Form 990	
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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



АГ	or the	a 2018 calendar year, or tax year beginning and	i enaing		
B c a	heck if pplicable	c Name of organization		D Employer identific	ation number
	Addres	THE NORTHWEST CATHOLIC COUNSELING CENT	ΓER		
	Name change	Doing business as		93-10	088962
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final	8383 NE SANDY BLVD	205	(503)) 253-0964
	termin- ated			G Gross receipts \$	841,783.
	Amend return			H(a) Is this a group re	turn
	Application	^{a-} F Name and address of principal officer: ERIN PETERS		for subordinates	
	pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
ΙT	ax-exe	empt status: 🔀 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🚺 4947(a)(1)	or 527	1	list. (see instructions)
J۷	Vebsit	te: ▶ WWW.NWCOUNSELING.ORG		H(c) Group exemptior	n number 🕨
KF	orm of	organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1986 M	State of legal domicile: OR
Pa	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$	NORTHW	EST CATHOLIC	2
Governance		COUNSELING CENTER PROVIDES BEHAVIORAL MEN	ITAL HE	ALTH COUNSE	LING TO
rna	2	Check this box \blacktriangleright if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			11
	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es é	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			18
viti	6	Total number of volunteers (estimate if necessary)		70	
Activities &	7a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	·····	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		231,472.	334,665.
Revenue	9	Program service revenue (Part VIII, line 2g)		420,772.	457,710.
se v		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,969.	10,273.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,797.	21,500.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		673,010.	824,148.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		635,211.	577,095.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďX	b b	Total fundraising expenses (Part IX, column (D), line 25) 81,4		101 500	180.265
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		171,592.	179,365.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		806,803.	756,460.
		Revenue less expenses. Subtract line 18 from line 12		-133,793.	67,688.
IS OF			Be	ginning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)		361,107.	424,818.
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		69,447.	87,266.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		291,660.	337,552.

Part II Signature Block

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

Sign	Signature of officer		Date								
Here	ERIN PETERS, EXECUTIVE	DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	GERARD DEBLOIS			self-employed P01287653							
Preparer	Firm's name MCDONALD JACOBS ,		Firm	's EIN ▶ 93-0900579							
Use Only	Firm's address 🖕 520 SW YAMHILL S	T., STE 500									
	PORTLAND, OR 972	04	Phor	ne no. (503) 227-0581							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE NORTHWEST CATHOLIC COUNSELING CENTER PROVIDES BEHAVIORAL MENTAL
	COUNSELING TO ALL PEOPLE IN NEED.
	COONSELING TO ALL FEOFLE IN MEED.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	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 \$590,629. including grants of \$0.) (Revenue \$449,105.)
	OUTPATIENT MENTAL HEALTH THERAPY TO INDIVIDUALS, FAMILIES, AND COUPLES.
	ONE-ON-ONE SESSIONS ARE PROVIDED TO ANYONE IN NEED, REGARDLESS OF
	ABILITY TO PAY. WORKSHOPS PROVIDED ON A VARIETY OF MENTAL HEALTH
	TOPICS, FOCUSED ON GIVING PEOPLE PRACTICAL TOOLS FOR LIVING A MORE
	HEALTHY LIFE.
4b	(Code:) (Expenses \$ 7,751. including grants of \$ 0. (Revenue \$ 0.)
	PSYCHIATRIC MEDICATION EVALUATION, PRESCRIBING AND EVALUATION BY A
	PSYCHIATRIC NURSE PRACTITIONER.
4c	(Code:) (Expenses \$
	MARRIAGE PREPARATION PROGRAM WITH COUPLES BEFORE MARRIAGE PROVIDED AS
	EITHER INDIVIDUAL SESSIONS OR AS PART OF A WORKSHOP GROUP. TOPICS
	INCLUDE COMMUNICATIONS AND CONFLICT MANAGEMENT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 613,974.
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			_
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		17		Х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
18 19		18	x	
	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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	x	x
	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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>		X	X X
19 20a	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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19	x	
19 20a	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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	19 20a	<u>x</u>	
19 20a b	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</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	19 20a		

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 THE NORTHWEST CATHOLIC COUNSELING CENTER
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		х
00	Schedule L, Part I	25b		~
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</i> "Yes,"	26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c		
832004	(gambling) winnings to prize winners?		990	(2018)
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Form	990 (2018) THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088	962	P	age 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 18											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b										
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	If "Yes," enter the name of the foreign country: ►											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders 11a											
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v								
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see instructions and file Form 4720, Schedule N.			v								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											

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Form 990	(2018)
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Section A. Governing Body and Management

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X

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

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

				Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	11											
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent 1b	10											
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?												
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?												
4													
5													
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
	more members of the governing body?		7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
	persons other than the governing body?		7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
а	The governing body?		8a	Х									
b	Each committee with authority to act on behalf of the governing body?		8b	Х									
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		9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
				Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?		10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	orm?	11a	Х									
b	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		12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	in Schedule O how this was done		12c	Х									
13	Did the organization have a written whistleblower policy?		13	Х									
14	Did the organization have a written document retention and destruction policy?		14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official		15a		X								
b	Other officers or key employees of the organization		15b		X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?		16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?		16b										
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50	J1(c)(3)s	only) a	availab	ole								
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X 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 poli	cy, and f	financi	al									
	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	▶											
	<u>ERIN PETERS - (503) 253-0964</u>												
	8383 NE SANDY BLVD, NO. 205, PORTLAND, OR 97220-4967			000									
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Form 990 (2018)	THE NORTHV	VEST CATHOLIC	COUNSELING	CENTER	93-1088962	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Schedule O contains a response or note to any line in this Part VII											

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

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

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

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	box	(do not check more t box, unless person is officer and a director				n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JULIE ROWLAND	1.00									
PRESIDENT		Х		X				0.	0.	0.
(2) NANCIE POTTER	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) BETHANY BACCI	1.00									
SECRETARY		Х		x				0.	0.	0.
(4) RICHARD KATZ	0.50									
TREASURER	0 50	Х		X				0.	0.	0.
(5) AMY NIST	0.50								0	
PAST PRESIDENT		Х		X				0.	0.	0.
(6) KEN WILLETT	0.50	v							0	
DIRECTOR (7) SHARON C. JOHNSON	0.50	X						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(8) MICHELLE MEYER	0.50	^						0.	0.	0.
DIRECTOR	0.50	х						0.	0.	0.
(9) KYLE EILENDFEDT	0.50									
DIRECTOR		x						0.	0.	0.
(10) RICK MURIE	0.50									
DIRECTOR		x						0.	0.	0.
(11) SARAH DEEBY, OSM	40.00									
DIRECTOR, COUNSELOR		x						50,200.	0.	2,110.
(12) ERIN PETERS EXECUTIVE DIRECTOR	40.00			x				78,200.	0.	2,950.
								70,200.		2,550.
		•								
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		۱ than c	ne	Reportable	Reportable		Est	imate	d
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	n	am	ount c	of
	week		cer an	id a di	irecto	or/trust	tee)	from	from related		C	other	
	(list any	ector						the	organizations		comp	oensat	ion
	hours for	or dir				ted		organization	(W-2/1099-MIS	C)	fro	om the	3
	related	stee c	ruste			ensa		(W-2/1099-MISC)			•	inizati	
	organizations	al tru:	onal t		loyee	comp						relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	pul	Ins	Offi	Key	Hig em	For			$ \rightarrow $			
					<u> </u>					-+			
										$ \longrightarrow $			
1b Sub-total								128,400.		0.	۲.) ۲.)	5,06	50.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								128,400.		0.	5	5,06	50.
2 Total number of individuals (including but r							o re		000 of reportable				
compensation from the organization		000		u un		,	010						0
												Yes	No
3 Did the organization list any former officer	diractor or tri	inter	ko		nnla		051	highoat componented or		Г			
• •				-	•			•			~		Х
line 1a? If "Yes," complete Schedule J for s										····	3		
4 For any individual listed on line 1a, is the su													v
and related organizations greater than \$15										···· -	4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." con	nplete Schedule	e J fe	or su	ich i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensati	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address	NC	ONE	6				Description of s	ervices	C	ompen	satior	1
							-						
2 Total number of independent contractors (i		ot lin	nitec	to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation 🕨				(J					_		
										I	Form S	90 (2	2018)

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9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c c d a b b c Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 918. c d All other revenue e Total revenue. See instructions					CATHOLIC	COUNSELIN	IG CENTER	93-1088	962 Page 9
Image: Constraint of the second se	Par	t VII							
age 1 = febrated campaigns 1 = b Membersip dues 1 = c Find address gits, gards, and d Hother contributions, gits, gards, and d Label of the state 1 for the			Check if Schedule O cont	ains a response	or note to any line		(B)	(C)	[]
age of the Restrict Campaigns 1a b Mombarity dues 1a c Find along overts 1a c Find along oppositions 1a c Government grants (contribution) 1a f Along control oppositions 1a c Government grants (contribution) 1a f Along control oppositions 1a c COUNSELING SERVICES Sale, 665. b REGISTRATION FEES 621300 449, 105. c							Related or exempt function	Unrelated business	Revenuè éxcluded from tax under sections 512 - 514
Part Counseling Services Paintee Code (51300 449,105. a - - - a - - - - a - - - - - a - - - - - - a - - - - - - a - - - - - - a - - - - - - a - - - - - - a Intestment income (including dividends, interest, and other similar amounts) - 9,009. 9,009. a - - - - - - a Gross rents - - - - - b Less: cental income or (loss) - - - - - a Gross mount from sinvertory 12,200. -	nts its	1 a	Federated campaigns	1a					
gas COUNSELING SERVICES Business Code 449,105. 449,105. b REGISTRATION FEES 621300 449,105. 621300 8,605. c - - - - - - g fall other program service revenue - - - - g Total. Add lines 2a:2! - 457,710. - - g Total. Add lines 2a:2! - 457,710. - - g Total. Add lines 2a:2! - 457,710. - - g Total. Add lines 2a:2! - 457,710. - - g Total. Add lines 2a:2! - 457,710. - - g Gross rents - - - - - g Gross amout from sales of assets of morthoralising events (not including \$ 10,736. - - 1,264. - g Gross income from fundraleing events (not including \$ 103,095. of cortorthubutions reported on line 10, See Part (V, line 18 20,582. -	<u>arar</u>								
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c Gain or (loss) 1,264. 1,264. d Net gain or (loss) 103,095. of contributions reported on line 1c). See Part IV, line 18 1,264. 1,264. b Less: direct expenses b 6,899. 20,582. 20,582. 9 a Gross income from gaming activities. See Part IV, line 19 a b b 20,582. 9 a Gross sincome from gaming activities. See Part IV, line 19 a b b b 0 a Gross sales of inventory, less returns and allowances a b b b 10 a Gross sales of inventory, less returns and allowances a b b c 11 a MISCELLANEOUS 900099 918. 918. c 11 a MISCELLANEOUS 900099 918. 918. c 12 Total revenue. See instructions 824,148. 458,628. 0. 30,855.		D		10.736.					
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8 a Gross income from fundraising events (not including \$103,095.of contributions reported on line 1c). See Part IV, line 18b 27,481.6 b Less: direct expensesb 20,582. 20,582. 9 a Gross income from gaming activities. See Part IV, line 19a > 20,582. b Less: direct expensesb > 20,582. 20,582. 9 a Gross income from gaming activities. See Part IV, line 19a > > 20,582. 10 a Gross sales of inventory, less returns and allowancesa > > > 0 Less: cost of goods soldb > > > 11 a MISCELLANEOUS 900099 918. 918. 918.					▶	1,264.			1,264.
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c Net income or (loss) from fundraising events > 20, 582. 20, 582. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > a 10 a 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 900099 918. 918. b	sver								
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c Net income or (loss) from fundraising events > 20, 582. 20, 582. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > a 10 a 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 900099 918. 918. b	the	b			6,899.				
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 918. 918. all other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	0	с	Net income or (loss) from func	Iraising events	►	20,582.			20,582.
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 918. 918. 918. c Image: Control of Con		9 a							
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and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 918. 918. 918. c				-	▶				
b Less: cost of goods sold b		iu a	•						
c Net income or (loss) from sales of inventory Image: Code state		h							
Miscellaneous Revenue Business Code 918. 11 a MISCELLANEOUS 900099 918. 918. b									
11 a MISCELLANEOUS 900099 918. 918. b	F								
c	ľ	11 a				918.	918.		
c		b							
e Total. Add lines 11a-11d ▶ 918. 12 Total revenue. See instructions ▶ 824,148. 458,628. 0. 30,855.		с							
12 Total revenue. See instructions 824,148. 458,628. 0. 30,855.		d							
							450 600		20.055
832009 12-31-18 Form 99U (2018					►	824,148.	458,628.	υ.	<u>30,855.</u> Form 990 (2018)

)n r	Check if Schedule O contains a respons	(A)	his Part IX (B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Eundraising
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,	122 400	112 120		10 77
	trustees, and key employees	133,460.	113,132.	7,556.	12,77
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	260 117	210 111		25 02
7	Other salaries and wages	368,117.	312,111.	20,775.	35,23
B	Pension plan accruals and contributions (include	6 076	5,829.	200	65
_	section 401(k) and 403(b) employer contributions)	6,876. 33,039.		389.	65 3,16 3,40
9	Other employee benefits	35,603.	28,007. 30,116.	1,871. 2,082.	3,10 2 40
)	Payroll taxes	35,003.	30,110.	2,002.	5,40
1	Fees for services (non-employees):				
	Management				
		7,095.		7,095.	
	Accounting	7,095.		7,095.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f a	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	27,683.	13,035.	8,640.	6 00
•		1 1 4 4	1,055.	0,010.	0,00
2	Advertising and promotion	1,144. 30,513.	19,280.	418.	6,00 8 10,81
3 4	Office expenses	50,515.	15,200.	410.	10,01
+ 5	Information technology Royalties				
6	Occupancy	71,061.	65,972.	3,567.	1,52
7	Travol	/1/0010	0070720	575071	1,52
, 8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9					
0	Г				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,614.	2,206.	157.	25
3	Insurance	2,376.	2,003.	144.	22
ţ	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 0.)				
а	BANK FEES	7,529.	4,460.	265.	2,80
b	CHARITABLE SUPPORT	6,640.		6,640.	•
c	REPAIRS AND MAINTENANCE	6,187.	6,101.	61.	2
	HOSPITALITY	4,923.	3,973.	489.	46
	All other expenses	11,600.	6,694.	915.	3,99
;	Total functional expenses. Add lines 1 through 24e	756,460.	613,974.	61,064.	81,42
;	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 Figure 1 if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 10
Part IX Statement of Functional Expenses

832011 12-31-18

As							
	8	Inventories for sale or use				8	
	9	B			3,041.	9	1,443.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	74,734	•		
	b	Less: accumulated depreciation	10b	69,618		10c	<u>5,116.</u> 239,422.
	11	Investments - publicly traded securities			249,736.	11	239,422.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			361,107.	16	424,818.
	17	Accounts payable and accrued expenses			69,447.	17	87,266.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and forme					
litie		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrel		23			
	24	Unsecured notes and loans payable to unrelate	ed third partie	s		24	
	25	Other liabilities (including federal income tax, p	ayables to rel	ated third			
		parties, and other liabilities not included on line					
		Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	69,447.	26	87,266.		
		Organizations that follow SFAS 117 (ASC 95					
ŝ		complete lines 27 through 29, and lines 33 a					
ů,	27	Unrestricted net assets			291,660.	27	307,552.
ala	28	Temporarily restricted net assets			0.	28	30,000.
Net Assets or Fund Balances	29	Permanently restricted net assets		······		29	
Fun		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here 🕨 📃			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	s			30	
Ass	31	Paid-in or capital surplus, or land, building, or e				31	
et /	32	Retained earnings, endowment, accumulated in	ncome, or oth	er funds		32	
z	33	Total net assets or fund balances			291,660.	33	337,552.
	34	Total liabilities and net assets/fund balances			361,107.	34	424,818. Form 990 (2018)

1

2

3

4

5

6

7

ssets

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L

employees' beneficiary organizations (see instr). Complete Part II of Sch L

Notes and loans receivable, net

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

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete (A) Beginning of year

61,747.

9,345.

32,596.

527.

1

2

3

4

5

6

7

(B) End of year

109,848.

21,380.

47,082.

527.

17451113 781409 6903

Form	1990 (2018) THE NORTHWEST CATHOLIC COUNSELING CENTER	93-108	8962	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	824		
2	Total expenses (must equal Part IX, column (A), line 25)	2	756		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	291		
5	Net unrealized gains (losses) on investments	5	-21	. , 79	96.
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	337	,55	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b) , noc	
			_ ($\mathbf{n}\mathbf{n}\mathbf{n}$	

Form **990** (2018)

832012 12-31-18

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2018
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			oformation		Inspection
Nam	e of t	he organization		- GO to www.iis.go			ie ialest ii		Employer	identification numbe
Nam					CATHOLIC COUN					3-1088962
Par	+ 1	Reason			All organizations must co					J-1000902
									•	
I	organ				For lines 1 through 12, cl					
1					on of churches described			1)(A)(I).		
2					Attach Schedule E (Form					
3		•	•		anization described in se					
4			-	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
,		city, and state								
5					llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(I	b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10	Х	An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities relat	ted to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section &	509(a)(2). (Cor	mplete Part III.)						
11 [An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	i09(a)(3).	Check the box in
		lines 12a thro	ugh 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the support	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it:	s supporte	ed organizatior	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fun	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supporte	ed organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its support	ted organiz	zation(s)
			-		ation generally must sat				-	
					nplete Part IV, Sections					
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of								
g	Pro	vide the followi	ng information	about the supporte						
	(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
		() 22 ()	(1) 00 (7	() 22/2	()) 00 (7	() 00/0	(0
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
-	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activities,	•	,	d fourth or fifth t		12	
13	First five years. If the Form 990 is for	•			•		
Sec	organization, check this box and stor tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2018 (I		-	column (fl)		14	%
	Public support percentage from 2017		•			15	%
	33 1/3% support test - 2018. If the c					· · · · ·	
100	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the o						······
Ň	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
h	10% -facts-and-circumstances test						
2	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						►
18	Private foundation. If the organization		-				s
				,,		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 256,064 263,651. 412,637. 231,472. 334,665. 1498489. 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 445,836. 474,692. 419,622. 457,710. 2214799. 416,939. 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 673,003. 709,487. 887,329. 651,094. 792,375. 3713288. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 28,460. 22,922. 19,644. 14,495 48,870. 134,391. 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 Ο. 19,644. c Add lines 7a and 7b 48,870. 28,460. 22,922. 14,495 134 391 3578897 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2016 (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 673,003. 709,487. 651,094. 792,375. 3713288. 887,329. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 18,837. 14,812. 10,236. 6,969. 9,009. 59,863. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 18,837. 14,812. 10,236. 6,969. 9,009. 59,863. 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 1,208. 28,399. 29,607. assets (Explain in Part VI.) 724,299. 897,565. 691,840. 659,271. 829,783. 3802758. 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 94.11 % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 15 93.97 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.57 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) % 1.61 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. 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 ► X 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 - 2017. 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 Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18

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Schedule A (Form 990 or 990 EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

Schedule A (Form 990 or 990-EZ) 2018

10b

Schedule A (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 99	90 or 99	0-EZ)	2018

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Sche Pa	dule A (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC tV Type III Non-Functionally Integrated 509(a)(3) Supportir			93-1088962 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VII) See instructions Al
•	other Type III non-functionally integrated supporting organizations must co	-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations (continued)	1				
Secti	ction D - Distributions Current Year							
_1	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive)					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	1						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
_1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
C	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
<u> i</u>	Carryover from 2013 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2014							
b	Excess from 2015							
C	Excess from 2016							
	Excess from 2017							
e	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A Part VI	(Form 990 or 990-EZ) 2018 THE N Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part	Provide the expla lb, 4c, 5a, 6, 9a, 3; Part IV, Sectio	nations required by 9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2l	/ Part II, line 10; I ind 11c; Part IV, 3 5, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	n C,
	(See instructions.)						
028 10-11-1	8				Schedul	e A (Form 990 or 990-	EZ) 2018
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Schedule B

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

Name of the organization

Organization type (check one):

N

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

ORTHWEST CATHOLIC COUNSELING CENTER	ORTHWEST	CATHOLIC	COUNSELING	CENTER	
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., exclusively religious,
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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THE NORTHWEST CATHOLIC COUNSELING CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$7,610.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6_		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

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

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Employer identification number

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THE NORTHWEST CATHOLIC COUNSELING CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 823452 11-08-		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

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

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Employer identification number

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THE NORTHWEST CATHOLIC COUNSELING CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$10,680.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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THE NORTHWEST CATHOLIC COUNSELING CENTER

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Employer identification number

93-1088962

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)			Page
Name of o	organization			Employer identification number
THE N	ORTHWEST CATHOLIC COUNS			93-1088962
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a) through (e) and the following line er	ntry. For organizations	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. o	once.) > \$
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
			<u> </u>	
		(e) Transfer of gi	π	
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
		[
(a) No.			I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	and $7\mathbf{IP} \pm 4$	Relationship of tr	ansferor to transferee
			Nelationship of t	
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of git		
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
823454 11-08	8-18		Schedul	e B (Form 990, 990-EZ, or 990-PF) (2018)

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SCHEDU	LE D
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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the organization THE NORTHWEST CATH	OLIC COUNSEL	ING CENTER	Employer identification number 93-1088962		
Par						
	organization answered "Yes" on Form 990, Part IV, lin					
	.	(a) Donor advise	ed funds	(b) Funds and other accounts		
1	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors in		eld in donor advised	funds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?			Yes No		
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Pres	servation of a histori	ically important land area		
	Protection of natural habitat	Pres	servation of a certifie	ed historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	a conservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
	Number of conservation easements on a certified historic stru-					
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure					
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the or	ganization during the tax		
_	year					
	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per	.		Yes No		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		ad opforcing consor			
0		rianuling of violations, a	id enforcing conser	valion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservatio	n essements during the year		
'		and go violations, and en	norcing conservatio	n easements during the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirement	ts of section 170(h)(4)(B)(i)		
Ũ	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservation	on easements in its rever	nue and expense st	atement, and balance sheet, and		
-	include, if applicable, the text of the footnote to the organization					
	conservation easements.			5		
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Othe	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in i	ts revenue statemer	nt and balance sheet works of art,		
	historical treasures, or other similar assets held for public exh	nibition, education, or res	earch in furtherance	e of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri	bes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its re	evenue statement ar	nd balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in f	urtherance of public	c service, provide the following amounts		
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				• • •		
2	If the organization received or held works of art, historical tre	asures, or other similar a	ssets for financial g	ain, provide		
	the following amounts required to be reported under SFAS 1					
	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X			> \$		

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

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	dule D (Form 990) 2018 THE NOR1 t III Organizations Maintaining Contract	HWEST CATH						93-10			age 2
3	Using the organization's acquisition, accessio									,	
3	(check all that apply):	n, and other records	s, chec	k any or the	lollowing that	are a si	grincarit	use of its c	ollection	tems	
а	Public exhibition	d		Loan or exc	change progra	ams					
b	Scholarly research	e									
c	Preservation for future generations	-									
4	Provide a description of the organization's col	lections and explain	n how th	hev further tl	ne organizatio	n's exer	not ouro	ose in Part	XIII.		
5	During the year, did the organization solicit or	•			•						
Ũ	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple									1110
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia		•						7		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing	table:				1			
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or c	ustodial accou	unt liabil	ity?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an	swered	I "Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b)	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1	a. column (a)) held as:						
а	Board designated or quasi-endowment		%	3,	,,,						
b	Permanent endowment										
	Temporarily restricted endowment										
Ŭ	The percentages on lines 2a, 2b, and 2c shou										
30	Are there endowment funds not in the posses		tion the	at are held a	nd administer	ad for th	e organi-	vation			
Ja	by:	Sion of the organiza		at are neiu a	nu aurimister		le organiz	ation	Г	Yes	No
	-								3a(i)	103	
	<i>c, c</i>								3a(ii)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizat	ione listod as roquir		Schodulo P2					3b		
4	Describe in Part XIII the intended uses of the								30		
	t VI Land, Buildings, and Equipme		witterit	iunus.							
	Complete if the organization answered		Dart I	V line 112 9	See Form 990	Dart X	line 10				
	-							had			
	Description of property	(a) Cost or o basis (investn			t or other (other)		ccumula preciatio		(d) Book	value	3
4-	Land		liony	54315		ue	PICOlation				
-	Land										
b	Buildings				5,919.		F 0	19.			
	Leasehold improvements			6						5,1	$\frac{0}{16}$
d	Equipment				8,815.		63,6		3	,⊥.	10.
	Other								F	. 1 -	16
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part J	X <u>, colur</u>	<u>mn (B), line 1</u>	0c.)			. 🕨 🗌		5,11	
								Schedule	D (Form	990)	2018

832052 10-29-18

Schedule D (Form 990) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 3 Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 THE NORTHWEST CATHOLIC			age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenue per I	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	<u>2</u> a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.))	. 5	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	• •	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
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		-	
b	Other (Describe in Part XIII.)			
с _	Add lines 4a and 4b			
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.	<u>8.)</u>	. 5	
га				

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

832054 10-29-18

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activi						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018
Department of the Treasury Internal Revenue Service	Ν.	Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ic	lentification number
		THWEST CATHOLIC COU	JNSE	ELI	IG CENTER		93-108	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
· · ·	complete this part	ed funds through any of the following	a activ	ition (Chock all that apply			
a Mail solicitat	•		•		overnment grants			
—	email solicitations			•	nment grants			
c 📃 Phone solicit	tations	g 🔛 Special	fundra	ising	events			
d In-person so								
•		r oral agreement with any individual	•	Ũ		tees,		
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursua			U U	ha fur	Y [] Adraiser is to l	
compensated at le	•	· /·		agreer				
			(iii)	Did		(1)	Amount paid	
(i) Name and address		(ii) Activity	fundr have ci	aiser	(iv) Gross receipts	tò (c	or retained by	(vi) Amount paid to (or retained by)
or entity (fund	Iraiser)		or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization '
			Yes	No				
Total								
		n is registered or licensed to solicit c	ontrib		or has been notified	l itise	exempt from (registration
or licensing.	on the organizatio		ontrib				skompt nom	ogioriation
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Schee	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1088962 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr				<u> </u>
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPRING	CIRCLE OF	NONE	(add col. (a) through
			CELEBRATION	STRENGTH BRU		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	47,160.	83,416.		130,576
	2	Less: Contributions	31,750.	71,345.		103,095
	3	Gross income (line 1 minus line 2)	15,410.	12,071.		27,481
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs	1,662.	5,237.		6,899
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				<u> </u>
	10					6,899
	11 rt					20,582
Т		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
œ,	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4					
	-	Rent/facility costs				
		Rent/facility costs Other direct expenses				
	5	Other direct expenses	Yes%	Yes%	% %	
	<u>5</u>	Other direct expenses Volunteer labor	└── Yes % └── No	No	No	
	5 6 7	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No	□ No	<u>No</u> No ►	
	5 6 7	Other direct expenses Volunteer labor	Yes% No	□ No	<u>No</u> No ►	
9	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No	No No	No ►	
	5 6 7 8 Ent	Other direct expenses	Yes % No for 5 in column (d) from line 1, column (d) ucts gaming activities:	No	No ►	Yes N
а	5 6 7 8 Ent	Other direct expenses	Yes% No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No ►	Yes N
a b Da	5 6 7 8 Ent Is t Is t We	Other direct expenses	Yes% No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	
a b)a	5 6 7 8 Ent Is t Is t We	Other direct expenses	Yes% No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	
a b a	5 6 7 8 Ent Is t Is t We	Other direct expenses	Yes% No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	

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Sch	edule G (Form 990 or 990-EZ) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER 93-1	088962	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	11	
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗌 Yes	No 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 \blacktriangleright \$		
с	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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
83208	IS 10-03-18 Schedule G (Form	1 990 or 99	0-EZ) 2018
	34		

Schedule G	i (Form 990 or 990-EZ) Supplemental Int	THE	NORTHWEST	CATHOLIC	COUNSELING	CENTER	93-1088962	Page 4
Partiv	Supplemental In	Iormation	(continued)					
						Sch	edule G (Form 990 o	990-EZ)

832084 04-01-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047 18 Open to Public Inspection

THE NORTHWEST CATHOLIC COUNSELING CENTER

Employer identification number 93-1088962

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

ALL PEOPLE IN NEED.

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

PRIOR TO FILLING THE 990, THE EXECUTIVE DIRECTOR AND THE TREASURER REVIEW

THE 990 IN DETAIL PRIOR TO FILING. IT IS THEN FORWARDED TO THE GOVERNING

BODY FOR REVIEW AND VOTE OF APPROVAL.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE EXECUTIVE

DIRECTOR AND SIGNED BY ALL BOARD MEMBERS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

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STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

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

832211 10-10-18

SCHEDULE	R
(= 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Name of the organization

THE NORTHWEST CATHOLIC COUNSELING CENTER

Employer identification number 93 - 1088962

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SERVANTS OF MARY - 47-0399859							
7400 MILITARY AVE	SERVING INDIVIDUALS WITH						
OMAHA, NE 68134	COMPASSION	NEBRASKA	501(C)(3)	LINE 1			Х
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 THE NORTHWEST CATHOLIC COUNSELING CENTER

93-1088962 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No
											<u> </u>
	1										
	1										

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	(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	contr enti	ity?
		country)						Yes	No

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
ο	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х

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
(1) SERVANTS OF MARY	0	103,412.	CASH
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

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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)	(b)	(c)	(d)	(e	e) all	(f)	(g)	(h	ו)	(i)	(j)		(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	all rs sec. c)(3)	Share of		Dispr tior alloca	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manac		rcentage	
of entity		(state or foreign country)	excluded from tax under sections 512-514)	org Yes		total income		alloca Yes	tions?	of Schedule K-1 (Form 1065)	partne Yes I	er? ⁻ OW	wnersnip	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	NO			Yes	NO	(1011111000)	Yes	10		
												_		

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Part VII Supplemental Inform	natior									
Provide additional information for responses to questions on Schedule R. See instructions.										

(Rev. January 2019)

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

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

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

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

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

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

				Enter file	er's identify	ing number				
Type or print	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) o							
print	THE NORTHWEST CATHOLIC COUN	93-1088962								
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	Social se	curity numb	per (SSN)						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97220 - 4967										
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)							
Applica	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			r (SSN) 				
Form 99	90-BL	02	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99)0-PF	04	Form 5227			10				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	90-T (trust other than above)	06	Form 8870			12				
• If this box 1 Ir th	request an automatic 6-month extension of time until e organization named above. The extension is for the org. X calendar year 2018 or	Group Exe and atta NOVEN anization's , an	mption Number (GEN) ch a list with the names and EINs of <u>IBER 15, 2019</u> , to file return for: d ending	If this is fo all memb	r the whole ers the exte npt organiza	group, check this nsion is for.				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less	20	\$	0.				
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	<u>3a</u>	Ф	0.				
	stimated tax payments made. Include any prior year overp			3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ					
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.				
Cautior instructi	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84		d Form 887					