

Mark Roe is Violating PDC by Lobbying with county resources for a PRIVATE AGENCY. It is my belief that the "private agency" is not a private agency but they are using this place DAWSON PLACE to hide illegal activity.

Kickbacks Favors Lobby for a private agency in which you are on the Board of Directors too, Snohomish County Prosecutors using is title and power of government influence to raise money for his own personal gain.

1. There were several emails from Mark Roe's Assistant, Vikki King (Bothell- pubic Records Request Response)talking about the meetings Mark Roe was appearing at to collect MOU signatures, gather financial funding for Dawson Place from local Police Departments (83,000.00) per year that would financial benefit a PRIVATE AGENCY-Dawson Place (Dawson claiming Private Agency not subject to the public records Act) that Mark Roe serves as BOARD OF DIRECTORS for. There was a Letter written on County Letter head in support and solicitation for Dawson Place.

An email apart of the (Marysville Public Records Release) for an invitation to Mark Roes House for a dinner party to educate for future Funding of Dawson Place, that he is the Board Member for and the Prosecuting Office Staff is located inside this "private Agency' doing the work of the government where they are paying "lease" to Dawson Place from the SC Sheriff and the Prosecutor's Office in the amount in the area of 10,000.00 a month. that he is asking other government Police Dept to come to his house to raise Money, Awareness, and future Support for Dawson, because his Prosecuting Office benefits from him raising money for a private agency.

2. Yes, Dawson Place- Roe is housing the prosecutor's Office, John Lovick and Ty Trenary is/was housing the Snohomish County Sheriff's Major Crimes Unit in, writing checks from the County to a "Private Agency" he is the Director of.

3. The Money is being swindled through Compass Health, they are paying Tom Sebastian 170,000 + Insurance benefits from both Dawson and Compass Health, this guy is making 340,000.00 a year from private agency where the money is coming from public funds, but Dawson Place had NO advocates, when they applied and received money from the State and Government for Dawson Place was applying for money that they did not provide service for. Snohomish County Sheriff and the Snohomish County Public Defender is providing the service for a private agency. More than a 1,000,000.00 of Snohomish County Funds was authorized and signed for by John Lovick and (Mark Roe, President receives it for his workers inside Dawson). The Public including my self were at one point told that there were NO DAWSON PLACE ADVACATES, it was the prosecutor and Sheriff, along with Compass Health.

4. Kickbacks are winning cases he wants to win, and loosing cases he doesn't want to. He gets Dawson Place Money and Roe and his office controls the money and the cases/they decide who gets help for

rape and who doesn't. He controls medical, mental, (hippa Violations possibly). Kathy Atwood -Previous Everett Police Chief brags how Dawson Place is just an efficient way to do business. They all do eachother favors, until Dawson got a million dollars -(and 300,000 from now Judge Janice Ellis, who held the deed while a prosecutor before she passed the torch to Roe) for their building 1509 California Street, it is odd how the Dawson Place was in a building being paid for by the county, which was passed to the Snohomish County Public Defender now. How can he benefit for the money he ask for - see his 2010 report to Christine Gregoire, and I am unclear if she even knew he was the president and so was his wife Lisa Paul and not to forget Adam Cornell help start Dawson Place with Janice Ellis who signed his commission, you can not help but see that they are clouting together to control a private agency - (hiding records) and collecting money they are never accountable for.

Roes staff actually work out of the Dawson Place 1509 California Street and also Dawson Place for the longest time used the COUNTY SERVER and some of the early checks went to 3000 Rockefeller ave - his Office, signed by JOHN LOVICK, RRON REARDON, and now DAVE SOMMERS.

Lets not forget the letters from John Lovick (also was on the board) writing letter to frank chopp and other legislatures in support of Dawson Place signed on County Letter Head, and also from BRIAN SULLIVAN a county council member to the same three people, one of them being frank chopp. I'm not sure if I included those letters. But they are all gather money together for a private agency they control .

Its Fraud.

Lori

Fox Blackhorn

From: "King, Vikki" <Vikki.King@co.snohomish.wa.us>
Sent: Wednesday, February 22, 2012 2:20 PM
To: Henry Simon
Cc: Drew Nielsen
Subject: RE: Bothell Police
Attachments: MOU-DPCAC Revised for Law Enforcement.docx

Hi Henry! Good to see your name! I hope all is well with you.

I think there is big confusion on the fact that there are two different documents that have been floating around regarding Dawson Place that law enforcement needed to look at and approve. The first is the MOU that Mark handed out to most of the Chief's at the January 26 meeting. According to his notes, he gave Carol Bothell's copy. These MOU's need only be signed by the Chief of Police. Not the Mayor or City Council.

The second document was the Contract for the Child Interview Specialist. That document has been put on hold and is being negotiated, as talked about in this paragraph taken from the 01/26/12 SCSPCA meeting notes:

Deputy Chief Dan Templeman (Everett PD) reported that several agencies had additional changes to the final Dawson Place Child Interview Specialist Agreement. The changes have been incorporated into the agreement and the Everett and Edmonds City Attorneys are once again reviewing the document. Once this review is complete the agreement will be forwarded to the Chief's to present to their City Councils. D/C Templeman asked that any city who will not be participating to please let him know as soon as possible as it affects the cost percentage charged to the cities who are participating. **Prosecutor Roe briefed that he will also be distributing the Dawson Place MOU to the Chiefs for approval by their City Councils.**

The last sentence of that paragraph is the only time I found the MOU even referenced during this meeting, and as I stated earlier, City Council does not need to sign off on this.

I have attached a generic copy of the MOU. I'm not certain if that's what Mark handed out, or if there are MOU's that are specifically drafted for each LEA. The only way it would be specific is the signature page, in that "Bothell PD" or "Lynnwood PD" would be typed in.

Call if you have any questions.

From: Henry Simon [mailto:Henry.Simon@ci.bothell.wa.us]
Sent: Wednesday, February 22, 2012 1:52 PM
To: King, Vikki
Cc: Drew Nielsen
Subject: Bothell Police

Hello Vicki,

Can you send me the forms you need us to sign for the Dawson Place agreement.

The only forms that we got at the January 26th Chief breakfast were from Pat Slack on the drug task force. As an FYI, here is the paragraph from the minutes about what Mark spoke about that day.... minus his car accident.

Prosecutor Mark Roe who is on the WAPA Legislative Committee shared that he was in Olympia yesterday testifying on several bills before the legislature. He provided information on three bills he is point on: increasing the penalties for vehicular homicide and vehicular assault, mandatory DNA swabs from all individuals arrested for a felony, and the establishment of a mandatory bail percentage. Prosecutor Roe asked that Chiefs contact their legislators in support of these bills. He also discussed the felony backlog his office. While his office is keeping up in District Court cases and in their sexual assault/violence units, they are currently experiencing a 1,500 case backlog in their non-violent property/drug unit. Prosecutor Roe is looking into ways to address the backlog, including charging fewer cases. District Court consolidation was also discussed as a way to save money and time. Prosecutor staff burn 100s of hours a year driving back and forth to outlying courts with small court calendars. Prosecutor Roe is looking at filing cases only in Everett and South District Courts to eliminate the unproductive time and expense of travelling to the outlying courts. King County previously made a similar change which has been very successful.

We will get them signed and filed with our clerks offices asap.

Henry

Henry D. Simon
Deputy Chief of Police
425-487-5140
henry.simon@ci.bothell.wa.us

Amount: \$6,456.68 Sequence Number: 690132089
Account: [REDACTED] Capture Date: 12/02/2010
Bank Number: 123308625 Check Number: 1609400

CLAIMS FUND
WARRANT NO. 1609400
DATE 11/24/10
***\$6,456.68

Snohomish County
Department of Finance
Everett, WA 98201

99-2842
1233

Pay SIX THOUSAND FOUR HUNDRED FIFTY-SIX DOLLARS AND SIXTY-EIGHT CENTS *****

NEGOIABLE FOR 320 DAYS OR AFTER ABOVE DATE

PAY TO THE ORDER OF: CHILD ADVOCACY CENTER OF
SNOHOMISH COUNTY-DAWSONS PLACE
1509 CALIFORNIA AVE
EVERETT WA 98201

[Signature]
County Executive

3D BankOrder financial account numbers [REDACTED]

⑆0000645666⑆

11/15/10 10:58 AM



12/02/10

1044 50926

BANK OF AMERICA NA SEA
1220006614 63595 WA P94
12/02/10
0650132089

EXPENSE HERE
PAY TO THE ORDER OF
CHILD ADVOCACY CENTER OF
SNOHOMISH COUNTY
FOR DEPOSIT ONLY
SNOHOMISH COUNTY AT DAWSON PLACE
1509 CALIFORNIA AVE
EVERETT WA 98201

Amount: \$6,456.68 Sequence Number: 650090047
Account: [REDACTED] Capture Date: 11/08/2010
Bank Number: 123008925 Check Number: 1604134

WARNING: ORIGINAL DOCUMENT IS PRINTED WITH A BLUE BACKGROUND PANTOGRAPH AND A MICROPRINTED BORDER. ADDITIONAL SECURITY FEATURES LISTED ON REVERSE SIDE.



Snohomish County
Department of Finance
Everett, WA 98201

08.0562
7337

CLAIMS FUND

WARRANT NO. 1604134
DATE 10/29/10

***\$6,456.68

Pay SIX THOUSAND FOUR HUNDRED FIFTY-SIX DOLLARS AND SIXTY EIGHT CENTS *****



PAY TO THE ORDER OF: CHILD ADVOCACY CENTER OF
SNOHOMISH COUNTY-DAWSONS PLACE
1509 CALIFORNIA AVE
EVERETT WA 98201

[Signature]
Loretta R. Forrester

[REDACTED] Bank/other financial account numbers

⑆0000645668⑆

PAY TO THE ORDER OF
BANK OF AMERICA
FOR THE USE OF
CHILD ADVOCACY CENTER OF
SNOHOMISH COUNTY AT DAWSON PLACE
MAIN ACCOUNT

BANK OF AMERICA NA
1234567891011121314151617181920
11/08/10

0550090047

Amount: \$6,456.68 Sequence Number: 95044493
Account: [REDACTED] Capture Date: 10/08/2010
Bank Number: 123308825 Check Number: 1596786

WARNING: ORIGINAL DOCUMENT IS PRINTED WITH A BLUE BACKGROUND PANTOGRAPH AND A MICROPRINTED BORDER. ADDITIONAL SECURITY FEATURES LISTED ON REVERSE SIDE.



Snohomish County
Department of Finance
Everett, WA 98201

08-0042
1233

CLAIMS FUND

WARRANT NO. 1596786
DATE 10/01/10

***\$6,456.68

Pay SIX THOUSAND FOUR HUNDRED FIFTY-SIX DOLLARS AND SIXTY-EIGHT CENTS *****



PAY TO THE ORDER OF: CHILD ADVOCACY CENTER OF
SNOHOMISH COUNTY-DAWSONS PLACE
1509 CALIFORNIA AVE
EVERETT WA 98201

[Signature]
County Executive

ADD Bank other financial account numbers

⑆0000545868⑆

11/04/2010 10:00:00 AM



BANK OF AMERICA NA SEA
⑆122996614 E1273 GA P84
10/08/10
0000444440

01-2

10/08/10

669 77566

11/04/2010 10:00:00 AM
PAY TO THE ORDER OF
CHILD ADVOCACY CENTER OF
SNOHOMISH COUNTY-DAWSONS PLACE
1509 CALIFORNIA AVE
EVERETT WA 98201

Public Disclosure Report
Marysville Police Department

Report Date: 5/2/2017

Tracking #: 17-0771
Requestor: **Lori Shavlik**

Request Date: 4/26/2017

Information Requested: Dawson Place Information

Notified 5 Day Letter:

Suspense Date:

Employee Assigned: D Vanderschel

Notes: Email Notification 05.02.17

Information Requested:

Case/Incident #: 00-00000

Incident Date:

Incident Type: Dawson Place Information

Information Released:

Date Released	# of Pages	Documents Released
5/2/2017	51	1 pg. Invoice Browse 8 pg. Memorandum of Understanding (Rev. 12.20.2011) 1 pg. Invitation 1 pg. Snohomish County Prosecutor Correspondence 2 pg. Email Correspondence 9 pg. Memorandum of Understanding (Rev. 12.20.11) 19 pg. Service Agreement 1 pg. Correspondence 11 pg. Memorandum of Understanding (Rev. 05.10.16)

I certify that the attached document(s) are a true and correct copy of the original police record on file with the Marysville Police Department.
By: 
Marysville Police Records
Date: 5.2.17

FEE \$ 7.65 + \$ 11.37 postage

Tracking #: 17-0771
Requestor: Lori Shavlik

RECEIVED

APR 26 2017

MARYSVILLE POLICE DEPT.

1

2

3

4

5

6

7

Margaret Vanderwalker
Marysville Police Dept.
1635 Grove Stree
Marysville, WA 98270

8

9

10

Lori Shavlik
PO BOX 73
Woodinville, WA 98072
loritanning@gmail.com
425.345.4959

11

12

13

4/14/2017

14

15

RE: Dawson Place Child Advocacy Center Payments and Contracts

16

Dear Chief Joe,

17

I would like copies of all payments (Received by or Given to) and all contracts between The City of Marysville, or the Marysville Police Dept. has with/between or regarding Dawson Place Child Advocate Center from 2006-through present 4/14/2017.

18

19

Please include any and all written documents, which would include email, minutes from meetings, letters, faxes, regarding how payments and contracts were decided and agreed.

20

Thank you for your time and attention to this matter.

21

Lori Shavlik

22

23



24

25

26

Child Advocacy Center of Snohomish County DBA Dawson Place
DAWSON PLACE CHILD ADVOCACY CENTER (DPCAC)

MEMORANDUM OF UNDERSTANDING
(Revised December 20, 2011)

WHEREAS, the undersigned agencies and organizations have ongoing separate responsibilities with respect to the investigation, prosecution, and treatment of child physical and sexual abuse in Snohomish County; and

WHEREAS, it is well established that a multidisciplinary approach to the investigation, prosecution, and treatment of child physical and sexual abuse is in the best interests of children, their families, and the public; and

WHEREAS, many children and their families experience or remain at risk of secondary trauma by excessive interviews and lack of communication, coordination, and consistency among those concerned with the investigation, prosecution, and treatment of child physical and sexual abuse; and

WHEREAS, the undersigned agencies and organizations formed a Task Force and a Steering Committee to pursue the development of a multidisciplinary facility, to be known as the Dawson Place Child Advocacy Center (DPCAC), to provide a coordinated network of intervention and education services and thereby maximize each child's chance of healing in a child-centered environment; and

WHEREAS, the DPCAC now exists as a multidisciplinary facility; has integrated the Task Force with the DPCAC Management Team that facilitates, monitors and assures the daily operational coordination of DPCAC's multidisciplinary work; has continued the policy oversight provided by the DPCAC Board of Directors; and receives financial oversight from its fiscal service provider, Compass Health; and

WHEREAS, the DPCAC holds as fundamental to its philosophy the Center's ability to appreciate, understand and interact with members of diverse populations within the local community, it has formed the Diversity Advisory Board to help assess and continually improve the Center's cultural competency; and

WHEREAS, the DPCAC seeks to meet the standards for the investigation, treatment, and prosecution of child physical and sexual abuse published by the

National Children's Alliance and recent WA legislative recommendations as best practice;

NOW, THEREFORE, each of the undersigned agencies and organizations, through their respective directors or administrators, understands as follows:

1. Vision. The vision of the undersigned agencies and organizations is to continue to develop and operate the multi-disciplinary Dawson Place Child Advocacy Center (DPCAC) that houses a coordinated network of investigation, prosecution, evaluation, treatment, intervention, and education services to victims of child physical and sexual abuse and their families, as further described herein, in order to maximize each child's chance of healing in a child-centered environment. The DPCAC will exist as a cooperative effort of the undersigned agencies and organizations, working through the DPCAC Board of Directors and Management Team.
2. DPCAC Board of Directors. The DPCAC Board of Directors is a volunteer board of DPCAC participating agencies and community leaders. The Board of Directors acts as a policy board, with oversight responsibilities for the DPCAC administrative budget, facilities and the selection and supervision of the DPCAC Executive Director.
3. DPCAC Management Team. The DPCAC Management Team is a work group consisting of representatives of each of the undersigned agencies and organizations as well as other community members. The DPCAC Management Team is responsible for refining the vision of participating agencies and organizations, fostering communication among participating agencies and organizations, and recommending actions to be taken by participating agencies and organizations. The DPCAC Management Team is not authorized to act on behalf of any agency or organization. All decisions of the DPCAC Management Team are made by consensus of all participating agencies and organizations.
4. DPCAC Services. The undersigned agencies and organizations anticipate that they will continue to provide the following services through the DPCAC:
 - a. Providence Regional Medical Center-Everett d/b/a Providence Intervention Center for Assault and Abuse (PICAA). PICAA conducts child physical and sexual abuse examinations upon referrals from law enforcement agencies, the Department of Social and Health Services, Division of Children

and Family Services, Child Protective Services (CPS), mental health therapists, medical and dental providers, the Prosecuting Attorney's office, and other appropriate agencies and individuals. PICA advocates provide 24-hour crisis line support to primary and secondary victims. PICA offers case management, information and referral, advocacy, and other support services in accordance with the Office of Crime Victim Advocacy standards.

- b. Department of Social and Health Services, Division of Children and Family Services, Children's Administration (DCFS). DCFS takes referrals from all mandated and non-mandated reporters on cases of suspected child physical or sexual abuse or neglect; and, in collaboration with other participating agencies and organizations, investigates allegations of child physical or sexual abuse, provides supportive services to enable families to safely care for children in their own homes, if possible, provided that its primary responsibility is to protect the safety and well-being of children. DCFS uses, and will continue to use, a multi-disciplinary team approach to cases of suspected child physical or sexual abuse. DCFS carries out all applicable legal mandates relating to the protection of children in Washington.
- c. Compass Health, a non-profit corporation (Compass). As a designated mental health provider, Compass offers mental health assessments and referrals within Snohomish County for ongoing treatment of all children and their families who are seen at the DPCAC. Compass offers, and will continue to offer, ongoing family treatment, individual treatment, and group treatment for children and their non-offending parents. These ongoing services may be provided at the DPCAC or at Compass sites located elsewhere in Snohomish County, which may include sites currently located in Lynnwood, Everett, Smokey Point, and Monroe. A Compass therapist participates and will continue to participate in the multi-disciplinary team.

- d. Snohomish County Prosecuting Attorney's Office, Special Assault Unit (SAU). SAU reviews all cases referred by a law enforcement agency. SAU will continue to consult on difficult cases with other members of the multi-disciplinary team, and coordinate with other members of the team during all phases of prosecution in order to further the goals of the team. SAU provides victim advocacy services to child victims and their families within the criminal justice system.
 - e. Law Enforcement Agencies of Snohomish County. Law Enforcement agencies investigate in their various jurisdictions allegations of child neglect, physical and sexual abuse received from both mandatory reporters and the public-at-large.
 - i. Snohomish County Sheriff's Office (SCSO) Officers and Detectives will staff difficult cases with members of the multi-disciplinary team and will coordinate investigations with other participating agencies to ensure that system trauma is eliminated or minimized. The SCSO will refer criminal cases to the Snohomish County Prosecuting Attorney's Office for consideration of charges.
 - ii. Everett Police Department Officers and Detectives will staff difficult cases with members of the multi-disciplinary team and will coordinate investigations with other participating agencies to ensure that system trauma is eliminated or minimized. The EPD will refer criminal cases to the Snohomish County Prosecuting Attorney's Office for consideration of charges.
 - iii. Other Law Enforcement Agencies in Snohomish County are invited and encouraged to fully participate in the multidisciplinary programs of Dawson Place, and will be welcomed as partner agencies, as defined by signing this Memorandum of Understanding.
-

- f. Dawson Place Child Advocacy Center (DPCAC). Child Interview Specialist reports directly to the DPCAC Executive Director, and provides forensic child interviews for all law enforcement in Snohomish County, and other agencies as needed. This service is in accordance with the Washington State Child Interview Guidelines and also the Snohomish County Investigations Protocol. This position is funded through an inter-local agreement between law enforcement agencies in Snohomish County.
5. DPCAC Operating Guidelines. The undersigned agencies and organizations anticipate that the DPCAC will be operated according to specific operating guidelines that will describe the services to be provided by each participating agency and organization, and that will include the following:
 - a. Coordination of work. The undersigned agencies and organizations will coordinate the work as contemplated by this memorandum of understanding with respect to child safety, child interviews, witness and suspect interviews, information sharing, and case closure, including but not limited to complex cases.
 - b. The Multidisciplinary Team of DPCAC includes, but is not limited to, twice-monthly MDT case review meeting, a twice monthly management team meeting, and a coordinated data system called NCA Data Trak. The undersigned Partners are expect to have representatives participate regularly in each of these three activities.
 - c. Child Interviews. The undersigned agencies and organizations will make all reasonable efforts to coordinate each step of the investigation/assessment process in order to minimize the number of interviews and interviewers to which a child is subjected. All interviewers will have successfully completed specialized training approved by the governing body of the DPCAC. The DPCAC will sponsor and encourage all participating agencies to attend such training.

- d. Dissemination of information. All agencies and organizations participating in the DPCAC will promptly share relevant case information with other participating agencies or organizations to the extent appropriate, except as prohibited by law. All personnel who conduct investigations for participating agencies or organizations will conduct independent investigations and reach independent conclusions based on information gained from each investigation.
- e. Confidentiality. All personnel of agencies and organizations participating in the DPCAC will maintain the confidentiality of records and information as required by law. Personnel will not release records or information on any case except as authorized by law in connection with legitimate program operations of the participating agency or organization.
- f. Public Disclosure. The DPCAC understands that certain participating agencies are subject to Washington's Public Records Act, chapter 42.56 RCW. Furthermore, DPCAC understands that records generated by DPCAC on behalf of an agency as defined in RCW 42.56.010(1) may be subject to public disclosure. In order to comply with disclosure laws, the County may from time to time seek public records from DPCAC. DPCAC covenants that it shall cooperate with the County in the event public records are sought. DPCAC agrees to provide such records to the County in a timely manner and in a format requested, so long as it is reasonably feasible to provide such records in the format requested.
- g.
- h. Review of Guidelines. The DPCAC operating guidelines will be reviewed and modified as determined appropriate by participating agencies and organizations. The operating guidelines may be modified to:

-
1. Conform to applicable

- Statutes, administrative regulations, rules or agency policies;
2. Better address child physical and sexual abuse in ways that meet the needs of families and children through the provision of child services;
 3. Improve the procedures described in this memorandum; or
 4. For such other purposes as the parties may agree.
6. Amendment. This memorandum of understanding may be amended by written agreement of all the undersigned agencies and organizations.
7. Termination. An undersigned agency or organization may terminate this memorandum of understanding as to that agency by providing written notice of termination to the other undersigned agencies and organizations. If a participating agency or organization provides such notice, the other undersigned agencies and organizations will meet within thirty (30) days to discuss the effect of termination on development and operation of the DPCAC, if any.
8. Legal Effect. This memorandum of understanding is intended to state the mutual understandings and expectations of the undersigned agencies and organizations, and is not intended to create legal obligations. This document cannot be enforced as an inter-local agreement or other binding contract, or otherwise. A person signing this document on behalf of an agency or organization makes no representations regarding that person's authority to commit the agency or organization to a particular course of action.

Dawson Place CAC Memorandum of Understanding;

This memorandum of Understanding is executed on behalf of participating agencies and organizations as follows;

City of Marysville

By: _____

Printed Name: _____

Title: _____

Date: _____

Dawson Place

CHILD ADVOCACY CENTER

transforming hurt . . . to hope

Mark Roe

Snohomish County Prosecuting Attorney

And Special Guests

Nelson Beazley
Arlington Police Chief

Sonya Kraski
Snohomish County Clerk

Invite you to a reception to learn about

Dawson Place Child Advocacy Center

At the home of Mark Roe
14505 56th Ave NW, Stanwood
on the west side of Lake Shoecraft

Wednesday, September 19th

6:00 – 8:00 PM

Hors d'oeuvres & Refreshments

RSVP to Vicki Steffen
425-388-7497
or vicki.steffen@snoco.org

Directions: from South take I-5 north to 116th Street exit. Take 1st right off exit to frontage road along I-5 thru roundabout to light at 136th (Firetrail Road). Left onto Firetrail Road straight up hill approximately 6 miles to 56th Ave NW. Take right onto 56th - 1/4 mile to 14505 bent waterski nailed to stump - straight down to house.

From North take I-5 south to 172nd Smokey Point exit. Go right onto 172nd and go straight all the way past high school until stop sign at Lakewood Road. Go right on Lakewood Road and continue past Lake Goodwin Resort and store. Go left on west Lake Goodwin Road about a mile or so to 156th Ave the go right on 156th (at stop sign 156th Ts at 56th.) Go left about a mile to 14505.

Dawson Place Child Advocacy Center is a not-for-profit organization uniting the five main public and private agencies who serve child abuse victims in Snohomish County.

An accredited Child Advocacy Center of Washington serving Snohomish County
1509 California Street • Everett, WA 98201 • Phone 425-388-7497 • Crisis Line 425-252-4800



**Snohomish County
Prosecuting Attorney
Mark K. Roe**

Criminal Division
Joan T. Cavagnaro, Chief Deputy
Mission Building, MS 504.
3000 Rockefeller Ave.
Everett, WA 98201-4060
(425) 388-3333
Fax (425) 388-3572

Dear Friend –

Of my 25 years prosecuting criminals, over half has been devoted to crimes against children, primarily cases of physical and sexual abuse, neglect, and even starvation. I started handling those cases in 1991, and in 2006 was proud to move our Special Assault Unit into the state's first full service child advocacy center. No longer would kids and their families have to run all over the county to access the professional, law enforcement, medical, and prosecution services they deserved. For the first time, they were all in one place; and we named it *Dawson Place*. While other counties have CACs, none has all the services a kid and family need under the same roof.

Seth Dawson, Snohomish County Prosecuting Attorney at the time, hired me back in 1987, and from even before that time he dreamed of creating one place where victims could receive all the care they needed and deserved. When it finally happened, Janice Ellis, I, and many others agreed that it should be named after Seth. In the years since 2006, due in large part to Janice's efforts securing funding from state and federal government, we were able to purchase a permanent location right on California Street in downtown Everett. At the CAC social workers, counselors, nurses, police, and advocates from all over the county refer abused kids and their families there. It is a huge success, mostly because of the hardship and trauma it saves the kids. Over 1100 kids a year are seen at Dawson Place. It is not a government funded entity; however, **Dawson Place is a 501c3 non-profit for kids**, where all the rest of us simply work. As such, fundraising is a must just to cover operating expenses and even pay our mortgage. This event is not a traditional fundraiser though.

I am very proud of Dawson Place, and think you should be too. We simply want to tell you more about it. What we will not do at this is ask you for donations. Each of you probably gets requests dozens of times a year from many worthy causes. Though there are none worthier than Dawson Place, I know that you can't possibly give to every organization or charity you would like to. I am hosting this event at my house so that when you and your spouse or associates sit down to discuss your annual giving, Dawson Place is something you know about.

Most people find out about Dawson Place the hardest way possible: when they or someone they love is the victim of child sexual or physical abuse. You get to find out about it in a much more pleasant way, and I hope you will accept this invitation to come to my home. Fighting and addressing child abuse has been a commitment in my family for many years. My older sister began the first dedicated Special Assault Unit back in the 70s when she was a King County prosecutor. My wife Lisa is the current lead attorney at Dawson Place now, as she was for much of the 90's, and as I was before becoming County Prosecutor. These kids need people fighting for them, and they need a safe and child friendly place to go for all the care we want to give them. Here in Snohomish County we have a place, Dawson Place.

Come up to the lake for an hour or two and learn about it. You will feel better when you leave; proud that our community is such a leader in caring for child abuse victims.

Sincerely,

Mark

Criminal Division
Joan Cavagnaro, Chief Deputy
Mission Building
(425) 388-3333
Fax (425) 388-3572

Civil Division
Jason J. Cummings, Chief Deputy
Robert J. Drewel Bldg., 8th Floor
(425) 388-6330
Fax (425) 388-6333

Family Support Division
Serena S.A. Hart, Chief Deputy
Robert J. Drewel Bldg., 6th Floor
(425) 388-7280
Fax (425) 388-7295

Margaret Vanderwalker

From: Steffen, Vicki [Vicki.Steffen@co.snohomish.wa.us]
Sent: Thursday, March 15, 2012 8:40 AM
To: Margaret Vanderwalker
Subject: RE: Dawson's Place

The scanned copy you emailed is fine...no need to mail. Thanks!

From: Margaret Vanderwalker [mailto:mvanderwalker@marysvillewa.gov]
Sent: Thursday, March 15, 2012 8:37 AM
To: Steffen, Vicki
Subject: RE: Dawson's Place

What mailing address should I use?

From: Steffen, Vicki [mailto:Vicki.Steffen@co.snohomish.wa.us]
Sent: Thursday, March 15, 2012 8:35 AM
To: Margaret Vanderwalker
Subject: RE: Dawson's Place

Mail is fine. Thank you for getting this to us.

From: Margaret Vanderwalker [mailto:mvanderwalker@marysvillewa.gov]
Sent: Thursday, March 15, 2012 6:13 AM
To: Steffen, Vicki
Subject: Dawson's Place

I was told to get this to you today.

How would you like to do that? Could I fax or scan the original and put it in the mail, or should I drive it to your office?

Margaret M. Vandervalker
Assistant to the Chief
Marysville Police Department
360.363.8308 (o) 360.651.5054 (f)

Child Advocacy Center of Snohomish County DBA Dawson Place
DAWSON PLACE CHILD ADVOCACY CENTER (DPCAC)

MEMORANDUM OF UNDERSTANDING
(Revised December 20, 2011)

WHEREAS, the undersigned agencies and organizations have ongoing separate responsibilities with respect to the investigation, prosecution, and treatment of child physical and sexual abuse in Snohomish County; and

WHEREAS, it is well established that a multidisciplinary approach to the investigation, prosecution, and treatment of child physical and sexual abuse is in the best interests of children, their families, and the public; and

WHEREAS, many children and their families experience or remain at risk of secondary trauma by excessive interviews and lack of communication, coordination, and consistency among those concerned with the investigation, prosecution, and treatment of child physical and sexual abuse; and

WHEREAS, the undersigned agencies and organizations formed a Task Force and a Steering Committee to pursue the development of a multidisciplinary facility, to be known as the Dawson Place Child Advocacy Center (DPCAC), to provide a coordinated network of intervention and education services and thereby maximize each child's chance of healing in a child-centered environment; and

WHEREAS, the DPCAC now exists as a multidisciplinary facility; has integrated the Task Force with the DPCAC Management Team that facilitates, monitors and assures the daily operational coordination of DPCAC's multidisciplinary work; has continued the policy oversight provided by the DPCAC Board of Directors; and receives financial oversight from its fiscal service provider, Compass Health; and

WHEREAS, the DPCAC holds as fundamental to its philosophy the Center's ability to appreciate, understand and interact with members of diverse populations within the local community, it has formed the Diversity Advisory Board to help assess and continually improve the Center's cultural competency; and

WHEREAS, the DPCAC seeks to meet the standards for the investigation, treatment, and prosecution of child physical and sexual abuse published by the

National Children's Alliance and recent WA legislative recommendations as best practice;

NOW, THEREFORE, each of the undersigned agencies and organizations, through their respective directors or administrators, understands as follows:

1. Vision. The vision of the undersigned agencies and organizations is to continue to develop and operate the multi-disciplinary Dawson Place Child Advocacy Center (DPCAC) that houses a coordinated network of investigation, prosecution, evaluation, treatment, intervention, and education services to victims of child physical and sexual abuse and their families, as further described herein, in order to maximize each child's chance of healing in a child-centered environment. The DPCAC will exist as a cooperative effort of the undersigned agencies and organizations, working through the DPCAC Board of Directors and Management Team.
2. DPCAC Board of Directors. The DPCAC Board of Directors is a volunteer board of DPCAC participating agencies and community leaders. The Board of Directors acts as a policy board, with oversight responsibilities for the DPCAC administrative budget, facilities and the selection and supervision of the DPCAC Executive Director.
3. DPCAC Management Team. The DPCAC Management Team is a work group consisting of representatives of each of the undersigned agencies and organizations as well as other community members. The DPCAC Management Team is responsible for refining the vision of participating agencies and organizations, fostering communication among participating agencies and organizations, and recommending actions to be taken by participating agencies and organizations. The DPCAC Management Team is not authorized to act on behalf of any agency or organization. All decisions of the DPCAC Management Team are made by consensus of all participating agencies and organizations.
4. DPCAC Services. The undersigned agencies and organizations anticipate that they will continue to provide the following services through the DPCAC:
 - a. Providence Regional Medical Center-Everett d/b/a Providence Intervention Center for Assault and Abuse (PICAA). PICAA conducts child physical and sexual abuse examinations upon referrals from law enforcement agencies, the Department of Social and Health Services, Division of Children

and Family Services, Child Protective Services (CPS), mental health therapists, medical and dental providers, the Prosecuting Attorney's office, and other appropriate agencies and individuals. PICAAs provide 24-hour crisis line support to primary and secondary victims. PICAAs offer case management, information and referral, advocacy, and other support services in accordance with the Office of Crime Victim Advocacy standards.

- b. Department of Social and Health Services, Division of Children and Family Services, Children's Administration (DCFS). DCFS takes referrals from all mandated and non-mandated reporters on cases of suspected child physical or sexual abuse or neglect; and, in collaboration with other participating agencies and organizations, investigates allegations of child physical or sexual abuse, provides supportive services to enable families to safely care for children in their own homes, if possible, provided that its primary responsibility is to protect the safety and well-being of children. DCFS uses, and will continue to use, a multi-disciplinary team approach to cases of suspected child physical or sexual abuse. DCFS carries out all applicable legal mandates relating to the protection of children in Washington.
- c. Compass Health, a non-profit corporation (Compass). As a designated mental health provider, Compass offers mental health assessments and referrals within Snohomish County for ongoing treatment of all children and their families who are seen at the DPCAC. Compass offers, and will continue to offer, ongoing family treatment, individual treatment, and group treatment for children and their non-offending parents. These ongoing services may be provided at the DPCAC or at Compass sites located elsewhere in Snohomish County, which may include sites currently located in Lynnwood, Everett, Smokey Point, and Monroe. A Compass therapist participates and will continue to participate in the multi-disciplinary team.

- d. Snohomish County Prosecuting Attorney's Office, Special Assault Unit (SAU). SAU reviews all cases referred by a law enforcement agency. SAU will continue to consult on difficult cases with other members of the multi-disciplinary team, and coordinate with other members of the team during all phases of prosecution in order to further the goals of the team. SAU provides victim advocacy services to child victims and their families within the criminal justice system.
- e. Law Enforcement Agencies of Snohomish County. Law Enforcement agencies investigate in their various jurisdictions allegations of child neglect, physical and sexual abuse received from both mandatory reporters and the public-at-large.
 - i. Snohomish County Sheriff's Office (SCSO) Officers and Detectives will staff difficult cases with members of the multi-disciplinary team and will coordinate investigations with other participating agencies to ensure that system trauma is eliminated or minimized. The SCSO will refer criminal cases to the Snohomish County Prosecuting Attorney's Office for consideration of charges.
 - ii. Everett Police Department Officers and Detectives will staff difficult cases with members of the multi-disciplinary team and will coordinate investigations with other participating agencies to ensure that system trauma is eliminated or minimized. The EPD will refer criminal cases to the Snohomish County Prosecuting Attorney's Office for consideration of charges.
 - iii. Other Law Enforcement Agencies in Snohomish County are invited and encouraged to fully participate in the multidisciplinary programs of Dawson Place, and will be welcomed as partner agencies, as defined by signing this Memorandum of Understanding.

f. Dawson Place Child Advocacy Center (DPCAC). Child Interview Specialist reports directly to the DPCAC Executive Director, and provides forensic child interviews for all law enforcement in Snohomish County, and other agencies as needed. This service is in accordance with the Washington State Child Interview Guidelines and also the Snohomish County Investigations Protocol. This position is funded through an inter-local agreement between law enforcement agencies in Snohomish County.

5. DPCAC Operating Guidelines. The undersigned agencies and organizations anticipate that the DPCAC will be operated according to specific operating guidelines that will describe the services to be provided by each participating agency and organization, and that will include the following:

a. Coordination of work. The undersigned agencies and organizations will coordinate the work as contemplated by this memorandum of understanding with respect to child safety, child interviews, witness and suspect interviews, information sharing, and case closure, including but not limited to complex cases.

b. The Multidisciplinary Team of DPCAC includes, but is not limited to, twice-monthly MDT case review meeting, a twice monthly management team meeting, and a coordinated data system called NCA Data Trak. The undersigned Partners are expect to have representatives participate regularly in each of these three activities.

c. Child Interviews. The undersigned agencies and organizations will make all reasonable efforts to coordinate each step of the investigation/assessment process in order to minimize the number of interviews and interviewers to which a child is subjected. All interviewers will have successfully completed specialized training approved by the governing body of the DPCAC. The DPCAC will sponsor and encourage all participating agencies to attend such training.

- d. Dissemination of information. All agencies and organizations participating in the DPCAC will promptly share relevant case information with other participating agencies or organizations to the extent appropriate, except as prohibited by law. All personnel who conduct investigations for participating agencies or organizations will conduct independent investigations and reach independent conclusions based on information gained from each investigation.
- e. Confidentiality. All personnel of agencies and organizations participating in the DPCAC will maintain the confidentiality of records and information as required by law. Personnel will not release records or information on any case except as authorized by law in connection with legitimate program operations of the participating agency or organization.
- f. Public Disclosure. The DPCAC understands that certain participating agencies are subject to Washington's Public Records Act, chapter 42.56 RCW. Furthermore, DPCAC understands that records generated by DPCAC on behalf of an agency as defined in RCW 42.56.010(1) may be subject to public disclosure. In order to comply with disclosure laws, the County may from time to time seek public records from DPCAC. DPCAC covenants that it shall cooperate with the County in the event public records are sought. DPCAC agrees to provide such records to the County in a timely manner and in a format requested, so long as it is reasonably feasible to provide such records in the format requested.
- g.
- h. Review of Guidelines. The DPCAC operating guidelines will be reviewed and modified as determined appropriate by participating agencies and organizations. The operating guidelines may be modified to:

-
1. Conform to applicable

- Statutes, administrative regulations, rules or agency policies;
2. Better address child physical and sexual abuse in ways that meet the needs of families and children through the provision of child services;
 3. Improve the procedures described in this memorandum; or
 4. For such other purposes as the parties may agree.
6. Amendment. This memorandum of understanding may be amended by written agreement of all the undersigned agencies and organizations.
7. Termination. An undersigned agency or organization may terminate this memorandum of understanding as to that agency by providing written notice of termination to the other undersigned agencies and organizations. If a participating agency or organization provides such notice, the other undersigned agencies and organizations will meet within thirty (30) days to discuss the effect of termination on development and operation of the DPCAC, if any.
8. Legal Effect. This memorandum of understanding is intended to state the mutual understandings and expectations of the undersigned agencies and organizations, and is not intended to create legal obligations. This document cannot be enforced as an inter-local agreement or other binding contract, or otherwise. A person signing this document on behalf of an agency or organization makes no representations regarding that person's authority to commit the agency or organization to a particular course of action.

This memorandum of understanding is executed on behalf of participating agencies and organizations as follows:

Providence Regional Medical Center -Everett
d/b/a Providence Intervention Center for Assault and Abuse,
a non-profit corporation

By: _____
Printed Name: _____
Title: _____
Date: _____

Department of Social and Health Services,
Division of Children & Family Services,
Children's Administration

By: _____
Printed Name: _____
Title: _____
Date: _____

Compass Health

By: _____
Printed Name: _____
Title: _____
Date: _____

Snohomish County Prosecuting Attorney's
Office

By: _____
Printed Name: _____
Title: _____
Date: _____

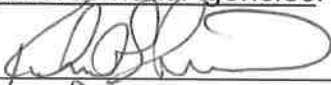
Snohomish County Sheriff's Office

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Everett Police Department:

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Other Law Enforcement Agencies:

Signature:  _____
Printed Name: Richard L. Smith
Title: CHIEF OF POLICE
Agency: MARYSVILLE PD
Date: 3-14-12 → RETRO TO DEC. 2011

Signature: _____
Printed Name: _____
Title: _____
Agency: _____
Date: _____

**PROFESSIONAL SERVICES AGREEMENT FOR CHILD INTERVIEW
SPECIALIST SERVICES**

This Professional Services Agreement For Child Interview Specialist Services (this "Agreement") is made and entered into as of this 25th day of June, 2012, by and among Snohomish County Child Advocacy Center d/b/a Dawson Place, a duly registered Washington non-profit corporation ("Dawson Place") and Snohomish County; a political subdivision of the State of Washington, the City of Arlington, a municipal corporation of the State of Washington, the City of Bothell, a municipal corporation of the State of Washington, the City of Lake Stevens, a municipal corporation of the State of Washington, the City of Lynnwood, a municipal corporation of the State of Washington, the City of Marysville, a municipal corporation of the State of Washington, the City of Granite Falls, a municipal corporation of the State of Washington, the City of Edmonds, a municipal corporation of the State of Washington, the City of Mill Creek, a municipal corporation of the State of Washington, the City of Everett, a municipal corporation of the State of Washington, the City of Mukilteo, a municipal corporation of the State of Washington, the City of Snohomish, a municipal corporation of the State of Washington, the City of Brier, a municipal corporation of the State of Washington, and the Stillaguamish Tribe of Indians (all such county, municipal and tribal entities collectively, the "Participating Jurisdictions").

WITNESSETH

WHEREAS, the Participating Jurisdictions have determined it is in their best interests to utilize professional Child Interview Specialist (hereinafter referred to as "CIS") to facilitate investigations of child abuse and other crimes wherein children are victims or witnesses; and

WHEREAS, Dawson Place has agreed to provide licensed, as may be required by law, and trained professional CIS Services to the Participating Jurisdictions for investigations;

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth below, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1.0 TERM

The term of this Agreement (the "Term") shall govern services rendered beginning January 1, 2012, (the "Commencement Date"), and ending on December 31, 2014, (the "End Date"); PROVIDED, however, that participating jurisdictions obligations are contingent upon local legislative appropriation of the necessary funds for this specific purpose in accordance with the Snohomish County Charter and applicable law.

ORIGINAL

2.0 SERVICES TO BE PERFORMED

- 2.1 Dawson Place shall provide CIS Services to the Participating Jurisdictions on an as needed basis during the term of this Agreement. All cases of Participating Jurisdictions will be given equal priority.
- 2.2 "CIS Services" include the following:
 - 2.2.1 Interview child victims of sexual assault and physical abuse as requested.
 - 2.2.2 Document interviews; maintain detailed records of all interviews and statistics.
 - 2.2.3 Assist detectives on assigned cases working with victim's family.
 - 2.2.4 Assist investigators in interviewing victims and witnesses of other crimes involving children as requested; conduct courtesy interviews for police agencies in other states; work with interpreters to gather information from disabled children; interview children and adults who are developmentally delayed and/or physically disabled as requested.
 - 2.2.5 Testify in court as requested; provide agencies with a DVD of the interviews; provide assistance to the Prosecuting Attorney's Office, as requested for child interview DVD transcriptions.
 - 2.2.6 Provide training to public and to detectives on child sex abuse issues.
 - 2.2.7 Network with community agencies to maintain compatible working relationships.
- 2.3 Dawson Place shall provide a quarterly report to the Participating Jurisdictions that summarizes CIS Services performed on the Participating Jurisdictions' behalf during the previous quarter.

3.0 DAWSON PLACE OBLIGATIONS

- 3.1 Dawson Place shall provide a CIS to the Participating Jurisdictions, as described in Section 2.0 above.
- 3.2 Dawson Place shall be responsible for coordinating daily operations related to the provision of CIS Services pursuant to this Agreement.
- 3.3 CIS interviews will be conducted at Dawson Place, located at 1509 California Street, Everett, WA 98201, unless another location is agreed to by the Participating Jurisdictions and Dawson Place.

- 3.4 Dawson Place shall ensure that any professional providing CIS Services pursuant to this Agreement is duly licensed, as may be required by law, and has completed all required training.
- 3.5 Dawson Place shall provide all equipment, including computers, equipment maintenance, and supplies and training necessary to support the CIS Services, consistent with recognized and recommended practices within the field and Exhibit B. Nothing in this section shall restrict the ability of the parties to mutually agree to changes in equipment or training necessary to maintain best practices, or to informally agree to share equipment or training costs in unforeseen circumstances.
- 3.6 All products of interviews conducted under this Agreement, which include: original recordings (audio and video) and reports and statements, will be promptly provided to and remain under the control of the Participating Jurisdiction that requested the interview.
- 3.7 Dawson Place agrees that any professional who is providing CIS services pursuant to this Agreement shall not be considered for any purpose to be an employee or agent of any Participating Jurisdiction.
- 3.8 SICK LEAVE TEMPORARY REPLACEMENT. If CIS Services are not available because the CIS is unavailable due to illness or injury for longer than ten (10) days, Dawson Place shall make arrangements for temporary replacement CIS Services beginning on the eleventh (11th) work day until such time as regular CIS Services resume.
- 3.9 DISCIPLINARY TEMPORARY REPLACEMENT. If CIS Services are not available because the CIS is unavailable due to disciplinary action for a period in excess of one (1) work day, DAWSON PLACE shall make arrangements for replacement CIS Services during the remaining term of the discipline.
- 3.10 TEMPORARY REPLACEMENT; UNPLANNED OR ANNUAL LEAVE. If CIS Services are not available because the CIS is unavailable due to annual leave or any unplanned reason for a period of ten (10) consecutive work days, DAWSON PLACE shall make arrangements for replacement CIS Services beginning on the eleventh (11th) work day until such time as regular CIS Services resume.
- 3.11 TEMPORARY REPLACEMENT; PLANNED ABSENCE. If CIS Services are not available because the CIS is unavailable due to any pre-planned reason other than annual leave (example: attendance at a long term work-related training), for a period in excess of ten (10) consecutive work days, DAWSON PLACE shall make arrangements for replacement CIS Services beginning on the first day of the

planned absence.

4.0 PARTICIPATING JURISDICTION OBLIGATIONS

- 4.1 After the items referenced in Section 3.6 are provided to a Participating Jurisdiction, it shall be the sole responsibility of that Participating Jurisdiction to properly secure, maintain, distribute, transcribe or dispose of said items. Dawson Place may maintain a working copy of all CIS recordings, reports and/or documents. Each Participating Jurisdiction acknowledges that transcriptions of audio/video CIS interviews are frequently required by the Prosecuting Attorney, the Defense or the Court, and each Participating Jurisdiction agrees to complete any required transcribing of CIS interviews conducted under this Agreement.
- 4.2 A Participating Jurisdiction shall attend and observe CIS interviews that the Participating Jurisdiction requests, and shall control, maintain and retain the original DVD recording of such CIS interviews for evidentiary purposes, and shall be solely liable for third party arrest, prosecution and evidentiary issues, such as admissibility arising from or as a result of the interview contents of the DVD. The Participating Jurisdiction shall indemnify and hold harmless Dawson Place for such liability.
- 4.3 The Participating Jurisdictions will coordinate scheduling interviews conducted under this Agreement with Dawson Place.
- 4.4 In consideration of Dawson Place providing the CIS Services as set forth in Section 2.0 and 3.0 herein, the Participating Jurisdictions will pay Dawson Place as set forth in Section 5.0.

5.0 COMPENSATION, INVOICING AND PAYMENT

- 5.1 The Participating Jurisdictions agree to pay the following amounts to Dawson Place for providing CIS services as set forth in this Agreement:

5.1.1 In consideration for the CIS Services provided by Dawson Place from January 1, 2012, to December 31, 2012, (2012 Payment) the Participating Jurisdictions shall pay the sums listed in Exhibit B.

5.1.2 In consideration for the CIS Services provided by Dawson Place from January 1, 2013, to December 31, 2013, (2013 Payment) the Participating Jurisdictions shall collectively pay \$83,773.00 plus an increase equal to 100% of the June to June Seattle, Tacoma, Bremerton CPI-W published in June 2012, but shall not to exceed a 3% increase of the 2012 Payment.

5.1.3 In consideration for the CIS Services provided by Dawson Place from January 1, 2014, to December 31, 2014, (2014 Payment) the

Participating Jurisdictions shall collectively pay the sum equal to the 2013 Payment plus an increase in that amount equal to 100% of the June to June Seattle, Tacoma, Bremerton CPI-W published in June 2013, but shall not to exceed a 3% increase of the 2013 Payment.

- 5.2 During the term of this Agreement, should a professional who is providing CIS Services pursuant to this Agreement be required to travel out of Snohomish County for work on a Participating Jurisdiction investigation or testify in court on behalf of a case, all travel costs, including conveyance, lodging and per diem, shall be eligible for reimbursement by the requesting Participating Jurisdiction. In order to be eligible for reimbursement, all travel must be pre-approved by the requesting Participating Jurisdiction. Reimbursement for travel shall not exceed that Participating Jurisdiction's reimbursement rates.
 - 5.3 Each Participating Jurisdiction's proportional share of the total 2013 Payment and 2014 Payment will be calculated as follows:
 - 5.3.1 Payments due for 2012 are set forth in Exhibit B of this Agreement attached hereto and hereby incorporated by reference. Each PARTICIPATING JURISDICTION shall pay 2% of the base salary, plus a portion of the remaining amount due, calculated based on the number of interviews performed for each PARTICIPATING JURISDICTION during the previous year.
 - 5.3.2 Participating Jurisdictions proportional payment sums for 2013 and 2014 shall be calculated based on, as applicable, the 2012 Payment and the 2013 Payment divided by the number of interviews performed for each Participating Jurisdiction the previous year.
 - 5.4 In order to receive payment under this Agreement, Dawson Place shall submit a quarterly invoice to each Participating Jurisdiction., Each Participating Jurisdiction's invoice shall be for the equivalent to one fourth of the Participating Jurisdiction annual proportional payment sum.
 - 5.5 Each Participating Jurisdiction shall pay its invoice in full, within thirty (30) days of receiving the invoice. Should a Participating Jurisdiction object to all or any portion of any invoice, the Participating Jurisdiction shall notify Dawson Place of its objection in writing within twenty (20) days after receiving the invoice at issue.
 - 5.6 Dawson Place agrees that payment of the sums listed in Sections 5 constitute full compensation for services provided under this Agreement.
 - 5.7 Dawson Place may use funds paid under this Agreement for all costs directly related to the provision of CIS Services.
-

6.0 DIRECTION AND CONTROL

Dawson Place agrees that Dawson Place will perform the services under this Agreement as an independent contractor and not as an agent, employee, or servant of the any Participating Jurisdiction. The parties agree that Dawson Place is not entitled to any benefits or rights enjoyed by employees of any Participating Jurisdiction. Dawson Place specifically has the right to direct and control Dawson Place's own activities in providing the agreed services in accordance with the specifications set out in this Agreement. The Participating Jurisdictions shall only have the right to ensure performance. Nothing in this Agreement shall be construed to render the parties partners or joint venturers.

7.0 REMOVAL OR REPLACEMENT OF CIS

It is the intent of Dawson Place to create a CIS performance feedback process that allows any Jurisdiction to provide input and initiate a performance review evaluation. The formal performance management process will be managed by Dawson Place and Compass Health, with input from the Jurisdictions. The CIS is an employee of Dawson Place through employment with Compass Health.

A performance improvement process will be carried out by the Dawson Place Executive Director, who is the CIS supervisor, with input from the Jurisdiction that is submitting a performance concern.

Should a Jurisdiction become dissatisfied with the forensic interviewing skills of the Dawson Place CIS, they may submit their concerns in writing to the Dawson Place Executive Director. The Dawson Place Executive Director will then review their concerns, and contact the Jurisdiction to clarify their issues.

The Dawson Place Executive Director will also evaluate the concerns against the Washington State Child Forensic Interviewing Guidelines and will make a determination of whether the concern is a violation of the training guide.

If appropriate, the Dawson Place Executive Director will begin the Performance Management Process:

1. All concerns will be documented and shared with the CIS. The sub-standard interviewing skill(s) will be communicated with the CIS during a performance discussion.
2. A corrective action plan will be developed. The plan will include changes in interviewing skills that the CIS will agree to use.
3. The CIS is allowed a period of 30 days to turn around the situation.
4. Every two weeks the Dawson Place Executive Director will have a progress discussion with the CIS and determine progress.
5. The Dawson Place Executive Director will stay in communication with the Jurisdiction.
6. After 30 days, the CIS is either taken off the Performance Management Plan or the plan can be extended by 30 more days (60 days total).
7. At the end of 60 days, the CIS is either taken off Performance Management or is terminated. If the date of the action plan arrives and the needed corrective action was not achieved by the CIS, the Dawson Place Executive Director, along with Compass Health Human Resource

Department, will decide if employment of the CIS should be terminated. The Jurisdiction will not be a part of the final decision, per Compass Health policies.

Dawson place will in all situations make a good faith effort to work in collaboration with the Jurisdiction, and will communicate on a regular basis. If the Jurisdiction is dissatisfied with Dawson Place's good faith efforts, they may submit their concerns to Dawson Place Executive Director and it is their right to choose to not participate in the CIS contract for the next time period.

8.0 HOLD HARMLESS

Except as otherwise described in Section 4.2, each party to this Agreement shall save, indemnify, defend and hold every other party and its agents, employees and contractors harmless from and against any and all costs, liabilities, suits, losses, damages, claims, expenses, penalties or charges, including, without limitation, reasonable attorneys' fees and disbursements, that the other parties may incur or pay out by reason of any accidents, damages or injuries to persons or property, including claims by third parties or employees against which the parties would otherwise be immune under Title 51 RCW or other law, arising from the performance of this Agreement, but only to the extent the same are caused by any negligent or wrongful act of the indemnifying party.

The provisions of this Section 8.0 shall survive the expiration or earlier termination of this Agreement.

9.0 TERMINATION

Any Participating Jurisdiction may withdraw from participation in this Agreement effective each January 1st for any reason or for no reason by providing written notice of such withdrawal to all parties no later than November 1st. Withdrawal shall not affect the rights of the Participating Jurisdictions under any other section or paragraph herein.

If after November 1st there are fewer than five (5) Participating Jurisdictions that have not given notice of withdrawal, then the Participating Jurisdictions that have not given notice of withdrawal shall meet no later than November 15th. At the meeting, these Participating Jurisdictions will have another option to withdraw from the Agreement effective January 1st, which may be exercised by giving notice of withdrawal at the meeting. If by the end of the meeting no Participating Jurisdiction desires to remain in the Agreement, then this Agreement may be terminated effective January 1st by delivery of written notice to Dawson Place no later than December 1st.

10.0 INSURANCE REQUIREMENTS

Dawson Place shall obtain and maintain continuously during the Term of this Agreement the following insurance:

Commercial General Liability Insurance with a minimum limit of \$1,000,000 per occurrence, \$2,000,000 general aggregate, and endorsed to include all Participating Jurisdictions and their officers, elected officials, agents, and employees as an additional insured with respect to the work performed for the Participating Jurisdictions. Insurance shall be written on ISO occurrence form CG 00 01 or a substitute form providing equivalent coverage.

Workers' Compensation Coverage as required by the Industrial Insurance laws of the State of Washington. Dawson Place's obligation shall extend to all personnel performing work on behalf of Dawson Place pursuant to this Agreement and must be obtained before performing any work under this Agreement. The Participating Jurisdictions will not be responsible for payment of workers' compensation premiums or for any other claim or benefit for any individuals performing work on behalf of Dawson Place that might arise under the Washington State Industrial Insurance laws.

Professional Liability insurance appropriate to the CIS's profession with limits of \$1,000,000 per claim and \$2,000,000 policy aggregate limit.

11.0 WAIVER OF SOVERIGN IMMUNITY

The Tribe waives sovereign immunity to suit by any party to interpret or enforce the terms of this Agreement. The Parties agree that in enforcing obligations under this Agreement, a party seeking payment from the Tribe shall look first to the proceeds of any insurance procured by the Tribe for this purpose. Should any claim exceed the limit of procured insurance arising from the entry of a final decree in any court, or by settlement of a civil action mutually agreed to by a party to this Agreement and the Tribe, the Tribe hereby waives any claim of immunity or exemption for any assets it holds that are not subject to a restriction against alienation up to the amount necessary to discharge the obligation and the costs of collection.

12.0 RECORDS

Dawson Place shall maintain adequate records to support billings for services set forth in this Agreement. Said records shall be maintained for a period of six (6) years after completion of this Agreement. The Participating Jurisdictions or their authorized representatives shall have access, during normal working hours, to any Dawson Place books, documents, papers or records, which relate to this Agreement.

13.0 CONFIDENTIALITY

Dawson Place shall not disclose, transfer, sell or otherwise release any client information gained by reason of performance under this Agreement to any person or entity. Dawson Place may use such information solely for the purposes necessary to meet the requirements under this Agreement.

14.0 PUBLIC DISCLOSURE LAWS

The parties acknowledge, agree and understand that the county and municipal Participating Jurisdictions are public agencies subject to certain disclosure laws, including, but not limited to Washington's Public Records Act, chapter 42.56 RCW. Each party understands that records related to this Agreement and Dawson Place's performance of Services under this Agreement may be subject to disclosure pursuant to the Public Records Act or other similar law. In order to comply with disclosure laws, a Participating Jurisdiction may require records generated pursuant to this Agreement from Dawson Place. Dawson Place covenants that it shall cooperate with the Participating Jurisdictions in the event records generated pursuant to this Agreement are requested. Dawson Place agrees to provide such records to the Participating Jurisdiction in a timely manner and in a format requested by the Participating Jurisdiction, so long as it is reasonably feasible to provide such records in the format requested.

15.0 LEGAL REQUIREMENTS

All parties shall comply with all applicable federal, state and local laws in performing their duties under this Agreement.

16.0 APPLICABLE LAW AND VENUE

This Agreement shall be construed under the laws of the State of Washington. Venue of any legal action brought to enforce any of the terms and conditions of this Agreement shall be Snohomish County, Washington.

17.0 NON-DISCRIMINATION

Dawson Place shall comply with the Snohomish County Human Rights Ordinance, Chapter 2.460 SCC, which is incorporated herein by this reference. Execution of this Agreement constitutes a certification by Dawson Place of its compliance with the requirements of Chapter 2.460 SCC. If Dawson Place is found to have violated this provision, or furnished false or misleading information in an investigation or proceeding conducted pursuant to Chapter 2.460 SCC, this Agreement may be subject to a declaration of default and termination at the County's discretion. This provision shall not affect Dawson Place's obligations under other federal, state, or local laws against discrimination.

18.0 PREVAILING PARTY ATTORNEY'S FEES

In any legal action brought to enforce any of the terms and conditions of this Agreement, the prevailing party in said legal action shall be entitled to reasonable attorney's fees and costs incurred.

19.0 NOTICE/ INVOICE

Any notice or invoice to be given to a Participating Jurisdiction under this Agreement shall be either mailed or personally delivered to the Notice Address listed in Exhibit A.

Any notice to Dawson Place shall be mailed or personally delivered to:

Dawson Place Child Advocacy Center
ATTN: Executive Director
1509 California Street
Everett, WA 98201

Any party may, by reasonable written notice to the other parties, designate a different contact person, or otherwise alter its contact information for the giving of notices. All notices shall be deemed given on the day each such notice is personally delivered, transmitted by facsimile (with evidence of receipt), or delivered by overnight courier service, or on the third business day following the day such notice is mailed if mailed in accordance with this Section.

20.0 AMENDMENT

The parties reserve the right to amend this Agreement in the future from time to time as may be mutually agreed upon. No such amendment shall be effective unless written and signed with the same formality of this Agreement.

21.0 ENTIRE AGREEMENT

This Agreement constitutes the whole and entire agreement among the parties as to CIS Services and no other understandings, oral or otherwise, regarding CIS Services shall be deemed to exist or bind the parties

22.0 SEVERABILITY

If any part of this Agreement is unenforceable for any reason the remainder of the Agreement shall remain in full force and effect.

23.0 EXECUTION OF MULTIPLE ORIGINAL COUNTERPARTS

This Agreement may be reproduced in any number of original counterparts. Each party need sign only one counterpart and when the signature pages are all assembled with one original counterpart, that compilation constitutes a fully executed and effective agreement among all the Participating Jurisdictions.

24.0 WARRANTY OF AUTHORITY

Each of the signatories hereto warrants and represents that he or she is competent and authorized to enter into this Agreement on behalf of the party for whom he or she purports to sign this Agreement.

IN WITNESS WHEREOF the Participating Jurisdictions and Dawson Place have executed this Agreement as of the date first above written.

<p>DAWSON PLACE</p> <p>By: <u>Mary Wahl</u> Mary Wahl, Executive Director As Approved by Dawson Place Board of Directors through Resolution Dated <u>7/3/12</u></p>	<p>CITY OF EVERETT</p> <p>By: _____ Ray Stephanson, Mayor Dated: _____</p> <p>ATTEST:</p> <p>By: _____ Sharon Marks, City Clerk Dated: _____</p> <p>APPROVED AS TO FORM:</p> <p>By: _____ James D. Iles, City Attorney Dated: _____</p>
<p>SNOHOMISH COUNTY</p> <p>By: _____ Aaron Reardon, County Executive Dated: _____</p> <p>RECOMMENDED FOR APPROVAL</p> <p>By: _____ John Lovick, Sheriff Dated: _____</p> <p>APPROVED AS TO FORM:</p> <p>By: _____ Deputy Prosecuting Attorney Dated: _____</p>	<p>CITY OF BOTHELL</p> <p>By: _____ Title: _____ Dated: _____</p> <p>ATTEST:</p> <p>By: _____ City Clerk Dated: _____</p> <p>APPROVED AS TO FORM:</p> <p>By: _____ City Attorney Dated: _____</p>
<p>CITY OF LYNNWOOD</p> <p>By: _____ Title: _____ Dated: _____</p> <p>ATTEST:</p> <p>By: _____ City Clerk Dated: _____</p> <p>APPROVED AS TO FORM:</p> <p>By: _____ City Attorney</p>	<p>CITY OF LAKE STEVENS</p>

Dated: _____

CITY OF MARYSVILLE

By: Jon H. [Signature]
Title: Mayor
Dated: 6/15/12

ATTEST:

By: April M. O'Brien
City Clerk - Deery
Dated: 6-16-12

APPROVED AS TO FORM:

By: David K. Wood
City Attorney
Dated: 6-7-12

CITY OF EDMONDS

By: _____
Mayor

Dated: _____

ATTEST:

By: _____
Sandra S. Chase, City Clerk
Dated: _____

APPROVED AS TO FORM:

By: _____
Sharon E. Cates
Office of the City Attorney
Dated: _____

By: _____
Title: _____
Dated: _____

ATTEST:

By: _____
City Clerk
Dated: _____

APPROVED AS TO FORM:

By: _____
City Attorney
Dated: _____

CITY OF GRANITE FALLS

By: _____
Title: _____
Dated: _____

ATTEST:

By: _____
City Clerk
Dated: _____

APPROVED AS TO FORM:

By: _____
City Attorney
Dated: _____

CITY OF MILL CREEK

By: _____
Title: _____
Dated: _____

ATTEST:

By: _____
City Clerk

	Dated: _____ APPROVED AS TO FORM: By: _____ City Attorney Dated: _____
CITY OF MUKILTEO By: _____ Title: _____ Dated: _____ ATTEST: By: _____ City Clerk Dated: _____ APPROVED AS TO FORM: By: _____ City Attorney Dated: _____	STILLAGUAMISH TRIBE OF INDIANS By: _____ Title: _____ Dated: _____ CITY OF ARLINGTON By: _____ Title: _____ Dated: _____ ATTEST: By: _____ City Clerk Dated: _____ APPROVED AS TO FORM: By: _____ City Attorney Dated: _____

CITY OF SNOHOMISH

By: _____
Title: _____
Dated: _____

ATTEST:

By: _____
City Clerk
Dated: _____

APPROVED AS TO FORM:

By: _____
City Attorney
Dated: _____

APPROVED AS TO FORM:

By: _____
City Attorney
Dated: _____

EXHIBIT A

PARTICIPATING JURISDICTION	INVOICE ADDRESS	NOTICE ADDRESS
Snohomish County	Snohomish County Sheriff's Office Attn: Jill Iversen 3000 Rockefeller Ave M/S 606 Everett, WA 98201	Snohomish County Sheriff's Office Attn: Jeff Miller 3000 Rockefeller Ave M/S 606 Everett, WA 98201
Stillaguamish Police	Chief Joe Orford Stillaguamish Police Department 22714 6 th Ave NE Arlington, WA 98223	Chief Joe Orford Stillaguamish Police Department 22714 6 th Ave NE Arlington, WA 98223
City of Arlington	Debbie Strotz City of Arlington Finance Dept. 238 N. Olympic Arlington, WA 98223	Chief Nelson Beazley City of Arlington Police Department 110 E. Third St. Arlington, WA 98223
City of Brier		
City of Bothell	Captain Drew Nielsen Bothell Police Department 18410 101 st Ave NE Bothell, WA 98011	Captain Drew Nielsen Bothell Police Department 18410 101 st Ave NE Bothell, WA 98011
City of Lake Stevens	Finance Director City of Lake Stevens P.O. Box 259 Lake Stevens, WA 98258	Chief of Police City of Lake Stevens 2211 Grade Road Lake Stevens, WA 98258
City of Lynnwood	Administrative Assistant to Chief of Police Lynnwood Police Department P.O. Box 5008 Lynnwood, WA 98046-5008	Deputy Chief Investigations/Services Lynnwood Police Department P.O. Box 5008 Lynnwood, WA 98046-5008
City of Marysville	Margaret Vanderwalker Marysville Police Department 1635 Grove Street Marysville, WA 98270	Commander Ralph Krusey Marysville Police Department 1635 Grove Street Marysville, WA 98270
City of Granite Falls	Chief Dennis Taylor Granite Falls Police Department 205 S. Granite Avenue P.O. Box 64 Granite Falls, WA 98252	Chief Dennis Taylor Granite Falls Police Department 205 S. Granite Avenue P.O. Box 64 Granite Falls, WA 98252

City of Edmonds	Marlene Eager Edmonds Police Department 250 5 th Ave. N. Edmonds, WA 98020	Gerry Gannon, Assistant Chief Edmonds Police Department 250 5 th Ave. N. Edmonds, WA 98020
City of Mill Creek	Jodie Gunderson City of Mill Creek Finance Department 15728 Main St. Mill Creek, WA 98012	Det. Sgt. Kate Hamilton Mill Creek Police Department 15728 Main St. Mill Creek, WA 98012
City of Everett	Tracey Versteeg Everett Police Department 3002 Wetmore Avenue Everett, WA 98201	Deputy Chief Mike Campbell Everett Police Department 3002 Wetmore Avenue Everett, WA 98201
City of Mukilteo	Mukilteo Police Department 10500 47 th Pl. W Mukilteo, WA 98275	Chief Rex Caldwell Mukilteo Police Department 10500 47 th Pl. W Mukilteo, WA 98275
City of Snohomish	Chief John Turner City of Snohomish PD 230 Maple Avenue Snohomish, WA 98290	Chief John Turner City of Snohomish PD 230 Maple Avenue Snohomish, WA 98290

**EXHIBIT
B**

2012 Expenses¹	
Salary / Benefits	\$62,273.12
Operating Expenses (estimated)	
Computers	\$2,000.00
Equipment Maintenance	\$500.00
Supplies / Training	\$3,000.00
Office Space ²	\$16,000.00
Total	\$83,773.12

Participating Jurisdiction	2% of Salary	Number of Interviews	Cost Based On Use (\$253.1933 per interview)	Total
Arlington Police Department	\$1,245.46	9	\$2,278.74	\$3,524.20
Bothell Police Department	\$1,245.46	4	\$1,012.77	\$2,258.24
Brier Police Department	\$1,245.46	0	\$0	\$1,245.46
Edmonds Police Department	\$1,245.46	10	\$2,531.93	\$3,777.40
Everett Police Department	\$1,245.46	53	\$13,419.24	\$14,664.71
Granite Falls Police Department	\$1,245.46	2	\$506.39	\$1,751.85
Lake Stevens Police Department	\$1,245.46	23	\$5,823.44	\$7,068.90
Lynnwood Police Department	\$1,245.46	11	\$2,785.13	\$4,030.59
Marysville Police Department	\$1,245.46	38	\$9,621.35	\$10,866.81
Mill Creek Police Department	\$1,245.46	12	\$3,038.32	\$4,283.78

¹2013 and 2014 Participation Jurisdictions proportional contributions shall be calculated pursuant to the formula described in Section 5 of this Agreement.

² The Snohomish County's Sheriff's Office shall receive an annual credit from Dawson Place in the amount of sixteen thousand dollars (\$16,000.00) based on the Sheriff's Office provision of Office Space for the CIS. The Sheriff's Office total annual proportional payment, calculated pursuant to Section 5 of this Agreement, shall be reduced annually by \$16,000.

Mukilteo Police Department	\$1,245.46	2	\$506.39	\$1,751.85
				(\$24,286.05 minus \$16,000 Office Space Credit)
Snohomish County Sheriff	\$1,245.46	91	\$23,040.59	\$24,286.05
Snohomish Police Department	\$1,245.46	7	\$1,772.35	\$3,017.82
Stillaguamish Police Department	\$1,245.46	0	\$0.00	\$1,245.46
Total	\$17,436.47	262	\$66,336.64	\$83,773.12

CIS Contract: 8.0 Removal/Replacement of CIS

It is the intent of Dawson Place to create a CIS performance feedback process that allows any Jurisdiction to provide input and initiate a performance review evaluation. The formal performance management process will be managed by Dawson Place and Compass Health, with input from the Jurisdictions. The CIS is an employee of Dawson Place through employment with Compass Health.

A performance improvement process will be carried out by the Dawson Place Executive Director, who is the CIS supervisor, with input from the Jurisdiction that is submitting a performance concern.

Should a Jurisdiction become dissatisfied with the forensic interviewing skills of the Dawson Place CIS, they may submit their concerns in writing to the Dawson Place Executive Director. The Dawson Place Executive Director will then review their concerns, and contact the Jurisdiction to clarify their issues.

The Dawson Place Executive Director will also evaluate the concerns against the Washington State Child Forensic Interviewing Guidelines and will make a determination of whether the concern is a violation of the training guide.

If appropriate, the Dawson Place Executive Director will begin the Performance Management Process:

1. All concerns will be documented and shared with the CIS. The sub-standard interviewing skill(s) will be communicated with the CIS during a performance discussion.
2. A corrective action plan will be developed. The plan will include changes in interviewing skills that the CIS will agree to use.
3. The CIS is allowed a period of 30 days to turn around the situation.
4. Every two weeks the Dawson Place Executive Director will have a progress discussion with the CIS and determine progress.
5. The Dawson Place Executive Director will stay in communication with the Jurisdiction.
6. After 30 days, the CIS is either taken off the Performance Management Plan or the plan can be extended by 30 more days (60 days total).
7. At the end of 60 days, the CIS is either taken off Performance Management or is terminated. If the date of the action plan arrives and the needed corrective action was not achieved by the CIS, the Dawson Place Executive Director, along with Compass Health Human Resource Department, will decide if employment of the CIS should be terminated. The Jurisdiction will not be a part of the final decision, per Compass Health policies.

Dawson place will in all situations make a good faith effort to work in collaboration with the Jurisdiction, and will communicate on a regular basis. If the Jurisdiction is dissatisfied with Dawson Place's good faith efforts, they may submit their concerns to Dawson Place Executive Director and it is their right to choose to not participate in the CIS contract for the next time period.

DAWSON PLACE
Child Advocacy Center
transforming hurt...to hope

January 7, 2015

Dear Police Chiefs,

Over the last three years, your department has diligently contributed funds to pay for the salary and benefits of one of our Child Interview Specialists (CIS). We thank you for paying a portion of the salary on a quarterly basis. We have great news! As of January 1, 2015 you will no longer be asked to help pay for CIS services at Dawson Place Child Advocacy Center. The funding for Dawson Place's two Child Interview Specialists will now be covered entirely by funding from Snohomish County Human Services Department.

All the CIS services that you had access to in the past are still available to you, and I encourage you to take full advantage of them. Hopefully this will ease your budget enough to add or increase services in another area. Thank you for your willingness in the past to contribute to our CIS services. We look forward to working with you in 2015 and beyond.

Sincerely,



Lori Vanderburg
Director, Dawson Place CAC

DAWSON PLACE Child Advocacy Center *transforming hurt...to hope*

Child Advocacy Center of Snohomish County dba Dawson Place
DAWSON PLACE CHILD ADVOCACY CENTER (DPCAC)

MEMORANDUM OF UNDERSTANDING (Revised May 10, 2016)

WHEREAS, the undersigned agencies and organizations have ongoing separate responsibilities with respect to the investigation, prosecution, and treatment of child physical and sexual abuse in Snohomish County; and

WHEREAS, it is well established that a multidisciplinary approach to the investigation, prosecution, and treatment of child physical and sexual abuse is in the best interests of children, their families, and the public; and

WHEREAS, the undersigned agencies and organizations formed a Task Force and a Steering Committee to pursue the development of a multidisciplinary facility, to be known as the Dawson Place Child Advocacy Center (DPCAC), to provide a coordinated network of intervention and education services and thereby maximize each child's chance of healing in a child-centered environment; and

WHEREAS, the DPCAC now exists as a multidisciplinary facility; has integrated the Task Force with the DPCAC Management Team that facilitates, monitors and assures the daily operation of DPCAC's multidisciplinary work; has continued the policy oversight provided by the DPCAC Board of Directors; and receives financial oversight from its fiscal service provider, Compass Health; and

WHEREAS, the DPCAC holds as fundamental to its philosophy the Center's ability to appreciate, understand and interact with the members of diverse populations within the local community, it has formed the Diversity Advisory Board to help assess and continually improve the Center's cultural competency; and

WHEREAS, the DPCAC seeks to meet the standards for the investigation, treatment, and prosecution of child physical and sexual abuse published by the National Children's Alliance and recent WA legislative recommendations as best practice;

NOW, THEREFORE, each of the undersigned agencies and organizations, through their respective directors or administrators, understands as follows:

1. Vision. The vision of the undersigned agencies and organizations is to continue to develop and operate the multi-disciplinary Dawson Place Child Advocacy Center (DPCAC) that houses a coordinated network of investigation, prosecution, evaluation, treatment, intervention, and education services to victims of child physical and sexual abuse and their families, as further described herein, in order to maximize each child's chance of healing in a child-centered environment. The DPCAC will exist as a cooperative effort of the undersigned agencies and organizations, working through the DPCAC Board of Directors and Management Team.

2. DPCAC Board of Directors. The DPCAC Board of Directors is a volunteer board of DPCAC participating agencies and community leaders. The Board of Directors acts as a policy board, with oversight responsibilities for the DPCAC administrative budget, facilities and the selection and supervision of the DPCAC Executive Director.

3. DPCAC Management Team. The DPCAC Management Team is a work group consisting of representatives of each of the undersigned agencies and organizations as well as other community members. The DPCAC Management Team is responsible for refining the vision of participating agencies and organizations, fostering communication among participating agencies and organizations, and recommending actions to be taken by participating agencies and organizations. The DPCAC Management Team is not authorized to act on behalf of any agency or organization. All decisions of the DPCAC Management Team are made by consensus of all participating agencies and organizations.

4. DPCAC Services. The undersigned agencies and organizations anticipate that they will continue to provide the following services through DPCAC:
 - a. Providence Intervention Center for Assault and Abuse (PICAA): PICAA conducts child physical and sexual abuse examinations upon referral from law enforcement agencies, the Department of Social and Health Services, Division of Children and Family Services, Child Protective Services (CPS), mental health therapists, medical and dental providers, the Prosecuting Attorney's office, and other appropriate agencies and individuals or by self-referral. PICAA advocates provide 24-hour crisis line support to primary and secondary victims. PICAA offers case management, information and referral, advocacy, and other support services in accordance with the Office of Crime Victims Advocacy standards.

 - b. Department of Social and Health Services, Division of Children and Family Services,

Children's Administration (DCFS): DCFS takes referrals from all mandated and non-mandated reporters on cases of suspected child physical or sexual abuse or neglect and in collaboration with other participating agencies and organizations, investigates allegations of child physical or sexual abuse, provides supportive services to enable families to safely care for children in their own homes, if possible, provided that its primary responsibility is to protect the safety and well-being of children. Also, DCFS uses, and will continue to use, a multi-disciplinary team approach to cases of suspected child physical or sexual abuse. DCFS carries out all applicable legal mandates relating to the protection of children in Washington.

- c. Compass Health (Compass) (CAP): As a designated mental health provider, Compass Health's Child Advocacy Program (CAP) offers mental health assessments and ongoing counseling to victims of sexual abuse ages 0-22 and their non-offending family members. Compass offers ongoing individual treatment, family treatment, and group treatment. These ongoing services may be provided at the DPCAC or at Compass sites located in Lynnwood, Smokey Point, and Monroe. A Compass therapist participates and will continue to participate in the multidisciplinary team.
- d. Snohomish County Prosecuting Attorney's Office, Special Assault Unit (SAU): SAU reviews all cases referred by a law enforcement agency. SAU will continue to consult on difficult cases with other members of the multidisciplinary team, and coordinate with other members of the team during all phases of prosecution in order to further the goals of the team. SAU provides victim advocacy services to child victims and their families within the criminal justice system.
- e. Law Enforcement Agencies of Snohomish County, the FBI, Homeland Security, NCIS, etc. . Law enforcement agencies investigate in their various jurisdictions allegations of child neglect, physical and sexual abuse received from both mandatory reporters and the public-at-large and are invited and encouraged to fully participate in the multidisciplinary programs of Dawson Place, and will be welcomed as partner agencies.
 - i. Snohomish County Sheriff's Office (SCSO). Officers and detectives will staff difficult cases with members of the multidisciplinary team and will coordinate investigations with other participating agencies to ensure that system trauma is eliminated or minimized. The SCSO will refer criminal cases to the Snohomish County Prosecuting Attorney's office for consideration of charges.
 - ii. Other Law Enforcement Agencies in Snohomish County, the FBI, Homeland Security, NCIS, etc. are invited and encouraged to fully participate in the multidisciplinary programs of Dawson Place, will be welcomed as partner agencies, as defined by signing this memorandum of Understanding.

- f. Dawson Place Child Advocacy Center (DPCAC). Child Interview specialists report directly to the DPCAC Executive Director, and provide forensic child interviews for all law enforcement in Snohomish County, and other agencies as needed. This service is in accordance with the Washington State Child Interview guidelines and also the Snohomish County Investigation Protocol. These positions are funded through an agreement with Snohomish County Human Services.
5. DPCAC Operating Guidelines. The undersigned agencies and organizations anticipate that the DPCAC will be operated according to specific operating guidelines that will describe the services to be provided by each participating agency and organization, and that will include the following:
- a. Coordination of work. The undersigned agencies and organizations will coordinate the work as contemplated by this memorandum of understanding with respect to child safety, child interviews, witness and suspect interviews, information sharing, and case closure, including but not limited to complex cases.
 - b. The Multidisciplinary Team of DPCAC includes, but is not limited to, twice monthly MDT case review meetings, a twice monthly management team meeting, and a coordinated data system called NCATrak. The undersigned partners are expected to have representatives participate regularly in each of these three activities.
 - c. Child Interviews. The undersigned agencies and organizations will make all reasonable efforts to coordinate each step of the investigation/assessment process in order to minimize the number of interviews to which a child is subjected. All interviewers will have successfully completed specialized training approved by the governing body of DPCAC. The DPCAC will sponsor and encourage all participating agencies to attend.
 - d. Dissemination of Information. All agencies and organizations participating in the DPCAC will promptly share relevant case information with other participating agencies or organizations to the extent appropriate, except as prohibited by law. All personnel who conduct investigations for participating agencies or organizations will conduct independent investigations and reach independent conclusions based on information gained from each investigation.
 - e. Confidentiality. All personnel of agencies and organizations participating in the DPCAC will maintain the confidentiality of records and information as required by law. Personnel will not release records or information on any case except as authorized by law in connection with legitimate program operations of the participating agency or organization.
 - f. Public Disclosure. The DPCAC understands that certain participating agencies are subject to Washington's Public Records Act, chapter 42.56 RCW. Furthermore, DPCAC understands that records generated by DPCAC on behalf of an agency as defined in RCW 42.56.010(1) may be subject to public disclosure. In order to

comply with disclosure laws, the county may from time to time seek public records from DPCAC. DPCAC covenants that it shall cooperate with the county in the event public records are sought. DPCAC agrees to provide such records to the county in a timely manner and in a format requested, so long as it is reasonably feasible to provide such records in the format requested.

- g. Review of Guidelines. The DPCAC operating guidelines will be reviewed and modified as determined appropriate by participating agencies and organizations. The operating guidelines may be modified to:
1. Conform to applicable Statutes, administrative regulations, rules or agency policies;
 2. Better address child physical and sexual abuse in ways that meet the needs of families and children through the provision of child services;
 3. Improve the procedures described in this memorandum; or
 4. For such other purposes as the parties may agree.
6. Amendment. This memorandum of Understanding may be amended by written agreement of all the undersigned agencies and organizations.
7. Termination An undersigned agency or organization may terminate this memorandum of understanding as to that agency by providing written notice of termination to the other undersigned agencies and organizations. If a participating agency or organization provided such notice, the other undersigned agencies and organizations will meet within thirty (30) days to discuss the effect of termination on the development and operation of the DPCAC, if any.
8. Legal Effect. This memorandum of understanding is intended to state the mutual understandings and expectations of the undersigned agencies and organizations, and is not intended to create legal obligations. This document cannot be enforced as an inter-local agreement or other binding contract, or otherwise. A person signing this document on behalf of an agency or organization makes no representations regarding that person's authority to commit the agency or organization to a particular course of action.

This memorandum of understanding is executed on behalf of participating agencies and organizations as follows:

Providence Regional Medical Center – Everett dba Providence Intervention Center for Assault and Abuse, a non-profit corporation

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Snohomish County Prosecutor’s Office

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Compass Health

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Department of Social and Health Services, Division of Children & Family Services, Children’s Administration

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Snohomish County Sheriff's Office

Signature: _____

Printed Name: _____

Title: _____

Date: _____

This memorandum of understanding is executed on behalf of participating agencies and organizations as follows:

Arlington Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Bothell Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Brier Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Darrington Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Edmonds Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

This memorandum of understanding is executed on behalf of participating agencies and organizations as follows:

Everett Police Department

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Granite Falls Police Department

Signature: _____
Printed Name: _____
Title: _____

Lake Stevens Police Department


Signature: _____
Printed Name: _____
Title: _____
Date: _____

Lynnwood Police Department

Signature: _____
Printed Name: _____
Title: _____
Date: _____

This memorandum of understanding is executed on behalf of participating agencies and organizations as follows:

Marysville Police Department

Signature: 
Printed Name: RICHARD L. SMITH
Title: CHIEF OF POLICE
Date: 2-7-17

Mill Creek Police Department

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Monroe Police Department

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Mountlake Terrace Police Department

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Mukilteo Police Department

Signature: _____
Printed Name: _____
Title: _____
Date: _____

This memorandum of understanding is executed on behalf of participating agencies and organizations as follows:

Monroe Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Snohomish Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Stanwood Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Tulalip Police Department

Signature: _____

Printed Name: _____

Title: _____

Date: _____

DAWSON PLACE

Child Advocacy Center

transforming hurt...to hope

April 25, 2017

Marysville Police Department
1635 Grove Street
Marysville, Washington 98270

To Whom It May Concern:

On behalf of Dawson Place Child Advocacy Center, I would like to thank you for your recent gift of (10) Stuffed bears. The children love leaving Dawson Place with your thoughtful gift! Dawson Place relies on support such as yours to provide critical care to child victims of abuse throughout Snohomish County.

Because of YOU, Dawson Place will open its arms today to welcome, comfort, protect, and heal another child abuse victim and family. Because of you, that child will see themselves as a survivor instead of a victim. Because of you our community will be a safer, healthier, and happier place to live.

Dawson Place delivers its remarkable array of services because of gifts from generous supporters - like *you*. Be confident that your gift will improve the life of a child who needs you. Your gift to Dawson Place is a gift of healing, and a gift of HOPE.

No goods or services were received in exchange for this gift.

Thank you for your inspired support.

Sincerely,



Lori Vanderburg, MS LMFT CMHS
Executive Director

Marysville Police Department
Thank you so much
for the many ways
you support the work
of Dawson Place! The
kids love the bears &
we are grateful.

Lori



February 16, 2017

loritanning@gmail.com

Dear Lori,

I received your public records request for any payments and checks written to Dawson Place Child Advocacy Center. Child Advocacy Center of Snohomish County dba Dawson Place is a 501(c) 3 registered tax-exempt nonprofit organization with the IRS. The Public Records Act does not apply to Dawson Place. Our financial information is reported annually to the IRS on a Form 990.

If you are seeking records from one of our partner agencies please request those directly from that agency.

Thank you for your inquiry and let me know if there is anything else I can answer for you.

Sincerely,

Lori Vanderburg
Executive Director
Dawson Place Child Advocacy Center

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY <hr/> Doing business as DAWSON PLACE <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 1509 CALIFORNIA STREET <hr/> City or town, state or province, country, and ZIP or foreign postal code EVERETT, WA 982013540	D Employer identification number 27-0627714 <hr/> E Telephone number (425) 388-7497 <hr/> G Gross receipts \$ 943,614
F Name and address of principal officer TOM SEBASTIAN 4526 FEDERAL AVENUE EVERETT, WA 98213		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DAWSONPLACE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2009 M State of legal domicile WA

Part I Summary

1	Briefly describe the organization's mission or most significant activities COORDINATE MULTIDISCIPLINARY RESPONSES TO CHILD PHYSICAL AND SEXUAL ABUSE IN A SAFE, AGENCY-NEUTRAL, AND CHILD-FOCUSED SETTING		
2	Check this box <input type="checkbox"/> 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)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	526,489	740,105
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338	1,260
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,913	27,012
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,740	768,377
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	269,802	318,033
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 76,931		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	119,562	199,072
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	389,364	517,105	
19 Revenue less expenses Subtract line 18 from line 12	145,376	251,272	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,222,366	4,451,397
	21 Total liabilities (Part X, line 26)	1,254,154	1,231,913
	22 Net assets or fund balances Subtract line 21 from line 20	2,968,212	3,219,484

Part II Signature Block

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

Sign Here	*****	Signature of officer
		TOM SEBASTIAN PRESIDENT, CHIEF EXECUTIVE OFFICER
		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name SARA ELIZABETH J HYRE	Preparer's signature SARA ELIZABETH J HYRE
	Firm's name ▶ CLARK NUBER PS	
	Firm's address ▶ 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004	

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
DAWSON PLACE CHILD ADVOCACY CENTER IS A GROUP OF PROFESSIONALS RESPONDING TO THE CONCERNS OF CHILD ABUSE WE ARE DEDICATED TO HELPING KIDS, SEEKING JUSTICE, AND PROMOTING HEALTHY FAMILIES WE COORDINATE MULTIDISCIPLINARY RESPONSES TO CHILD PHYSICAL AND SEXUAL ABUSE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 388,797 including grants of \$) (Revenue \$)
DAWSON PLACE CHILD ADVOCACY CENTER IS A NOT-FOR-PROFIT ORGANIZATION UNITING THE MAIN PUBLIC AND PRIVATE AGENCIES WHO SERVE CHILD ABUSE VICTIMS IN SNOHOMISH COUNTY THE PARTNER AGENCIES INCLUDE SNOHOMISH COUNTY SHERIFF, PROVIDENCE INTERVENTION CENTER FOR ASSAULT AND ABUSE, SNOHOMISH COUNTY PROSECUTING ATTORNEY, COMPASS HEALTH, AND CHILD PROTECTIVE SERVICES EACH LAW ENFORCEMENT AGENCY IN OUR COUNTY COMES TO DAWSON PLACE FOR CHILD FORENSIC INTERVIEWS ALL AGENCIES WORK COLLABORATIVELY TO PROVIDE SEPARATE BUT COORDINATED SERVICES FOR SEXUALLY OR PHYSICALLY ABUSED, DRUG ENDANGERED, OR SEVERELY NEGLECTED CHILDREN WE ARE A FULLY ACCREDITED CHILD ADVOCACY CENTER UNDER THE NATIONAL CHILDREN'S ALLIANCE (NCA) FROM JULY 1, 2014 TO JUNE 30, 2015, WE SERVED 1,196 CHILDREN AND THEIR NON-OFFENDING FAMILY MEMBERS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 388,797

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

- 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website Another's website Upon request Other (explain in Schedule O); 19 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; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEANA GILPIN

4526 FEDERAL AVENUE
EVERETT, WA 98213 (425) 349-8436

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK ROE PRESIDENT	0 10 0 00	X		X				0	0	0
(2) MARY JOHANSON 1ST VICE PRESIDENT	0 30 0 00	X		X				0	0	0
(3) KAREN CLEMENTS TREASURER	0 40 0 00	X		X				0	0	0
(4) SARAH SCHROEDER SECRETARY	0 30 0 00	X		X				0	0	0
(5) LORI HARTELIUS BOARD MEMBER	0 30 0 00	X						0	0	0
(6) BARBARA HYLAND-HILL BOARD MEMBER	0 30 0 00	X						0	0	0
(7) ROY YATES BOARD MEMBER	0 40 0 00	X						0	0	0
(8) CAROLE KOSTURN BOARD MEMBER	0 30 39 70	X						0	123,244	14,476
(9) PATRICIA TURNER BOARD MEMBER	0 30 0 00	X						0	0	0
(10) JIM FAGERLIE BOARD MEMBER	0 30 0 80	X						0	0	0
(11) NICK HARPER BOARD MEMBER	0 30 0 00	X						0	0	0
(12) JIM LEVER BOARD MEMBER	0 30 0 00	X						0	0	0
(13) MARK DUFFY 1ST VICE PRESIDENT	0 50 0 00	X						0	0	0
(14) DEBORAH WRIGHT BOARD MEMBER	0 30 0 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BILL FRANCE BOARD MEMBER	0 30 0 00	X					0	0	0	
(16) BRENDA NEWELL BOARD MEMBER	0 40 0 00	X					0	0	0	
(17) TY TRENARY BOARD MEMBER	0 30 0 00	X					0	0	0	
(18) KAY BARNES BOARD MEMBER	0 40 0 00	X					0	0	0	
(19) BILL DOBLER FORMER BOARD MEMBER	0 10 0 00	X					0	0	0	
(20) AARON DEFOLO BOARD MEMBER	0 30 0 40	X					0	0	0	
(21) LORI VANDERBURG EXECUTIVE DIRECTOR	22 00 18 00			X			0	70,538	12,828	
(22) MARSH KELLEGREW CFO, COMPASS HEALTH	0 70 39 30			X			0	139,073	17,532	
(23) TOM SEBASTIAN PRESIDENT/CEO, COMPASS HEALTH	0 10 39 90			X			0	168,827	17,097	

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	501,682	61,933

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	40,249				
	b	Membership dues 1b					
	c	Fundraising events 1c	82,108				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	236,237				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	381,511				
	g	Noncash contributions included in lines 1a-1f \$	38,028				
	h	Total. Add lines 1a-1f		740,105			
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,260		1,260	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	188,325			
			(ii) Personal				
			b Less rental expenses	154,139			
			c Rental income or (loss)	34,186			
	d	Net rental income or (loss)		34,186		34,186	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 82,108 of contributions reported on line 1c) See Part IV, line 18	a	13,924			
			b Less direct expenses b	21,098			
c Net income or (loss) from fundraising events				-7,174		-7,174	
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		768,377	0	0	28,272	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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	244,424	195,828		48,596
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,984	10,925		1,059
9	Other employee benefits	40,172	31,091		9,081
10	Payroll taxes	21,453	17,288		4,165
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	50,066		50,066	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,446	2,425		3,021
12	Advertising and promotion	4,975			4,975
13	Office expenses	32,947	28,016		4,931
14	Information technology				
15	Royalties				
16	Occupancy	13,897	13,897		
17	Travel	6,705	6,195		510
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,858	2,265		593
20	Interest	12,609	12,609		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,556	19,556		
23	Insurance	2,785	2,785		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	IN-KIND CONTRIBUTIONS	36,828	36,828		
b					
c					
d					
e	All other expenses	10,400	9,089	1,311	
25	Total functional expenses. Add lines 1 through 24e	517,105	388,797	51,377	76,931
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	548,355	1	417,943
	2 Savings and temporary cash investments	0	2	357,397
	3 Pledges and grants receivable, net	350,491	3	353,492
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,622	9	18,548
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,696,475		
	b Less accumulated depreciation	10b 420,568	3,312,898	10c 3,275,907
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	28,110
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,222,366	16	4,451,397	
Liabilities	17 Accounts payable and accrued expenses	11,545	17	10,632
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	1,194,399
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,216,479	23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	26,130	25	26,882
	26 Total liabilities. Add lines 17 through 25	1,254,154	26	1,231,913
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,068,379	27	1,600,935
	28 Temporarily restricted net assets	1,899,833	28	1,618,549
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,968,212	33	3,219,484	
34 Total liabilities and net assets/fund balances	4,222,366	34	4,451,397	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	768,377
2	Total expenses (must equal Part IX, column (A), line 25)	2	517,105
3	Revenue less expenses Subtract line 2 from line 1	3	251,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,968,212
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,219,484

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number
27-0627714

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,252,075	427,815	571,517	526,489	740,105	3,518,001
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	1,252,075	427,815	571,517	526,489	740,105	3,518,001
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)						78,714
6 Public support. Subtract line 5 from line 4						3,439,287

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,252,075	427,815	571,517	526,489	740,105	3,518,001
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,032	185,176	188,496	177,121	189,585	920,410
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						4,438,411
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	77.490 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	85.550 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test Complete **line 2** below
- b** The organization is the parent of each of its supported organizations Complete **line 3** below
- c** The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
------------------	-------------

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number

27-0627714

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii)), Yes, No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO COMPASS HEALTH	26,882
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	26,882

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	943,614
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	943,614
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-175,237	
c	Add lines 4a and 4b		4c	-175,237
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	768,377

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.

1	Total expenses and losses per audited financial statements		1	692,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	175,237	
e	Add lines 2a through 2d		2e	175,237
3	Subtract line 2e from line 1		3	517,105
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	517,105

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -154,139 SPECIAL EVENT EXPENSES -21,098
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 154,139 SPECIAL EVENT EXPENSES 21,098

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number 27-0627714

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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.

		(a) Event #1 TRANSFORMING HURT TO HOPE LUNCHEON (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	96,032			96,032
	2 Less Contributions	82,108			82,108
	3 Gross income (line 1 minus line 2)	13,924			13,924
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	563			563
	7 Food and beverages	13,924			13,924
	8 Entertainment				
	9 Other direct expenses	6,611			6,611
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(21,098)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-7,174	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number

27-0627714

Part I Questions Regarding Compensation

- 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.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) 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 compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARSH KELLEGREW, CFO, COMPASS HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	..... 139,073	..... 0	..... 0	..... 7,178	..... 10,354	..... 156,605	..... 0
2 TOM SEBASTIAN, PRESIDENT/CEO, COMPASS HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	..... 168,827	..... 0	..... 0	..... 6,680	..... 10,417	..... 185,924	..... 0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	THE OFFICERS OF CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY ARE EMPLOYED BY COMPASS HEALTH, A RELATED ORGANIZATION COMPENSATION FOR THESE POSITIONS ARE REVIEWED AND COMPARED TO WAGE SURVEYS EVERY TWO YEARS BY COMPASS HEALTH HUMAN RESOURCES

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number
27-0627714

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON STATE HOUSING FINANCE COMMISSION	91-1874730		04-25-2015	1,196,590	REFINANCE BUILDING LOAN	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,191			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	1,196,590			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	21,110			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		
15	Were the bonds issued as part of an advance refunding issue?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number

27-0627714

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books and publications, Furniture, Toys, and Brochures.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0

Table with 3 columns: Question, Yes, No. Rows include 30a (property holding period), 31 (gift acceptance policy), 32a (third parties), and 33 (unreported amounts).

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

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS RECEIVED

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2014

Open to Public Inspection

Name of the organization
CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number

27-0627714

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	
FORM 990, PART VI, SECTION A, LINE 6	COMPASS HEALTH, A WASHINGTON NONPROFIT CORPORATION, IS THE SOLE MEMBER OF CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY (DAWSON PLACE)
FORM 990, PART VI, SECTION A, LINE 7A	COMPASS HEALTH, AS THE SOLE MEMBER, HAS THE POWER TO APPOINT ONE MEMBER OF THE GOVERNING BODY OF DAWSON PLACE. THE SNOHOMISH COUNTY PROSECUTING ATTORNEY, THE SNOHOMISH COUNTY SHERIFF, THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES - CHILD PROTECTIVE SERVICES AND PROVIDENCE REGIONAL MEDICAL CENTER - EVERETT ALSO EACH HAVE THE POWER TO APPOINT ONE MEMBER OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY COMPASS HEALTH (EITHER SOLE APPROVAL OR IN CONJUNCTION WITH THE BOARD), AS THE SOLE MEMBER OF DAWSON PLACE INCLUDE - WORK TO SECURE FUNDING AND INCUR INDEBTEDNESS - TO ADOPT OR CHANGE THE MISSION, PHILOSOPHY, VALUES, OR FUNDAMENTAL POLICIES OF DAWSON PLACE - TO APPROVE THE DISSOLUTION AND/OR LIQUIDATION OF DAWSON PLACE - TO APPROVE THE CONSOLIDATION OR MERGER OF DAWSON PLACE - TO REMOVE ANY BOARD MEMBER - APPROVAL OF ALL EXPENDITURES OVER \$10,000 - TO ALTER, AMEND, OR REPEAL THE BYLAWS OF DAWSON PLACE.
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE, EITHER PRIOR TO, OR AT THE NEXT SCHEDULED EXECUTIVE COMMITTEE MEETING. THE ACCOUNTING STAFF AT COMPASS HEALTH, A RELATED ORGANIZATION, AS WELL AS THE ENTIRE BOARD OF CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY, ALSO REVIEW THE FORM 990 PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY INTERESTS THAT COULD POSSIBLY GIVE RISE TO A CONFLICT OF INTEREST AND/OR A RELATED PARTY TRANSACTION. ANY INDIVIDUAL WHO HAS A CONFLICT RECUSES HIM OR HERSELF FROM VOTING ON THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15	THE OFFICERS OF CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY ARE EMPLOYED BY COMPASS HEALTH, A RELATED ORGANIZATION. COMPENSATION FOR THESE POSITIONS ARE REVIEWED AND COMPARED TO WAGE SURVEYS EVERY TWO YEARS BY COMPASS HEALTH HUMAN RESOURCES. THE LAST COMPENSATION REVIEW WAS PERFORMED IN 2014.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 13	CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY RELIES ON THE WHISTLEBLOWER POLICY OF COMPASS HEALTH, A RELATED ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 14 CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY RELIES ON THE DOCUMENT RETENTION AND DESTRUCTION POLICY OF COMPASS HEALTH, A RELATED ORGANIZATION.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Employer identification number
27-0627714

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COLLEGE HILL CONSOCIATION 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1380645	REAL PROPERTY MANAGEMENT	WA	501(C)(2)	N/A	COMPASS HEALTH		No
(2) COUNTERPOINT COMMONS 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1629821	LOW INCOME HOUSING	WA	501(C)(3)	LINE 7	COMPASS HEALTH		No
(3) MENTAL HEALTH SERVICES OF SNOHOMISH COUNTY II 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1442572	LOW INCOME HOUSING	WA	501(C)(3)	LINE 7	COMPASS HEALTH		No
(4) AMERICAN LUTHERAN CHURCH DBA LUTHER CHILD CENTER 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-0564979	INACTIVE	WA	501(C)(3)	LINE 1	COMPASS HEALTH		No
(5) COMPASS HEALTH 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1180810	MENTAL HEALTH SERVICES	WA	501(C)(3)	LINE 7	N/A		No
(6) HARMONY HOUSE NORTH ASSOCIATION 1299 CEDAR AVENUE MARYSVILLE, WA 98270 91-1494758	LOW INCOME HOUSING	WA	501(C)(3)	LINE 9	COMPASS HEALTH		No

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MARYSVILLE STUDIO APARTMENTS 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 74-3042867	LOW INCOME HOUSING	WA	N/A									
(2) MILWAUKEE PARK APTS LP 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 20-8221787	LOW INCOME HOUSING	WA	N/A									

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** 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)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 27-0627714
Name: CHILD ADVOCACY CENTER OF SNOHOMISH COUNTY

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) COLLEGE HILL CONSOCIATION 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1380645	REAL PROPERTY MANAGEMENT	WA	501(C)(2)	N/A	COMPASS HEALTH		No
(1) COUNTERPOINT COMMONS 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1629821	LOW INCOME HOUSING	WA	501(C)(3)	LINE 7	COMPASS HEALTH		No
(2) MENTAL HEALTH SERVICES OF SNOHOMISH COUNTY II 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1442572	LOW INCOME HOUSING	WA	501(C)(3)	LINE 7	COMPASS HEALTH		No
(3) AMERICAN LUTHERAN CHURCH DBA LUTHER CHILD CENTER 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-0564979	INACTIVE	WA	501(C)(3)	LINE 1	COMPASS HEALTH		No
(4) COMPASS HEALTH 4526 FEDERAL AVENUE BUILDING 3 EVERETT, WA 98203 91-1180810	MENTAL HEALTH SERVICES	WA	501(C)(3)	LINE 7	N/A		No
(5) HARMONY HOUSE NORTH ASSOCIATION 1299 CEDAR AVENUE MARYSVILLE, WA 98270 91-1494758	LOW INCOME HOUSING	WA	501(C)(3)	LINE 9	COMPASS HEALTH		No