENSATION BASED ON THEIR ANALYSIS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

NEW PHOEBE HOUSE

### THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OTHER EMPLOYEES AND

REVIEWS COMPARABLE MARKET SALARY SCALES TO SET THEIR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE TAX RETURN AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATIONS WEBSITE.

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

832212 10-10-18

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Enter filer's identifying pumber

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidenuiyi	ng number
Type or	e or Name of exempt organization or other filer, see instructions.				r identificatio	on number (EIN) or
print	NEW PHOEBE HOUSE					23012
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box	Social security number (SSN)				
return. See	turn. See					
instructions.	City, town or post office, state, and ZIP code. For a TACOMA, WA 98415	a foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for	(file a separa	te application for each return)			
Applicati	on	Return	Application			Return
Is For	r Code Is For				Code	
Form 990	Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07
Form 990	ŀBL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	LISA TALBOTT					
• The bo	boks are in the care of $\blacktriangleright$ PO BOX 5245 -	TACOMA	A, WA 98415			
Telepł	none No.  253-383-7710	_	Fax No. 🕨			
• If the d	organization does not have an office or place of busine	ess in the Un	ited States, check this box			🕨 🗖
	is for a Group Return, enter the organization's four dig					
box 🕨	$\square$ . If it is for part of the group, check this box $ig>$	and atta	ch a list with the names and EINs of	all memb	ers the exter	nsion is for.
<b>1</b> Ire	quest an automatic 6-month extension of time until	NOVEI	MBER 15, 2019 , to file	e the exem	npt organizat	ion return for
the	organization named above. The extension is for the o	organization's	return for:			
	X calendar year 2018 or					
	tax year beginning	, an	nd ending			
			-		_	
2 If th	ne tax year entered in line 1 is for less than 12 months	, check reaso	on: Initial return	Final retur	n	
	Change in accounting period	,				
	_ 5 51					
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069, e	enter the tentative tax, less			
	nonrefundable credits. See instructions.	, , , , ,		3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 60	69. enter an	refundable credits and			
	imated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your					
	ng EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
	If you are going to make an electronic funds withdraw					
instructio	, , , , , , , , , , , , , , , , , , , ,		,			
LHA F	or Privacy Act and Paperwork Reduction Act Notic	e. see instru	uctions.		Form 8	3868 (Rev. 1-2019)

15541107 759032 604700.000