Form

Department of the Treasury

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.

2013 Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization DOWNTOWN EMERGENCY SERVICE CENTER Address change Doing Business As 91-1275815 Name change Number and street (or P.O. box if mail is not delivered to street address) Telephone number Room/suite Initial return 206-464-1570 515 THIRD AVENUE Terminated City or town, state or province, country, and ZIP or foreign postal code SEATTLE 98104 25,348,242 Amended return **G** Gross receipts\$ Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes WILLIAM HOBSON 515 THIRD AVENUE H(b) Are all subordinates included? If "No," attach a list. (see instructions) SEATTLE WA 98104 **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Tax-exempt status: WWW.DESC.ORG Website: **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Year of formation: 1979 Other > M State of legal domicile: WA Association Summarv 1 Briefly describe the organization's mission or most significant activities: **Activities & Governance** SEE SCHEDULE O 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 11 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 632 5 6 615 **6** Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 19,847,020 22,153,911 **8** Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 1,660,883 2,484,704 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,068 60,914 175,656 538,312 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,744,473 25,217,995 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 161,181 578,916 14 Benefits paid to or for members (Part IX, column (A), line 4) 15,142,386 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16aProfessional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 5,261,097 5,504,695 24,677,782 20,564,664 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,179,809 540,213 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 30,598,062 31,187,506 20 Total assets (Part X, line 16) 11,321,175 11,370,406 **21** Total liabilities (Part X, line 26) <u>1</u>9,817,100 22 Net assets or fund balances. Subtract line 21 from line 20 19,276,887 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EXECUTIVE DIRECTOR Here WILLIAM HOBSON Type or print name and title Print/Type preparer's name Preparer's signature Check **Paid** CRAIG T LEONG 09/05/14 self-employed P01083463 **Preparer** LOVERIDGE HUNT & CO., 91-1347576 Firm's EIN Firm's name **Use Only** 14725 SE 36TH ST STE 401 425-453-2088 BELLEVUE, WA 98006-1682 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

-orm 990 (2013) DOWNTOWN EMERGENCY SERVICE CEN		ge Z
Part III Statement of Program Service Accomplishment		X
· · · · · · · · · · · · · · · · · · ·	o any line in this Part III	<u>A</u>
Briefly describe the organization's mission: SEE SCHEDULE O		
		
2 Did the organization undertake any significant program services during the		
prior Form 990 or 990-EZ?	Yes X	No
If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in ho	w it conducts, any program	
services?	77	No
If "Yes," describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each o	f its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to	•	
the total expenses, and revenue, if any, for each program service reporte	d.	
CLINICAL PROGRAMS: PROVIDE MENTAL HEATO HOMELESS ADULTS. ALSO PROVIDE LONSERVICES, SUBSTANCE ABUSE COUNSELING, EMPLOYMENT SUPPORT PROGRAM. IN 2013,	G-TERM MENTAL HEALTH CASE MANAGEM	CES ENT ,395
4b (Code:) (Expenses \$ 8,794,483 including grant HOUSING PROGRAM: PROVIDE EMERGENCY SERVICES PROGRAM PROVIDES SUPPORT AND REFERRAL AND WOMEN WHO ARE HOMELESS PRIMARILY OPERATES A SUPPORTIVE HOUSING PROGRAM IN 8 LOW INCOME HOUSING LIMITED PARTY PROJECTS ARE IN DEVELOPMENT. IN ADDIMARKET RATE "SCATTERED SITE" HOUSING AND OTHER SUPPORT SERVICES AS NEEDED. MENTALLY ILL, 56% WERE CHEMICALLY DEFENDED DISABILITIES CAUSING FROM DIABETES TO	ELTER EVERY DAY. THE CONNECTIONS IS TO HOUSING AND EMPLOYMENT FOR MULL TO FINANCIAL REASONS. DESC AS FOR FORMERLY HOMELESS DISABLED AS ERSHIPS. MORE LOW INCOME HOUSING TION, THE AGENCY MANAGES UP TO 20 UNITS WITH INTENSIVE CASE MANAGEM IN 2013, 90% OF DESC RESIDENTS ENDENT, AND 98% HAD PHYSICAL	EN LSO DULT 0
4c (Code:) (Expenses \$ 321,766 including grant REAL ESTATE DEVELOPMENT: DESC DEVELOP	S AND OPERATES SUBSIDIZED HOUSING	FOR
VERY LOW INCOME ADULTS WITH MENTAL HE	ALTH AND CHEMICAL DEPENDENCY ISSU	ES.
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4d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of\$) (Revenue \$	
4e Total program service expenses ▶ 21,648,641		

Form 990 (2013) DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 2 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 X 3 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 X 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. X 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 X 6 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 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 8 complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

If "Yes," complete Schedule G, Part III

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

X

X

X

X

X

X

X

X

13

14b

15

16

17

18

19

20a

20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and III 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization any every Fest Port PVII, Section A, line 3, 4 or 5 shoult compensation of the organization any every Fest Port PVII Section A, line 3, 4 or 5 shoult compensation of the organization any every Fest Port PVII, Section A, line 3, 4 or 5 shoult compensation of the organization and provide Schedule I. Parts I and III 22 X 23 X 24 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? II "Yes," answer lines 24b through 24d and complete Schedule K. II "No." go to line 25a 24a X Did the organization maintain an ascrow account other than a refunding secrew at any time during the year? 24d Did the organization maintain an ascrow account other than a refunding secrew at any time during the year? 24d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are also as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are also as a property of the organization are also as a property of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25a X S Did the organization neptral transaction bas not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or psystiles to any		one of the dame of the dame of the think of		V	NI.
government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 22	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX. Coutinn (A), line 2 If "Ves," complete Schedule I, Part I and III 22 IX 23 Did the organization answer "Yes" to Part VII. Section A, line 3.4, or \$ about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 3 23 X 24 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 24h through 24d and complete Schedule K It "No." go to line 25s 24 Log Did the organization maintain an escrow account other than a refunding secrow at any time during the year to delease any trax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding secrow at any time during the year 24d Did the organization and at as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and at as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and at a san "on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and a secret sheet internaction with a disqualified person of any of the page and the secret person of the organization angage in an excess benefit unreaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? 11" Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or diaqualified persons? 14 yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to an officer, director, trustee, or to a 35% controlled an internation of applicable filing thresholds, conditions, and except persons? 14	21		21		x
no Part IX, column (A), line 2? II "Yes," complete Schedule I. Parts I and III compensation of the organization source Twest Part Part IX, 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? II "Yes," complete Schedule J Part IX (School A), Ind. 3, 4 or 5 about compensation of the organization former officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule J Part IX (School A), I "Yes," complete Schedule J Part IX (School A), I "Yes," complete Schedule J IX "X (School A), I "Yes," complete Schedule J IX "X (School A), I "Yes," complete Schedule J IX "X (School A), I "X (School A),	22				
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conservation contributions? If "Yes," complete Schedule M 30			29	Λ	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? By If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	30		20		v
Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	21		30		Λ
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35 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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	31		24		v
complete Schedule N, Part II 32	32		31		71
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	32	complete Cabadula N. Dart II	32		x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	33		32		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b X 35b X 35b X 36a X 37a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36a X 37a Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37a X 38a Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		and in a 204 7704 2 and 204 7704 20 K "Van " approlate Cabadula D. Dort I	33	х	
or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	•	an N/ and Dark V Brand	34	x	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a	Did the appropriation become a controlled antity within the appropriate FAO(h)(AO)O			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
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related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36				
 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 			36		Х
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	37	=			
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
19? Note. All Form 990 filers are required to complete Schedule O	38				
		19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 57 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year ______ X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? X h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013) DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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's exempt purposes? 10b 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. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ MARK SILER 515 THIRD AVENUE

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Part VII	Compensation of Officers	, Directors, Trusto	ees, Key Employees,	, Highest Compensated Em	ployees, and
	Independent Contractors				

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box	k, unle	heck ss pe	ition more rson	than or	an	(D) Reportable compensation from the	Reportable Reportable compensation compensation from related the organizations		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) RON WRIGHT											
CHAIR	3.00 0.00	x		х				0	0	0	
(2) RICHARD H STEVE											
VICE CHAIR	3.00 0.00	X		x				0	0	0	
(3) LARRY J SMITH	0.00			Λ				0	0	0	
(0) 11111111 0 11111111	2.00										
SECRETARY	0.00	X		Х				0	0	0	
(4) BRYAN FRIEND											
· · · · · · · · · · · · · · · · · · ·	2.00	١									
TREASURER (5) CLARK KIMERER	0.00	X		Х				0	0	0	
(5) CLARK KIMERER	2.00										
BOARD MEMBER	0.00	X						0	0	0	
(6) LAURA INVEEN											
	2.00										
BOARD MEMBER	0.00	X						0	0	0	
(7) MARK SIDRAN	2.00										
BOARD MEMBER	0.00	x						0	0	0	
(8) SHERYL V WHITNE										0	
(*,*	2.00										
BOARD MEMBER	0.00	X						0	0	0	
(9) VERONICA KAVANA											
<u></u>	2.00	١									
BOARD MEMBER (10) DINAH THORESON	0.00	X						0	0	0	
(10)DINAH IHORESON	2.00										
BOARD MEMBER	0.00	X						0	0	0	
(11)KATHERINE BRAND											
	2.00										
BOARD MEMBER	0.00	X						0	0	Eorm 990 (2012)	

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Part VII Section A. Officer	s, Directors, T	ruste	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	rson	than is both or/trus	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12)BILL HOBSON EXECUTIVE DIRECTOR	40.00			x				128,103	0	10,153
(13)MARK SILER CHIEF FINANCIAL OFFI	40.00			x				95,499	0	9,426
(14)MARIA C. YANG MEDICAL DIRECTOR	40.00					x		169,705	0	9,299
(15)JIM HOPFENBECK,						X			0	
(16)SAMANTHA L. GUI	JARRO 40.00							159,317		11,078
NURSING SUPERVISOR (17)MARK J. EVERARI	20.00					X		126,443	0	8,540
PHYSICIAN (18)CRAIG JAFFEE, M	20.00					X		108,570	0	7,059
STAFF PSYCHIATRIST (19)	0.00					X		101,230	0	2,739
1b Sub-total		Se	ctio	 n A			>	888,867		58,294
d Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	including but no	t lim	ited				d at	888,867 pove) who received more to	han \$100,000 in	58,294
3 Did the organization list any employee on line 1a? If "Yes	former officer, o	direc nedul	tor,	for s	uch	indiv	/idua	al		Yes No
 For any individual listed on li organization and related organization and related organization. Did any person listed on line 	anizations great	er th	an \$	\$150	,000)? If '	'Yes	s," complete Schedule J fo	r such	4 X
for services rendered to the Section B. Independent Contract	organization? If tors	"Yes	s," co	ompl	ete	Sche	edul	e J for such person		5 X
Complete this table for your compensation from the organ Name and	five highest com nization. Report (A) I business address	npen com	sate ipen	d ind satio	depe	ende or the	nt co	lendar year ending with or	ore than \$100,000 of within the organization's (B) tion of services	tax year. (C) Compensation
HARBORVIEW MEDICAL SEATTLE	CENTER WA	9	81	04			1	AVE MEDICAL SERVI		460,125
EVERGREEN TREATMENT SEATTLE		. <u>9</u>	81					RPORT WA S #1 MEDICAL SERVI	CE	113,802

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) (B) Related or Total revenue exempt husiness under sections 512-514 function revenue revenue 1a Federated campaigns **b** Membership dues 1b **c** Fundraising events 1c 59,553 **d** Related organizations 1d Program Service Revenue Contributions, 20,555,787 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,538,571 \$ 504,641 g Noncash contributions included in lines 1a-1f: 22,153,911 h Total. Add lines 1a-1f Busn. Code HOUSING MGMT FEES & RENTAL IN 531110 1,596,196 1,596,196 DEVELOPMENT FEES 532000 483,852 483,852 541610 348,416 348,416 OTHER INCOME THRIFT STORE INCOME 452000 56,240 56,240 f All other program service revenue 2,484,704 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 41,068 41,068 4 Income from investment of tax-exempt bond proceed Royalties ... (ii) Personal 215,651 6a Gross rents **b** Less: rental exps. 215,651 c Rental inc. or (loss) d Net rental income or (loss) 215,651 215,651 **7a** Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ 59,553 of contributions reported on line 1c). 72,908 See Part IV, line 18 **b** Less: direct expenses 130,247 b -57,339 **c** Net income or (loss) from fundraising events **9a** Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 380,000 380,000 11a DEBT FORGIVENESS d All other revenue e Total. Add lines 11a-11d 380,000 25,217,995 0 256,719 2,864,704 12 Total revenue. See instructions. .

Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	578,916	578,916								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	14,477,947	12,398,078	1,807,850	272,019						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	2,789,959	2,443,749	304,666	41,544						
10	Payroll taxes	1,326,265	1,162,320	139,430	24,515						
11	Fees for services (non-employees):										
а	Management	1,070	1,070								
	Legal	1,070 29,530	1,070 21,469	8,061							
С	Accounting	43,196	1,500	41,696							
	Lobbying										
е	Professional fundraising services. See Part IV, line 1	7									
	Investment management fees										
	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	470,823	466,557	54	4,212						
12	Advertising and promotion	47,675	42,241	4,147	4,212 1,287						
13	Office expenses	63,048	15,294	14,956	32,798						
14	Information technology										
15	Royalties										
16	Occupancy	2,252,303	2,227,642	21,961	2,700						
17	Travel										
18	Payments of travel or entertainment expense	S									
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	167,723	128,969	36,560	2,194						
20	Interest	38,954	30,210	8,744							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	622,302	551,905	64,595	5,802						
23	Insurance	190,060	184,637	5,423							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	FOOD AND BEVERAGE	456,662	450,219	1,901	4,542						
b	CONTRACT LABOR	447,791	378,519	64,059	5,213						
С	SUPPLIES	386,345	356,385	23,492	6,468						
d	TELEPHONE	95,301	80,803	11,027	3,471						
е	All other expenses	191,912	128,158	57,751	6,003						
25	Total functional expenses. Add lines 1 through 24e	24,677,782	21,648,641	2,616,373	412,768						
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here										
DAA	following ŠOP 98-2 (ASC 958-720)				Form 990 (2013)						

_ 12	art 2		noto to or:	ling in this Bort V			
		Check if Schedule O contains a response or r	iole to any	mile in this Part X	(A)	<u></u>	(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			5,209,740	1	1,307,837
	2	Savings and temporary cash investments			17,227		3,714,905
	3	Pledges and grants receivable, net			2,072,652		2,030,120
	4	Accounts receivable, net			645,527		715,941
	5	Loans and other receivables from current and former			,		
		trustees, key employees, and highest compensated	d employee	es.			
		0 14 B (II (0 L L L L				5	
	6	Loans and other receivables from other disqualified	persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3))(B), and c	ontributing employers and	t		
		sponsoring organizations of section 501(c)(9) volun	itary emplo	yees' beneficiary			
ts		organizations (see instructions). Complete Part II of	f Schedule	L		6	
Assets	7				8,088,463	7	7,315,825
As	8	la cantania a fan a ala ancora				8	
	9	Prepaid expenses and deferred charges			77,748	9	113,758
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	20,941,162			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	6,730,540	12,947,718	10c	14,210,622
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			1,501,543	13	1,502,863
	14	Intangible assets			14,361	14	14,196
	15	Other assets. See Part IV, line 11			23,083	15	261,439
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)		30,598,062		31,187,506
	17	Accounts payable and accrued expenses			1,594,497	17	1,586,203
	18	Grants payable				18	
	19	Deferred revenue		1,565,803	19	1,406,946	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part	edule D	1,218,207	21	1,304,929	
es	22	Loans and other payables to current and former offi	icers, direc	ctors,			
Liabilities		trustees, key employees, highest compensated employees	ployees, a	nd			
iab		disqualified persons. Complete Part II of Schedule I				22	
	23	Secured mortgages and notes payable to unrelated	d third parti	es	6,769,425	23	6,894,925
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab	oles to rela	ted third			
		parties, and other liabilities not included on lines 17	'-24). Com	plete Part X			
		of Schedule D			173,243		177,403
	26				11,321,175	26	11,370,406
S		Organizations that follow SFAS 117 (ASC 958), or		e ▶X and			
nce		complete lines 27 through 29, and lines 33 and 3	34.				
ala	27	Unrestricted net assets			18,392,605		18,461,982
d B	28	Temporarily restricted net assets			884,282	28	1,355,118
'n	29	Permanently restricted net assets				29	
Ϋ́		Organizations that do not follow SFAS 117 (ASC	C 958), che	eck here 🔪 and			
ts c		complete lines 30 through 34.					
se	30					30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equip				31	
Net	32	Retained earnings, endowment, accumulated incom			10 000	32	10 015 111
-	33	Total net assets or fund balances			19,276,887		19,817,100
	34	Total liabilities and net assets/fund balances			30,598,062	34	31,187,506

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				995
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,	67	7,	782
3	Revenue less expenses. Subtract line 2 from line 1	3				213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,	, 27	6,8	887
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	19,	81	7,1	100
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		. 🔲
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, 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					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		L	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	X	

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

DOMNITOMN EMEDIENCY CEDUTCE CENTED

Employer identification number

				ERGENCY SERVICE							28T			
P	art I	Reas	on for Public Charity	y Status (All organizatio	ns mus	t compl	ete thi	s part.	.) See	instru	uctions	S.		
Γhe	orga	ınization is no	ot a private foundation beca	luse it is: (For lines 1 through	11, check	only one	box.)							
1		A church, co	onvention of churches, or as	ssociation of churches describ	ed in sec	tion 170	(b)(1)(A)(i).						
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	r a cooperative hospital ser	vice organization described in	section	170(b)(1))(A)(iii).							
4		A medical re	esearch organization operat	ted in conjunction with a hospi	ital descri	bed in se	ction 1	70(b)(1)	(A)(iii)	. Enter	the hos	spital's	name	Э,
		city, and sta	te:											
5		An organiza		t of a college or university own					al unit d	lescribe	ed in			
		section 170	(b)(1)(A)(iv). (Complete Pa	art II.)										
6		A federal, st	ate, or local government or	governmental unit described	in sectio i	n 170(b)((1)(A)(v))_						
7	X		=	a substantial part of its suppor					n the ge	eneral r	oublic			
		_	section 170(b)(1)(A)(vi).			,			J	'				
8				170(b)(1)(A)(vi). (Complete I	Part II.)									
9				(1) more than 33 1/3% of its s		om contri	butions.	membe	ership f	ees. ar	nd aross	3		
		-		empt functions—subject to cer					-		_			
		-		and unrelated business taxable										
			-	30, 1975. See section 509(a										
10		-	-	d exclusively to test for public		-		1)(4)						
11	H	_		d exclusively for the benefit of	-		-		carry o	ut the				
	ш	_	-	orted organizations described	-						ection			
				s the type of supporting organi										
		a Type		c Type III–Function		•	d	_	•		ctionally	intea	ated	
е				rganization is not controlled di			-				•	eg.	4.04	
·	ш	-		her than one or more publicly	-	-								
		or section 50	=	. ,		J					()()			
f				etermination from the IRS that	it is a Tvo	e I. Type	II. or T	vpe III s	upporti	na				
		_	, check this box		, , , , , ,	, ,,	, -	,, ,		3				
g		•		zation accepted any gift or con	tribution f	rom anv	of the							. Ш
5		following pe	=	, , , ,		,								
				controls, either alone or togeth	ner with p	ersons de	escribed	l in (ii) a	nd				Yes	No
				ne supported organization?	-							11g(i)		
			member of a person descri	المراجع المصابح								11g(ii)		
			· ·	described in (i) or (ii) above?								11g(iii)		
h				t the supported organization(s										
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	s the	(vii) A	Amount o	of mone	tary
	org	ganization		(described on lines 1-9	in col. (i) li				organizat			supp	ort	
				above or IRC section (see instructions))	governing	document?		of your oort?	(i) organi U.:	s.?				
				(See Instructions))	Yes	No	Yes	No	Yes	No				
A)														
B)														
C)														
D)														
E)														
Tot:	al .										ı			

Schedule A (Form 990 or 990-EZ) 2013 **DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815**

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,033,154	17,880,578	16,536,494	21,507,903	24,638,615	95,596,744
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15,033,154	17,880,578	16,536,494	21,507,903	24,638,615	95,596,744
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						95,596,744
Sec	tion B. Total Support	<u> </u>		•	•	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	15,033,154	17,880,578	16,536,494	21,507,903	24,638,615	95,596,744
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,568	41,140	29,342	60,914	256,719	436,683
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	125,545	139,052	177,178	175,656	538,312	1,155,743
11	Total support. Add lines 7 through 10						97,189,170
12	Gross receipts from related activities, etc	c. (see instructions)			12	2,937,612
13	First five years. If the Form 990 is for th	ne organization's fir					
	organization, check this box and stop he	ere					▶
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2013 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	98.36%
15	Public support percentage from 2012 Sc	chedule A, Part II, li	ine 14			15	99.02%
16a	33 1/3% support test—2013. If the orga	anization did not ch	neck the box on lin	ne 13, and line 14	is 33 1/3% or mo	ore, check this	
	box and stop here. The organization qu	alifies as a publicly	supported organ	ization			▶ X
b	33 1/3% support test—2012. If the orga			13 or 16a, and lin	ne 15 is 33 1/3%	or more,	
	check this box and stop here. The organ	nization qualifies a	s a publicly suppo	orted organization			▶ □
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me	ets the "facts-and-	circumstances" te	st, check this box	and stop here.	Explain in	
	Part IV how the organization meets the "organization				. ,	• •	▶ 🗆
b	10%-facts-and-circumstances test—2	012. If the organization	ation did not chec	k a box on line 13	3, 16a, 16b, or 17a	a, and line	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization r			_	-		
	supported organization						▶ □
18	Private foundation. If the organization of instructions	did not check a box	x on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see	▶ □

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

(Complete only if you checked the box on line 9 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.)

	the A D I I'm Consent	y quality arrac		od bolom, plod	oo oompioto i	<u> </u>	
	tion A. Public Support			I	T		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513	<u> </u>					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	l L					
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	l					
10a	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	; 					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's f	I first second third	fourth or fifth ta	l v vear as a sectio	n 501(c)(3)	
17	organization, check this box and stop he	•			•		.
Sec	etion C. Computation of Public S						
15	Public support percentage for 2013 (line			dumn (f))		15	%
16	Public support percentage from 2012 Sc	bedule A Part III	line 15, cc	, a		16	
	etion D. Computation of Investment					10	/0
17	Investment income percentage for 2013			13 column (f))		17	%
18	Investment income percentage for 2013					40	%
19a	33 1/3% support tests—2013. If the org				 15 is more than 3		7/0
134							▶ □
h	17 is not more than 33 1/3%, check this 33 1/3% support tests—2012. If the org	-	_				💆 🗀
Ŋ	line 18 is not more than 33 1/3%, check						IU ▶ □
20	Private foundation. If the organization of	-	_	-			······ [

Part IV Supple	emental Information. Prov	ride the explanations required by Part II, line 10 s part for any additional information. (See instru	; Part II, line 17a or 17b; and
PART II, LI	NE 10 - OTHER IN	COME DETAIL	
MISCELLANEC	OUS INCOME	\$ 1,155,743	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Ivaille	of the organization		Limployer identification number
D	OWNTOWN EMERGENCY SERVICE CENTER		91-1275815
	art I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
•	funds are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or o		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education	n) Preservation of an historically in	mportant land area
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified col	nservation contribution in the form of a	conservation
	easement 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 structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/	/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the orga	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic n		
	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	forcing conservation easements during	the year
			
7	Amount of expenses incurred in monitoring, inspecting, and enforci	ng conservation easements during the y	/ear
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfying the second of t	sfy the requirements of section 170(h)(4	
_			
9	In Part XIII, describe how the organization reports conservation eas	•	
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements.	the organization's financial statements t	nat describes the
D:	art III Organizations Maintaining Collections of A	rt Historical Treasures or Otl	har Similar Assats
ГС	Complete if the organization answered "Yes" t		ilei Siiililai Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958		and halance sheet
Iu	works of art, historical treasures, or other similar assets held for put		
	public service, provide, in Part XIII, the text of the footnote to its fina		
b			
-	works of art, historical treasures, or other similar assets held for put		
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures		
-	following amounts required to be reported under SFAS 116 (ASC 9	•	•
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2013 DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815

Page 2

Pa	art III Organizati	ons Maintainin	g Collections	of Art, Historic	al Treasure	s, or Other	Simila	ır Asse	ts (cor	tinu	ued)
3	Using the organization's collection items (check	acquisition, access all that apply):	sion, and other rec	ords, check any of	the following that	at are a significa	int use (of its			
а	Public exhibition		d	Loan or exchange	programs						
b	Scholarly research		е	Other							
С	Preservation for futu	ure generations									
4	Provide a description of	the organization's c	collections and exp	olain how they furth	er the organizat	tion's exempt pu	rpose ir	n Part			
	XIII.										
5	During the year, did the	organization solicit	or receive donatio	ns of art, historical	reasures, or ot	her similar					
	assets to be sold to rais			as part of the organ	zation's collect	ion?			Yes		No
Pa		d Custodial Arı	_								
	990, Part X	•				•	ted ar	ı amour	nt on F	orm)
1a	Is the organization an a		dian or other interr	nediary for contribu	tions or other a	ssets not		ſ		_	
_	included on Form 990, I							l	Yes	X	No
b	If "Yes," explain the arra	ingement in Part XII	I and complete the	e following table:							
	5							A	mount		
							1c				
a	Additions during the year	àГ 					1d				
e	Distributions during the	year					1e 1f				
1 20	Ending balance Did the organization inc	ludo on amount on [line 212			_ !!		Yes	Y	N ₀
	If "Yes," explain the arra										NO
	art V Endowme		i. Oneck here ii tii	e explanation has t	een provided ii	11 alt XIII					
		f the organization	n answered "Y	es" to Form 990) Part IV lin	ne 10					
			(a) Current year	(b) Prior year	(c) Two yea		ree years	back	(e) Four ye	ears b	ack
1a	Beginning of year balan	ice	., ,	1	,,,,	` ` `					
	Contributions										
	Net investment earning										
	losses										
d	Grants or scholarships										
е	Other expenditures for f										
	programs										
f	Administrative expense	S									
g	End of year balance										
	Provide the estimated p			ance (line 1g, colum	ın (a)) held as:						
а	Board designated or qu	asi-endowment >	%								
b	Permanent endowment	> %									
С	Temporarily restricted e		%								
	The percentages in line										
3a	Are there endowment fu	ands not in the posse	ession of the orga	nization that are he	d and administ	ered for the			Г		
	organization by:							1		es	No
	(i) unrelated organizati								3a(i)		
	(ii) related organization								3a(ii)		
D 4	If "Yes" to 3a(ii), are the							l	3b		
4 D	Describe in Part XIII the art VI Land, Build	dings, and Equ		ndowment funds.							
1 0		f the organization		'es" to Form 991) Part IV lin	0 112 See F	orm C	300 Par	rt X lin	1 م	Λ
	Description of pro		(a) Cost or other		or other basis	(c) Accumulat			d) Book val		0.
	Bosonphon of piv	re-ry	(investment		other)	depreciation		"	_,, vai		
12	Land		†	,	411,682	·		4	411	6	82
	Б 11 г				619,884	4,416	,337		,203		
	Leasehold improvemen			6.	285,305	1,091			,194		
	Equipment				466,391		,801		138		
	Other				157,900		,141		262		
	al. Add lines 1a through 1								210		

	Form 990) 2013 DOWNTOWN EMERGENCY S	ERVICE CENTER	91-1275815	Page 3
Part VII	Investments—Other Securities.	. =		
	Complete if the organization answered "Yes"			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(4) Figure in I			Cost of end-of-ye	ai iliaiket value
(1) Financial				
(2) Other	eld equity interests			
(Δ)				
(B)				
(C)				
(G)				
(Ḥ)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	<u> </u>			
	Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 99	90, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.			
1 (4) (7)	Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See F	orm 990. Part X.
	line 25.	,		555, 1 5 71,
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
	RRED LEASE EXPENSE	177,403		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)	100 400		
ı otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	177,403		

Schedule D (Form 990) 2013 DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b
 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4c Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (F	orm 990) 2013	DOWNTOWN	EMERGENCY	SERVICE	CENTER	91-1275815	Page 5
Part XIII	Suppleme	ntal Informatio	n (continued)				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service	Information about Sche	edule G (Form 990 or 9	90-EZ) and i	ts instructions is at www.irs	.gov/form990.	Inspection
Name of the organization	DOWNTOWN EMERGENC	Y SERVICE	CEN	ΓER	Employer identific 91-12758	
	aising Activities. Complete 990-EZ filers are not required				orm 990, Part IV,	line 17.
1 Indicate whether t	the organization raised funds through	h any of the follow	wing activi	ties. Check all that app	oly.	
a Mail solicitation	ons	e Solicitation	of non-g	overnment grants		
b Internet and e	mail solicitations	f Solicitation	of gover	nment grants		
c Phone solicita	itions	g Special fur	ndraising	events		
d In-person soli	citations					
or key employees b If "Yes," list the te	on have a written or oral agreemen listed in Form 990, Part VII) or enti n highest paid individuals or entities east \$5,000 by the organization.	ty in connection w	ith profes	sional fundraising serv	ices?	Yes No
(i) Name	and address of individual rentity (fundraiser)	(ii) Activity	(iii) Did fund raiser have custody or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes No		col. (i)	
1			103 140			
2						
3						
4						
5						
6						
7						
8						
9						
10						
			>			
3 List all states in w registration or lice	hich the organization is registered onsing.	or licensed to solic	it contribu	tions or has been notif	ied it is exempt from	

Schedule G (Form 990 or 990-EZ) 2013 **DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815** Page **2**Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gro	oss receipts greater than \$	55,000.		
			(a) Event #1	(b) Event #2	(c) Other events	
are			GALA (event type)	GIMME SHELTER (event type)	1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	94,969	25,010	12,482	132,461
	2	Less: Contributions	47,048	12,505		59,553
		Gross income (line 1 minus line 2)	47,921	12,505	12,482	
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	50,432	3		50,435
Dire	8	Entertainment				
	9	Other direct expenses	29,396	3,045	47,371	79,812
P	11	Net income summary. Su	ubtract line 10 from line 3, column	n (d) n (d) nswered "Yes" to Form 990	<u> </u>	130,247 -57,339 eported more
			on Form 990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
uses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary	v. Add lines 2 through 5 in column	n (d)	>	
	8	Net gaming income sum	mary. Subtract line 7 from line 1,	column (d)	>	
	ls t	ter the state(s) in which th the organization licensed t No," explain:	e organization operates gaming on operate gaming activities in ea	activities: ch of these states?		Yes No
			's gaming licenses revoked, sus	pended or terminated during the t	ax year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2013 D						L5	Pa	age 3
11	Does the organization operate gaming ac	tivities with non	members?					Yes	No
12	Is the organization a grantor, beneficiary	or trustee of a ti	rust or a member of a	a partnership or c	other entity			[¬
12	formed to administer charitable gaming?					·····	ı	Yes	No
13	Indicate the percentage of gaming activity					13a			0/
a	The organization's facility					13a			<u>%</u> %
b 14	An outside facility Enter the name and address of the perso		the organization's d	aming/special ev	ents books and	<u>130</u>			/0
	records:	iii wilo prepares	The organization 3 g	arriirig/special ev	chis books and				
	Name ▶								
	Address ▶								
15a	Does the organization have a contract wirevenue?		_					Yes	No
b	If "Yes," enter the amount of gaming reve	enue received by	the organization	;	and	I the			_
	amount of gaming revenue retained by the								
С	If "Yes," enter name and address of the the								
	Name ▶								
	Address ▶								
16	Gaming manager information:								
	Name ▶				• • • • • • • • • • • • • • • • • • • •				
	Gaming manager compensation ▶\$								
	Description of services provided ▶								
	Director/officer Employ	ree	Independent contra	actor					
17	Mandatory distributions:								
а	Is the organization required under state la	aw to make cha	ritable distributions fr	om the gaming p	roceeds to				
	retain the state gaming license?							Yes	No
b	Enter the amount of distributions required	d under state lav	v to be distributed to	other exempt org	ganizations or				_
	spent in the organization's own exempt a								
Par	t IV Supplemental Information Part III, lines 9, 9b, 10b, 1 additional information (see	5b, 15c, 16,	and 17b, as app						d
	additional information (Sec		·/·						

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Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 2013

Inspection Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance X Yes 91-1275815 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of noncash assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant CENTER (c) IRC section if applicable DOWNTOWN EMERGENCY SERVICE General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part | Part II ~ Ξ 3 ල 4 2 9 6 8 6

7	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
က	Enter total number of other organizations listed in the line 1 table
For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA	

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

DOWNTOWN EMERGENCY SERVICE CENTER

91-1275815

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D				
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	۱.,		
	explain	1b		
•				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		
	1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The to any of lines are of not the persons and provide the approache amounts for each term in hair in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the revenues of:			
2		5a		x
a	The organization?	5b		X
D	Any related organization?	30		Λ
	If "Yes" to line 5a or 5b, describe in Part III.			
c	For normana listed in Form 000, Part VII. Section A. line to did the assessing the property of the section of t			
ь	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			37
	compensation contingent on the net earnings of:	6a		X
а	The organization?	6b		X
b	Any related organization?			
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815 Schedule J (Form 990) 2013

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

Page 2

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

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

	(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	reported as deferred in prior Form 990
MARIA C. YANG	169,70		0	2,184			
1 MEDICAL DIRECTOR	(ii) 0	0	0		0	0	0
JIM HOPFENBECK, MD	(i) 159,317 (ii) 0	0	0	4,020	7,058	170,395	0
						:	
3	(ii)						
4	(II)						
ı	(II)						
	(II)						
	(II)						
ω	(II)						
	(II)						
	(II)						
	(II)						
	(ii)						
13	(ii)						
14	(ii)						
15	(ii)						
16	(ii)						

Schedule J (Form 990) 2013

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Provide the information, explanation, or descriptions required for Part II lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, Also complete this part
Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

91-1275815 DOWNTOWN EMERGENCY SERVICE CENTER Types of Property Part I (a) (d) Noncash contribution Check if Method of determining Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art — Works of art 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 7,725 FMV X 4 5 Clothing and household 151,672 FMV goods X Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities — Publicly traded 9 10 Securities — Closely held stock Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 304,358 FMV X 30 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 12,455 FMV 27 25 Other **(HOLIDAY GIFTS)** X 21,392 Other ▶(GIFTS, TICKETS) X 40 **FMV** 26 Other **(SERVICES** 13 7,039 **FMV** 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form	990) (2013)	DOWNTOWN	EMERGENCY	SERVICE	CENTER	91-1275815	Page 2
Part II	the orga	nental Informa nization is repo	tion. Provide the	e information olumn (b), the	required by number of c	Part I, lines 30b, 32b, are contributions, the number	nd 33, and whether
	or a com	ibiliation of both	1. 7 (ISO COMPLETE	tino partior t	arry additions	ai iiiioiiiiatioii.	
• • • • • • • • • • • • • • • • • • • •							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2013**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

DOWNTOWN EMERGENCY SERVICE CENTER

Employer identification number 91–1275815

FORM 990 - ORGANIZATION'S MISSION

WORK TO END THE HOMELESSNESS OF VULNERABLE PEOPLE, PARTICULARLY THOSE WITH SERIOUS MENTAL AND ADDICTIVE ILLNESSES THROUGH LOW INCOME HOUSING PARTNERSHIPS AND AN INTEGRATED ARRAY OF COMPREHENSIVE SERVICES, TREATMENT AND HOUSING, DESC GIVES PEOPLE THE OPPORTUNITY TO REACH THEIR HIGHEST POTENTIAL. THE AGENCY PROVIDES EFFECTIVE AND AFFORDABLE SOLUTIONS TO HOMELESSNESS FOR OUR COMMUNITY'S MOST VULNERABLE MEN AND WOMEN THROUGH A NATIONALLY RECOGNIZED INTEGRATED NETWORK OF CARE, HOUSING AND SUPPORT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PREPARED BY A TAX PROFESSIONAL AT A PUBLIC ACCOUNTING FIRM, AND REVIEWED BY THE CFO AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AT EACH JANUARY BOARD MEETING, THE CONFLICT OF INTEREST POLICY IS REVIEWED

AND EACH BOARD MEMBER IS ASKED TO DECLARE ANY CONFLICTS OF INTEREST THAT

MAY EXIST. IF ANY EXIST, THE MATTER IS REFERRED TO THE EXECUTIVE

COMMITTEE OF THE BOARD FOR HANDLING AND RESOLUTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE EXECUTIVE COMMITTEE

OF THE BOARD OF DIRECTORS BASED ON PUBLICLY AVAILABLE COMPARATIVE SALARY

DATA AS COMPILED BY THE UNITED WAY OF KING COUNTY, AND THEN RATIFIED BY THE

FULL BOARD OF DIRECTORS. COMPENSATION OF ALL OTHER DESC EMPLOYEES IS ALSO

DETERMINED BY REVIEWING THE UNITED WAY COMPARATIVE SALARY DATA AND OTHER

SCHEDULE R (Form 990)

08/21/2014

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection 2013

▶ See separate instructions.

Employer identification number 91-1275815 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. DOWNTOWN EMERGENCY SERVICE CENTER Department of the Treasury Internal Revenue Service Name of the organization Part I

***************************************	ADDROGOD		,	•	•	٠			
	Name, address, and EIN (if	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	D
(1) DE 51	DESC DEVELOPMENT LLC 515 THIRD AVENUE							,	
SE	SEATTLE	WA 98104	HOUSING	DE WA		5,651	121,825	DESC	
(2) IN 51	INTERBAY 515 THIRD AVENUE	46-1515992							
S			LOW INC.	H WA		-46,672	2,003,364	DESC	
(3)									
			:						
(4)									
(5)		5)							
Part		Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	 s Complete if the the tax year.	organization a	nswered "Yes"	on Form 990	Somplete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.	because it had	_
	Name, address, and	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) itus Direct controlling	(g) Section 512(b)(13) controlled entity?	(13) tv?
				or foreign country)		(if section 501(c)			No
(1)		(1)							
(2)									
(3)									
(4)									

(2)

08/21/2014

Schedule R (Form 990) 2013 DOWNTOWN EMERGENCY SERVICE CENTER 91-1275815

Page 2 Schedule R (Form 990) 2013 Section 512(b)(13) controlled Percentage ownership Yes No entity? 3 on Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Seneral or managing Yes No partner? × × × × Percentage ownership 3 amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. end-of-year assets Share of (h) Dispro-portionate Yes No × × × <u>(</u> alloc.? 998 1,490 1,212 1,242 (g) Share of end-ofyear assets Share of total income -54 -52 -42 -37 (f) Share of total (C corp, S corp, Type of entity income tax under sections 512-514) (e)
Predominant income (related, Direct controlling excluded from RELATED RELATED RELATED RELATED unrelated, entity ਉ (d)
Direct controlling foreign country) Legal domicile (state or DESC DESC LOW INC HOWA DESC DESC **င်** Legal state or foreign country) domicile LOW INC HO WA LOW INC HO WA LOW INC HOWA Primary activity Primary activity (1)DESC CASCADE SUPPORTIVE HOUSING WA 98104 WA 98104 WA 98104 WA 98104 Name, address, and EIN of related organization (4)DESC 1811 ASSOCIATES LLC (2)DESC RAINIER HOUSING LP Name, address, and EIN of related organization (3)DESC 415 TENTH LLC 515 THIRD AVENUE 515 THIRD AVENUE 515 THIRD AVENUE 515 THIRD AVENUE 26-1081189 20-8211943 20-3117785 91-2122587 SEATTLE SEATTLE SEATTLE SEATTLE Part IV Part III DAA Ξ 4 (2) 3

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Page 2 Schedule R (Form 990) 2013 Section 512(b)(13) controlled Percentage ownership Yes No entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Seneral or managing Yes No partner? × × × Percentage ownership 3 amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of (h) Dispro-portionate Yes No × × × (g alloc.? 1,832 1,253 (g) Share of end-ofyear assets Share of total income -87 15 19,213 (f) Share of total (C corp, S corp, Type of entity income or trust) tax under sections 512-514) (e)
Predominant income (related, unrelated, Direct controlling excluded from RELATED RELATED RELATED entity (d)
Direct controlling Legal domicile foreign country) (state or DESC DESC DESC **င်** Legal state or foreign country) domicile LOW INC HO WA OW INC HO WA LOW INC HO WA Primary activity Primary activity (3)DESC DELRIDGE SUPPORTIVE HOUSING WA 98104 WA 98104 WA 98104 Name, address, and EIN of related organization Name, address, and EIN of related organization (1)MORRISON HOTEL, LLC 515 THIRD AVENUE 515 THIRD AVENUE 515 THIRD AVENUE (2)KERNER SCOIT LP 91-2176732 91-1722310 37-1654453 SEATTLE SEATTLE SEATTLE Part III Part IV DAA 4 Ξ 6 4 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				¥	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations li	sted in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift. grant. or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				1d X	
					>
e Loans of loan guarantees by related organization(s)				16	4
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)				1 1	×
				-	×
- Excriange of assets with eladed organization(s)				= ;	; >
J Lease of facilities, equipment, or other assets to related organization(s)				7	4
k Lease of facilities, equipment, or other assets from related organization(s)				1 , X	
I Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n X	
o Sharing of paid employees with related organization(s)				10 X	
n Reimbursement naid to related organization(s) for expenses				12	×
Reimhursement paid by related organization(s) for expenses				101 X	
r Other transfer of cash or property to related organization(s)				11	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	this line, including cove	ed relationships and tra	insaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	ount involved	
	type (a-s)				
(1)					
(2)					
(5)					
(4)					
(5)					
(9)					
			Schedule R (Form 990) 2013	ર (Form 99	90) 2013

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

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

	domicile (state or foreign	73	section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		()	Yes No	0		Yes No		Yes No	
(1)									
(2)									
(3)									
(4)									
(5)									
(9)									
(7)									
(8)									
(6)									
(10)									
(11)									

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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