



## **LAKEWOOD CITY COUNCIL STUDY SESSION AGENDA**

Monday, August 14, 2023

7:00 P.M.

City of Lakewood

Council Chambers

6000 Main Street SW

Lakewood, WA 98499

Residents can virtually attend City Council meetings by watching them live on the city's YouTube channel:

<https://www.youtube.com/user/cityoflakewoodwa>

Those who do not have access to YouTube can call in to listen by telephone via Zoom: Dial +1(253) 215-8782 and enter meeting ID: 868 7263 2373

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Page No.

### **CALL TO ORDER**

### **ITEMS FOR DISCUSSION:**

- (3) 1. Abatement Program Update. – (Memorandum)
- (60) 2. Review funding allocation of \$1 Million in HOME funds and \$1.175 Million in HOME-ARP in support of Living Access Support Alliance (LASA) Gravelly Lake Commons 25-unit affordable housing development. – (Memorandum)
- (94) 3. 2024 Comprehensive Plan Periodic Review Update: Land Use. – (Memorandum)

### **ITEMS TENTATIVELY SCHEDULED FOR AUGUST 21, 2023 REGULAR CITY COUNCIL MEETING:**

- 1. Authorizing the award of a contract for the Western State Hospital Plan review. – (Motion – Consent Agenda)
- 2. Authorizing the execution of an agreement with the Washington State Healthcare Authority for Lakewood's CHOICE. – (Motion – Consent Agenda)
- 3. Approve funding allocation of \$1 Million in HOME funds and \$1.175 Million in HOME-ARP in support of Living Access Support Alliance (LASA) Gravelly Lake Commons 25-unit affordable housing development. – (Resolution – Regular Agenda)

*Persons requesting special accommodations or language interpreters should contact the City Clerk, 253-983-7705, as soon as possible in advance of the Council meeting so that an attempt to provide the special accommodations can be made.*

4. Authorizing use of \$74,855 of "1406" funds for rental assistance to Lakewood Clients served by Metropolitan Development Council (MDC).  
– (New Business – Regular Agenda)
5. Review of City Hall Redesign Study. – (Reports by the City Manager)

## **REPORTS BY THE CITY MANAGER**

## **CITY COUNCIL COMMENTS**

## **ADJOURNMENT**

*Persons requesting special accommodations or language interpreters should contact the City Clerk, 253-983-7705, as soon as possible in advance of the Council meeting so that an attempt to provide the special accommodations can be made.*



TO: Mayor and City Councilmembers

FROM: Jeff Gumm, Program Manager

THROUGH: John J. Caulfield, City Manager

DATE: August 14, 2023

SUBJECT: Abatement Program Update

A handwritten signature in black ink, reading "John J. Caulfield".

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**Background:**

This memorandum will provide the City Council with an update of the status of the Dangerous & Nuisance Building Abatement Program. This memo is accompanied by a PowerPoint presentation that will cover the following elements:

- Projects completed in 2022;
- Projects completed 2023 to date;
- Status and location of current abatement projects; and
- Photographs of various completed and active abatement projects.

**2022 Abatement Quick Facts:**

- 23 abatements completed (18 dangerous building/ 5 nuisance)
- 17 projects completed by owner; 6 completed by City (74% owner compliance rate)
- 7 properties associated with squatter/transient activity
- 4 properties associated with structure fires
- 10 commercial properties/ 13 single family properties
- \$1,529,718.82 – Total Expenses (\$1,253,283.51 fund 105/ \$276,435.31 fund 191)
- \$897,339.79 – Total Revenue (\$867,758.63 fund 105/ \$29,581.16 fund 191)
- Ending Fund Balance \$33,186 – December 31, 2022 (\$33,186 fund 105/ \$0 fund 191)

**2023 Abatement Projects - Completed:**

- 11 abatement projects completed to date in 2023 (9 dangerous buildings/ 2 nuisance)
- 10 projects completed by owner; 1 completed by City (91% owner compliance rate)
- 1 property associated with squatter/transient activity
- No properties associated with structure fires
- 6 commercial properties/ 4 single family properties
- \$299,647.96 – Total Expenses (\$299,647.96 fund 105 / \$0 fund 191)
- \$93,316.44 – Total Revenue (\$93,316.44 fund 105/ \$0 fund 191)

**2023 Abatement Projects- Ongoing:**

- 8 properties under abatement order (5 dangerous building/ 3 nuisance). Of the eight properties, four are commercial and four are single family.
- 7 properties in the queue (5 dangerous building/ 2 nuisance)

Commercial properties continue to trend in 2022-23 with multiple commercial properties being addressed:

- ✓ 2621 84<sup>th</sup> St. S (Karwan MHP)
- ✓ 9616 Gravelly Lake Dr. SW (2-story office building)
- ✓ 3851 Steilacoom Blvd. SW (Old Johnny's Market convenience store)
- ✓ 8920 Gravelly Lake Dr. SW (Old Swan Candles property)
- ✓ 3314 96<sup>th</sup> St. SW (Windsor Court MHP)
- ✓ 14421 Woodbrook Dr. SW (old restaurant)
- ✓ 12314 Pacific Hwy SW (old Tactical Tailor building)
- ✓ 4914 115<sup>th</sup> St. Ct. SW (Melody Apts)
- ✓ 7319 146<sup>th</sup> St. SW (6 structures)
- ✓ 8410 S Tacoma Way (5 structures)
- ✓ 6408 Steilacoom Blvd. SW (old Lotus House restaurant)
- ✓ 10615 Bridgeport Way SW (old NAPA).

As many of Lakewood's commercial structures age, staff anticipates an increase in commercial abatement actions, especially along Bridgeport Way and Pacific Hwy.

**Priority List Projects:** The following is a list of "focused" priority projects identified by the programs manager, building official, and assistant city manager in consultation with CSRT:

| Address/Location                        | Status                                                                                                                                                                                                   |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 7319 146 <sup>th</sup> St. SW        | Contractor working with property owner and Benaroya (financing agent) to complete demo of 6 structures (2 of which have had structure fires) and cleanup of entire site. Work to be completed in August. |
| 2. 7407 146 <sup>th</sup> St. SW        | New owner in process of demolishing remaining duplex and redeveloping property into MF apt complex.                                                                                                      |
| 3. 4914 115 <sup>th</sup> St. SW        | Owner working on correcting dangerous conditions associated with a structure fire and previous owner's repairs without permit or inspection. 16-unit apt complex.                                        |
| 4. 10615 Bridgeport Way SW              | Owner has agent working on permit application to repair structure. Building has extensive damage and a current assessed valuation of \$38,400 for all improvements.                                      |
| 5. 10408-10410 112 <sup>th</sup> St. SW | In process with contractor. City has Agreed Order to finish cleanup of garbage and debris remaining at duplex. Work to be completed in August.                                                           |
| 6. 11206 Military Rd. SW                | Property owner selling property. Abatement order requires SF house to be demolished.                                                                                                                     |
| 7. 9646 Bridgeport Way SW               | Property has significant life safety repairs relating to RHSP. Owner obtaining permits.                                                                                                                  |
| 8. 9668 Bridgeport Way SW               | Property has significant life safety repairs relating to RHSP. Owner obtaining permits.                                                                                                                  |



| Address/Location                   | Status                                                                                                         |
|------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Next Up:                           |                                                                                                                |
| 1. 5219-5225 San Francisco Ave. SW | Nuisance property- multifamily - 40+ vehicles. Owner redeveloping in MF apt complex.                           |
| 2. 4805 123 <sup>rd</sup> St. SW   | Nuisance property- commercial - vacant property with transients causing fires, illegal structures and garbage. |
| 3. 8232 Custer Rd. SW              | Nuisance property- single-family - illegal and unpermitted construction.                                       |
| 4. 9704 S Tacoma Way               | Nuisance property- commercial - illegal/improper storage of contractor material and improper fire access.      |

Community Development staff will be present to answer questions regarding the abatement program or process.

# City of Lakewood



## Dangerous & Nuisance Building Abatement Program

# Program Status

## Projects Completed 2022: 23

(18 Dangerous Building/ 5 Nuisance)

\*17 completed by owner/ 6 completed by city\*

## Projects Completed YTD 2023: 11

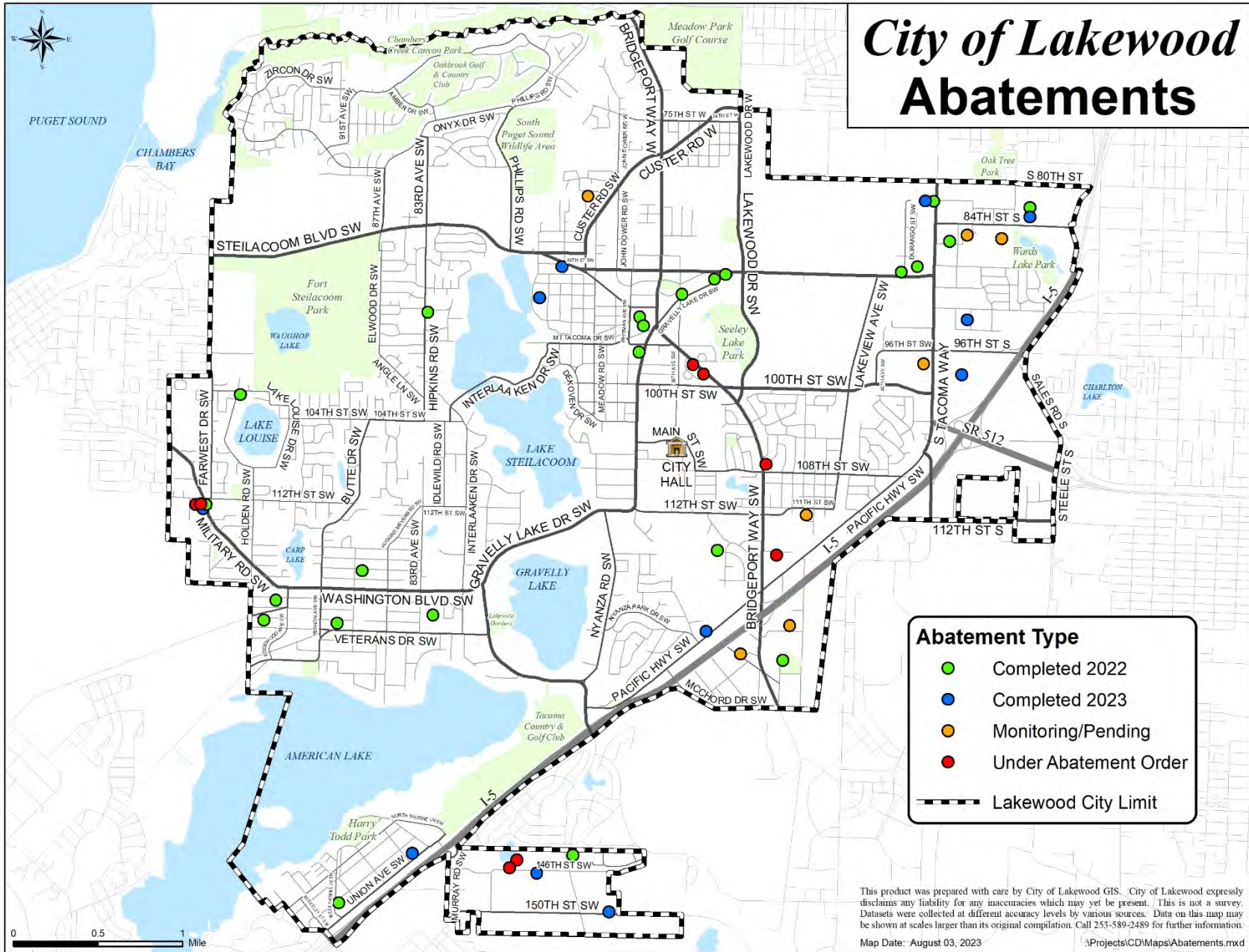
(9 Dangerous Building/ 2 Nuisance)

\*10 completed by owner/ 1 completed by city\*

## Projects Pending: 15

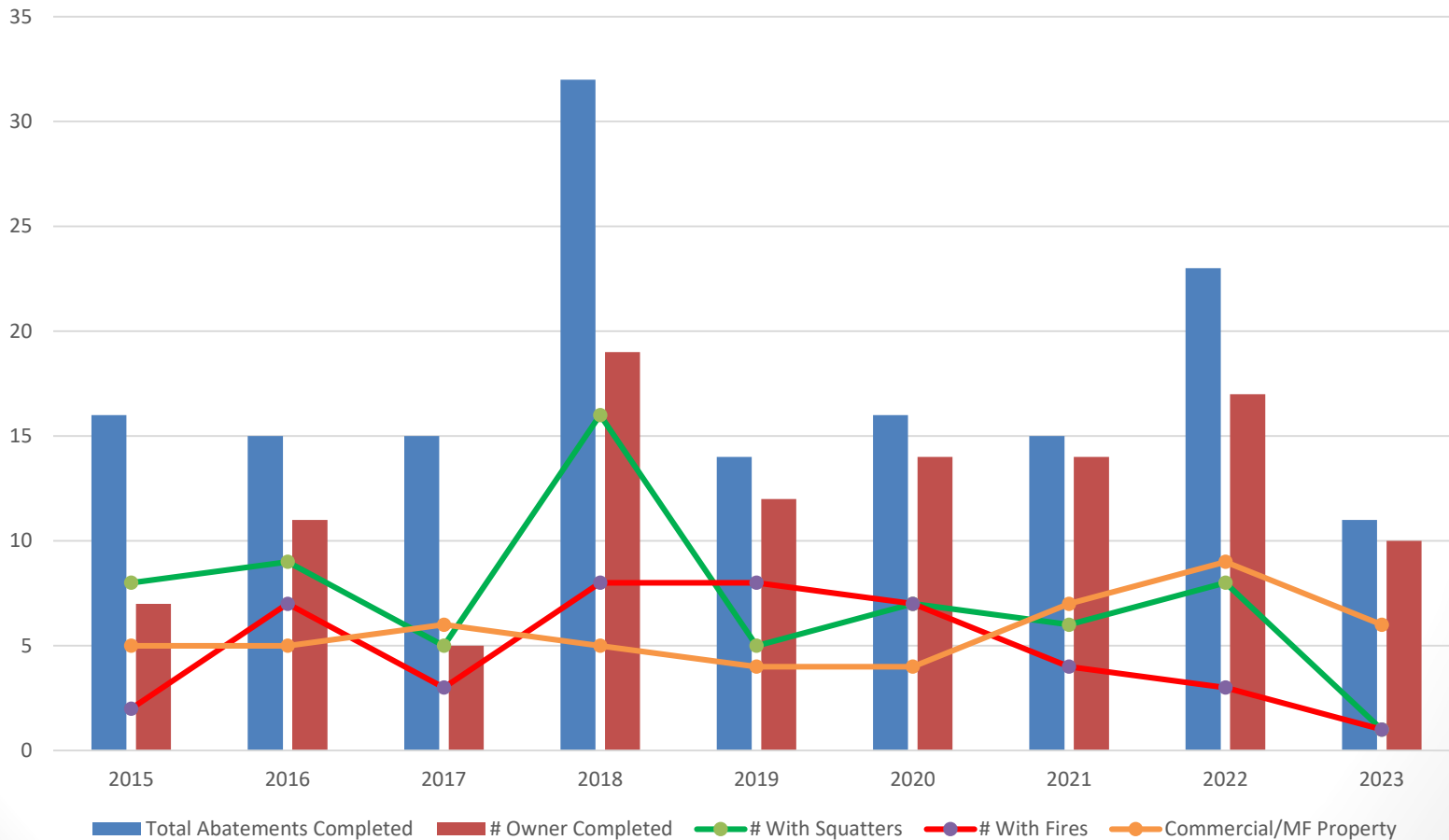
(10 Dangerous Building/ 5 Nuisance Abatement)

\*8 under Abatement Order/ 7 in queue\*



# Trends of Note

Abatement Trends of Note



# Abatements of Note Completed - 2022



# 8410 S Tacoma Way



# 3407 86<sup>th</sup> St. S





# 5408 Steilacoom Blvd. SW



# 9808 Lawndale Ave. SW - Nuisance





# 2621 84<sup>th</sup> St. SW - Karwan MHP



# 2621 84<sup>th</sup> St. SW- Karwan MHP





# 2621 84<sup>th</sup> St. SW - Karwan MHP



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# 2621 84<sup>th</sup> St. SW - Karwan MHP



# 2621 84<sup>th</sup> St. SW- Karwan MHP





# 3851 Steilacoom Blvd. SW



# 3851 Steilacoom Blvd. SW





# 14421 Woodbrook Dr. SW



# 9616 Gravelly Lake Dr. SW



# 9616 Gravelly Lake Dr. SW



# Abatelements Completed 2023



# 2621 84<sup>th</sup> St. SW – Karwan MHP - Sewers



# 2621 84<sup>th</sup> St. SW- Karwan MHP - Sewers

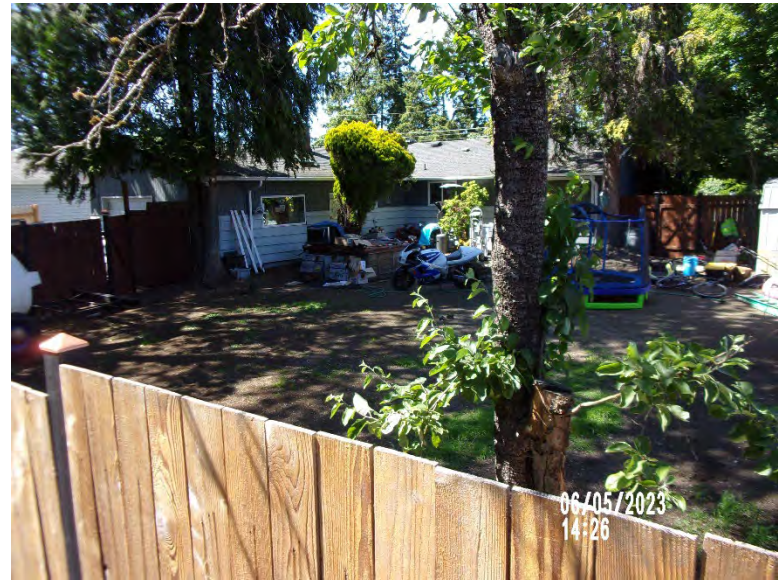




# 8104 - 8106 S Tacoma Way



# 7004 Cherry Ln. SW - Nuisance





# 33<sup>rd</sup> Ave. S – ROW - Nuisance



# 33<sup>rd</sup> Ave. S – ROW - Nuisance





# 14440 Union Ave. SW



# Active Abatements



# 10408 – 10410 112<sup>th</sup> St. SW - Nuisance





# 7407 – 7409 146<sup>th</sup> St. SW





# 7407 – 7409 146<sup>th</sup> St. SW





# 7407 – 7409 146<sup>th</sup> St. SW





# 7407 – 7409 146<sup>th</sup> St. SW





7407 – 7409 146<sup>th</sup> St. SW





7319 146<sup>th</sup> St. SW





# 7319 146<sup>th</sup> St. SW





7319 146<sup>th</sup> St. SW



# 4914 115<sup>th</sup> St. Ct. SW – Melody Apts.





# 4914 115<sup>th</sup> St. Ct. SW – Melody Apts.



# 4914 115<sup>th</sup> St. Ct. SW – Melody Apts.





# 4914 115<sup>th</sup> St. Ct. SW – Melody Apts.





# 4914 115<sup>th</sup> St. Ct. SW – Melody Apts.



# 9646 Bridgeport Way SW - Nuisance





# 9668 Bridgeport Way SW - Nuisance



# 10615 Bridgeport Way SW (Old NAPA)





# 10615 Bridgeport Way SW (Old NAPA)



# 10615 Bridgeport Way SW (Old NAPA)





# 10615 Bridgeport Way SW (Old NAPA)



# 10615 Bridgeport Way SW (Old NAPA)





# 10615 Bridgeport Way SW (Old NAPA)



# City of Lakewood



## Dangerous & Nuisance Building Abatement Program


Jeff Gumm, Program Manager





TO: Mayor and City Councilmembers

FROM: Jeff Gumm, Housing Program Manager and Dave Bugher, Assistant City Manager for Development Services

THROUGH: John J. Caulfield, City Manager 

DATE: August 14, 2023

SUBJECT: Review funding allocation of \$1 Million in HOME funds and \$1.175 Million in HOME-ARP in support of Living Support Access Alliance (LASA) Gravelly Lake Commons 25-unit affordable housing development.

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**Background:** This memorandum serves multiple purposes:

- 1) Provides a brief review of the LASA Gravelly Lake Commons development project;
- 2) Provides as a brief review of HOME & HOME-ARP programs;
- 3) Includes funding recommendations on HOME & HOME-ARP in support of the Gravelly Lake Commons housing project.

**What is the LASA Gravelly Lake Commons affordable housing development?**

The Living Access Support Alliance (LASA) Gravelly Lake Commons development will add 25 new units of affordable housing for low-income households. The project will construct a mix of one, two and three bedroom units and will be located at the corner of Gravelly Lake Drive, 59th Street SW and Fairlawn Drive SW. The project will be considered phase 3 a four phased development, with the first being LASA's development of the Client Service Center and 15-units of affordable housing in 2015, and the second consisting of the currently ongoing hygiene center expansion - shower, bathroom, laundry, personal items and clothing bank, and computer access. Phase 4 will look to complete the construction project with an additional 30 affordable units to be constructed sometime in 2027-28.

This project will provide affordable housing units with no supportive housing provisions or restrictions and will be solely managed and operated by LASA. The Tacoma Housing Authority will not be involved in this phase of development, as they were when LASA constructed their initial 15 units of affordable housing. All management decisions and tenant selections will be conducted by LASA outside the coordinated entry/centralized intake system (centralized intake or Access Point for Housing is used by Pierce County to coordinate is regional homelessness approach where clients are initially screened and

connected to regional providers participating in the County's 10-year plan to end homelessness). This project will be developed as permanent affordable housing with access through LASA, outside this coordinated entry process.

Affordable housing units constructed as a part of this project will serve low-income households at or below 80% of area median income (AMI) with a focus on serving those at 30-50% AMI. A minimum of one unit will be set aside to serve eligible HOME-ARP clientele and four units for eligible HOME clientele. For Lakewood, a household of four would be considered low-income with a maximum household income of \$86,000. HOME regulations require that all HOME-assisted units, at initial lease up, be rented to households at or below 60% AMI (\$64,500 for a household of four).

**What does LASA's development budget look like?** Total construction costs for the Prairie Oaks Commons 25-unit affordable housing development are \$10.5 million. To date, LASA has been awarded \$3.5 million from Pierce County (ARPA funds) and a conditional \$1 million in ARPA funding from the City of Lakewood, additionally \$500,000 in direct funding from the State of Washington for a total project commitment of \$5 million. Additional funding request has been submitted at the federal level for \$2.5 million.

If approved, the proposed HOME (\$1 million project funding) and HOME-ARP (\$1,057,940 project funding/ \$117,549 administration- Lakewood Tacoma staff) allocations would increase total project commitments to \$7,057,940 in direct project funding. LASA is seeking private funding and foundational support to complete the funding package.

**What are the prospects for the project receiving direct federal funding?** While LASA did submit a direct federal funding request of \$2.5 million, recent news from Representative Marilyn Strickland indicates the Appropriations Committee (THUD) has included the project in their federal markup at a funding level of \$1 million. While this is only the first step towards funding approval, it is a positive step towards funding approval. Final approval of funding will require passage through both the House and Senate.

**Does any funding, committed or contemplated, include a requirement for supportive housing through the Housing First model?** The short answer is no. All approved and requested funding does not require the project to provide permanent supportive affordable housing through the Housing First model. The only requirement this project's funding sources share is that the project must provide affordable housing to low-income Lakewood households.

This funding distinction is important when looking at a project's clientele mix and the cost required to provide mandatory supportive services. Supportive services projects, such as the Housing First model, typically drive up operating costs for a project and often restrict an organizations ability to select housing clientele to those requesting services on a "first come" basis.

With the current mix of funding and contemplated funding, this project intends to steer clear of the requirement to provide Housing First supportive housing. Instead, the project will provide affordable housing units with no supportive housing provisions or restrictions and will be solely managed and operated by LASA. The Tacoma Housing and Pierce



County Housing Authorities will not be involved in this phase of development, as they were when LASA constructed their initial 15 units of affordable housing. All management decisions and tenant selections will be conducted by LASA outside the coordinated entry/centralized intake system (centralized intake or Access Point for Housing is used by Pierce County to coordinate its regional homelessness approach where clients are initially screened and connected to regional providers participating in the County's 10-year plan to end homelessness). Tenant selection and management, including tenant screening requirements and certain rental rules requirements, will be managed solely by LASA. City staff will review LASA tenant rules and policies and make suggestions as needed to ensure tenants are screened appropriately and all requirements are compliant with federal and fair housing law.

**Requirements regarding annual audit and financial statements.** As part of the City's funding approval, program agreements would require LASA complete annual 990 filing requirements and annual auditing requirements. LASA would be required to provide copies of said reports to the City on an annual basis. Please see LASA's attached Form 990 for 2022.

**What is HOME?** Home Investment Partnership Program (HOME) was created by the National Affordability Housing Act of 1990. The HOME program's primary intent is to increase the supply of decent, affordable housing for low- and very low-income households, primarily through the rehabilitation of existing or the construction of new rental and homeownership housing opportunities. Additional eligible activities include things like tenant-based rental assistance, property acquisition, site improvements, project-related soft costs, and homebuyer activities.

HOME funds carry various programmatic regulations which can be found at 24 CFR Part 92. Funds received must be committed to an eligible activity within two years of award and expended within four years. HOME funding in support of eligible affordable housing activities are allocated as a general loan fund and are detailed annually in the Tacoma-Lakewood Consolidated Annual Action Plan<sup>1</sup>. Lakewood qualifies for HOME funding through the consortium process as a member of the Tacoma-Lakewood HOME consortium.

**Available HOME Funds:** The City currently has \$1,359,713 in HOME funds and program income allocated to the City's affordable housing fund available for such projects.

If funding is approved, the City would require four units be restricted as HOME-units (2 two-bedroom and 2 three-bedroom units) to meet HUD per-unit subsidy limits.

**What is HOME-ARP?** The American Rescue Plan (ARP) Act of 2021 provided \$5 billion in assistance for new federal homelessness assistance and supportive services programs. These grant funds have been awarded to the 651 State and local participating jurisdictions through the HOME Investment Partnerships Program (HOME). Lakewood, through the Tacoma-Lakewood Consortium, was awarded \$1,175,489 in HOME-ARP funding.

HOME-ARP funds can be used for four eligible activities:

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<sup>1</sup> Funding for Lakewood's Affordable Housing Fund is allocated as part of the Annual Action Plan process. Specific project awards made from the fund are reviewed and approved by Lakewood City Council prior to approval.

- 1) Production or Preservation of Affordable Housing;
- 2) Tenant-Based Rental Assistance (TBRA);
- 3) Supportive Services, Homeless Prevention Services, and Housing Counseling; and
- 4) Purchase and Development of Non-Congregate Shelter.

HOME-ARP funds must be used to primarily benefit individuals or families from the following “qualifying populations”<sup>2</sup>:

- 1) Homeless, as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act;
- 2) At-risk of homelessness, as defined in section 401(1) of the McKinney-Vento Homeless Assistance Act;
- 3) Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined by the Secretary;
- 4) In other populations where providing supportive services or assistance under section 212(a) of the Act would prevent the family’s homelessness or would serve those with the greatest risk of housing instability; and
- 5) Veterans and families that include a veteran family member that meet one of the preceding criteria.

Funding was awarded through the City’s joint Lakewood-Tacoma HOME Consortium and was included in Tacoma’s amendment to its FY 2021 Annual Action Plan as it relates to HOME funding for both jurisdictions. Once committed, all HOME-ARP projects must be completed within four years of the date of commitment of funds.

If funding is approved, the City would require one unit be restricted as HOME-ARP unit. The reasoning behind requiring only one unit is that any tenants who qualify for this unit will have a very low rent limit and ability to pay rent based on meeting certain homeless clientele requirements. By restricting only one HOME-ARP unit, the project is then able to use the other units to help maintain a reasonable cash flow to support the project. HUD recognized this as a concern when it created HOME-ARP funding and decided to suspend its per-unit subsidy limits for the program.

**Recommended Council Action:** Authorize allocations of \$1,000,000 in HOME funds (100 percent project funding/no administration) and \$1,175,489 in HOME-ARP (\$1,057,940 project funding/ \$117,549 administration- Lakewood Tacoma staff) funding to Living Access Support Alliance (LASA) for the Gravelly Lake Drive Commons 25-unit affordable housing project.

With these allocations, the project would have total commitments of \$7,057,940 in direct project funding or 67.2% of total budget. Should LASA be successful in their federal request, total committed funding would rise to \$8,057,940 or 76.71% of total budget. LASA would be seeking private funding and foundational support to complete the funding package.

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<sup>2</sup> HOME-ARP clientele differs from standard HOME program clientele in that it focuses eligibility not upon qualifying as a low-income household, but rather an eligible client must be homeless, at risk of homelessness, or another vulnerable qualifying population.

# Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> For the 2022 calendar year, or tax year beginning , 2022, and ending , 20                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> <b>C</b><br/>           LASA<br/>           P.O. Box 98619<br/>           Lakewood, WA 98496-8619         </td> <td style="width:30%; vertical-align: top;"> <b>D</b> Employer identification number<br/>           91-1470619<br/> <b>E</b> Telephone number<br/>           (253) 581-8689<br/> <b>G</b> Gross receipts \$ 5,842,272.         </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>F</b> Name and address of principal officer:<br/>           Same As C Above         </td> </tr> </table> | <b>C</b><br>LASA<br>P.O. Box 98619<br>Lakewood, WA 98496-8619 | <b>D</b> Employer identification number<br>91-1470619<br><b>E</b> Telephone number<br>(253) 581-8689<br><b>G</b> Gross receipts \$ 5,842,272. | <b>F</b> Name and address of principal officer:<br>Same As C Above |  |
| <b>C</b><br>LASA<br>P.O. Box 98619<br>Lakewood, WA 98496-8619                                                                                                                                                                                                                                              | <b>D</b> Employer identification number<br>91-1470619<br><b>E</b> Telephone number<br>(253) 581-8689<br><b>G</b> Gross receipts \$ 5,842,272.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                                                                                                                               |                                                                    |  |
| <b>F</b> Name and address of principal officer:<br>Same As C Above                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |
| <b>J</b> Website: <a href="http://www.lasawa.org">http://www.lasawa.org</a>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |
| <b>L</b> Year of formation: 1990 <b>M</b> State of legal domicile: WA                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                               |                                                                    |  |

|                                    |                 |                                                                                                                                                     |                                                                  |
|------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Part I Summary</b>              |                 |                                                                                                                                                     |                                                                  |
| <b>Activities &amp; Governance</b> | 1               | Briefly describe the organization's mission or most significant activities: <u>Provide transitional and emergency shelter to homeless families.</u> |                                                                  |
|                                    | 2               | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.             |                                                                  |
|                                    | 3               | Number of voting members of the governing body (Part VI, line 1a)                                                                                   | 11                                                               |
|                                    | 4               | Number of independent voting members of the governing body (Part VI, line 1b)                                                                       | 11                                                               |
|                                    | 5               | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                                                                        | 13                                                               |
|                                    | 6               | Total number of volunteers (estimate if necessary)                                                                                                  | 21                                                               |
|                                    | 7a              | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                | 0.                                                               |
|                                    | b               | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                              | 0.                                                               |
| <b>Revenue</b>                     | 8               | Contributions and grants (Part VIII, line 1h)                                                                                                       | 6,609,264.                                                       |
|                                    | 9               | Program service revenue (Part VIII, line 2g)                                                                                                        | 404,810.                                                         |
|                                    | 10              | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                       | 212.                                                             |
|                                    | 11              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                            |                                                                  |
|                                    | 12              | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                  | 5,842,272.                                                       |
|                                    | <b>Expenses</b> | 13                                                                                                                                                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14                                 |                 | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                       |                                                                  |
| 15                                 |                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                   | 537,085.                                                         |
| 16a                                |                 | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                       |                                                                  |
| b                                  |                 | Total fundraising expenses (Part IX, column (D), line 25)                                                                                           |                                                                  |
| 17                                 |                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                        | 423,705.                                                         |
| 18                                 |                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                           | 5,673,966.                                                       |
| 19                                 |                 | Revenue less expenses. Subtract line 18 from line 12                                                                                                | 168,306.                                                         |
| <b>Net Assets or Fund Balances</b> |                 | 20                                                                                                                                                  | Total assets (Part X, line 16)                                   |
|                                    | 21              | Total liabilities (Part X, line 26)                                                                                                                 | 1,693,495.                                                       |
|                                    | 22              | Net assets or fund balances. Subtract line 21 from line 20                                                                                          | 3,449,335.                                                       |

|                                                                                                                                                                                                                                                                                                                       |                                             |                            |                                   |                                                            |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------|-----------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                             |                            |                                   |                                                            |                                                                     |
| 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. |                                             |                            |                                   |                                                            |                                                                     |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer<br><u>Jason Scales</u> |                            | Date<br><u>Executive Director</u> |                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                       | Type or print name and title                |                            |                                   |                                                            |                                                                     |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Print/Type preparer's name                  | Preparer's signature       | Date                              | Check <input checked="" type="checkbox"/> if self-employed | PTIN                                                                |
|                                                                                                                                                                                                                                                                                                                       | <u>Mary Jane Dubbs CPA</u>                  | <u>Mary Jane Dubbs CPA</u> | <u>7/24/23</u>                    |                                                            | <u>P00302611</u>                                                    |
|                                                                                                                                                                                                                                                                                                                       | Firm's name                                 | Firm's EIN                 |                                   |                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                       | <u>Mary Jane Dubbs, CPA</u>                 | <u>911622885</u>           |                                   |                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                       | Firm's address                              | Phone no.                  |                                   |                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                       | <u>5000 Bridgeport Way West</u>             | <u>253 566-9671</u>        |                                   |                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                       | <u>University Place, WA 98467</u>           |                            |                                   |                                                            |                                                                     |
| May the IRS discuss this return with the preparer shown above? See instructions                                                                                                                                                                                                                                       |                                             |                            |                                   |                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:Provide transitional and emergency shelter to homeless families.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 5,412,390. including grants of \$ ) (Revenue \$ )See Schedule O**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 5,412,390.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>                                                                                                                                                                         | 1   | X  |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.                                                                                                                                                                                                          | 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? <i>If "Yes," complete Schedule C, Part I.</i>                                                                                                                      | 3   | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>                                                                                                       | 4   | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>                                                                               | 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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>                                                                                            | 7   | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                                                                                                         | 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? <i>If "Yes," complete Schedule D, Part IV.</i>            | 9   | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>                                                                                                                               | 10  | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                                 |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                                                                                       | 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? <i>If "Yes," complete Schedule D, Part VII.</i>                                                                                                  | 11b | X  |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                                                                  | 11c | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                                                                     | 11d | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                                                                                     | 11e | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>                                                            | 11f | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>                                                                                                                                                        | 12a | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>                                                                           | 12b | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>                                                                                                                                                                                                        | 13  | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                     | 14a | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 14b | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>                                                                                                           | 15  | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>                                                                                                     | 16  | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.                                                                                             | 17  | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>                                                                                                                           | 18  | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>                                                                                                                                                     | 19  | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>                                                                                                                                                                                                             | 20a | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                      | 20b |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>                                                                                            | 21  | X  |

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

|                                                                                                                                                                         | Yes       | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....                                                                            | <b>1a</b> | 360 |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....                                                                          | <b>1b</b> | 0   |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | X   |



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

|                                                                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>2a</b> 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. .... <b>2a</b> 13                                                          |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .... <b>2b</b>                                                                                                                              | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .... <b>3a</b>                                                                                                                                              |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. .... <b>3b</b>                                                                                                                                |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .... <b>4a</b> |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                     |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .... <b>5a</b>                                                                                                                                      |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .... <b>5b</b>                                                                                                                            |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .... <b>5c</b>                                                                                                                                                                          |     |    |
| <b>6a</b> 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? .... <b>6a</b>                                    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .... <b>6b</b>                                                                                               |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                              |     |    |
| <b>a</b> 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? .... <b>7a</b>                                                                                             |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .... <b>7b</b>                                                                                                                                             |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .... <b>7c</b>                                                                                                        |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. .... <b>7d</b>                                                                                                                                                                          |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .... <b>7e</b>                                                                                                                             |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .... <b>7f</b>                                                                                                                                |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .... <b>7g</b>                                                                                                            |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .... <b>7h</b>                                                                                                          |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .... <b>8</b>                                                      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                  |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .... <b>9a</b>                                                                                                                                                          |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .... <b>9b</b>                                                                                                                                           |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                   |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. .... <b>10a</b>                                                                                                                                                                  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. .... <b>10b</b>                                                                                                                                               |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                  |     |    |
| <b>a</b> Gross income from members or shareholders. .... <b>11a</b>                                                                                                                                                                                                 |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .... <b>11b</b>                                                                                                              |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .... <b>12a</b>                                                                                                                               |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .... <b>12b</b>                                                                                                                                                     |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                          |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .... <b>13a</b>                                                                                                                                                       |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                            |     |    |
| <b>b</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. .... <b>13b</b>                                                                                 |     |    |
| <b>c</b> Enter the amount of reserves on hand. .... <b>13c</b>                                                                                                                                                                                                      |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .... <b>14a</b>                                                                                                                                               |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. .... <b>14b</b>                                                                                                                                 |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .... <b>15</b>                                                                                 |     | X  |
| If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                      |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .... <b>16</b>                                                                                                                            |     | X  |
| If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                           |     |    |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .... <b>17</b>                                      |     |    |
| If "Yes," complete Form 6069.                                                                                                                                                                                                                                       |     |    |

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                                          | Yes         | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 11<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |             |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 11                                                                                                                                                                                                                        |             |    |
| <b>2</b> 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? . . . . .                                                                                                                                                 | <b>2</b> X  |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .                                                                                                     | <b>3</b>    | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                                      | <b>4</b>    | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                                            | <b>5</b>    | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                                                    | <b>6</b>    | X  |
| <b>7a</b> 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? . . . . .                                                                                                                                                                   | <b>7a</b>   | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                                             | <b>7b</b>   | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                               |             |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                                                   | <b>8a</b> X |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                                 | <b>8b</b>   | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .                                                                                                           | <b>9</b>    | X  |

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

|                                                                                                                                                                                                                                                                                                                 | Yes          | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b>   | X  |
| <b>b</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? . . . . .                                                                   | <b>10b</b>   |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> X |    |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O                                                                                                                                                                                           |              |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> X |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> X |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O . . . . .                                                                                                                           | <b>12c</b> X |    |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b> X  |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b>    | X  |
| <b>15</b> 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?                                                                                  |              |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official. See Schedule O . . . . .                                                                                                                                                                                                       | <b>15a</b> X |    |
| <b>b</b> Other officers or key employees of the organization. See Schedule O . . . . .                                                                                                                                                                                                                          | <b>15b</b> X |    |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |              |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b>   | X  |
| <b>b</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? . . . . . | <b>16b</b>   |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed None

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
Jason Scales 8956 Gravelly Lake SW Lakewood WA 98498 253 581-8689

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                            |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) Janne Hutchins<br>Executive Direc      | 40<br>0                                                                                    |                                                                                                           |                       | X       |              |                              |        | 109,255.                                                                      | 0.                                                                                 | 16,511.                                                                                       |
| (2) Walt Sommers, Ph. D<br>President       | 3<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (3) Holly Lu<br>Vice President             | 3<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (4) Kamarie Wilson<br>Treasurer            | 3<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (5) Joyce Loveday, Ph. D<br>Past President | 2<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (6) Diane Formosa<br>Director              | 2<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (7) Margaret Kraft<br>Director             | 2<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) John Caldwell<br>Director              | 0<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) McKieth Orion Arradondo<br>Director    | 2<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) Thomas Thompson<br>Director           | 2<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) Tracy Bowens<br>Secretary             | 2<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (13)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (14)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |



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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (15) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (16) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (17) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (18) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (19) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (20) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (21) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (22) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (23) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (24) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (25) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                            |                                                                                                           |                       |         |              |                              |        | 109,255.                                                                      | 0.                                                                                 | 16,511.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 109,255.                                                                      | 0.                                                                                 | 16,511.                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.* .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual.* .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.* .....

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                    |                                                                                   |                                                                                                                             | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |      |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | 1a                                                                                | Federated campaigns                                                                                                         | 1a                   |                                                    |                                         |                                                                  |      |
|                                                                    | b                                                                                 | Membership dues                                                                                                             | 1b                   |                                                    |                                         |                                                                  |      |
|                                                                    | c                                                                                 | Fundraising events                                                                                                          | 1c                   |                                                    |                                         |                                                                  |      |
|                                                                    | d                                                                                 | Related organizations                                                                                                       | 1d                   |                                                    |                                         |                                                                  |      |
|                                                                    | e                                                                                 | Government grants (contributions)                                                                                           | 1e                   | 5,239,943.                                         |                                         |                                                                  |      |
|                                                                    | f                                                                                 | All other contributions, gifts, grants, and<br>similar amounts not included above                                           | 1f                   | 197,307.                                           |                                         |                                                                  |      |
|                                                                    | g                                                                                 | Noncash contributions included in<br>lines 1a-1f                                                                            | 1g                   |                                                    |                                         |                                                                  |      |
|                                                                    | h Total. Add lines 1a-1f                                                          |                                                                                                                             |                      | 5,437,250.                                         |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| <b>Program Service Revenue</b>                                     | 2a <u>Rent Income</u>                                                             |                                                                                                                             | Business Code        | 900099                                             | 404,810.                                | 404,810.                                                         |      |
|                                                                    | b                                                                                 |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | c                                                                                 |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | d                                                                                 |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | e                                                                                 |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | f                                                                                 | All other program service revenue                                                                                           |                      |                                                    |                                         |                                                                  |      |
|                                                                    | g Total. Add lines 2a-2f                                                          |                                                                                                                             |                      | 404,810.                                           |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| <b>Other Revenue</b>                                               | 3 Investment income (including dividends, interest, and<br>other similar amounts) |                                                                                                                             |                      | 212.                                               |                                         | 212.                                                             |      |
|                                                                    | 4 Income from investment of tax-exempt bond proceeds                              |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | 5 Royalties                                                                       |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | 6a                                                                                | Gross rents                                                                                                                 | (i) Real             | (ii) Personal                                      |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             | 6a                   |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             | 6b                   |                                                    |                                         |                                                                  |      |
|                                                                    | b Less: rental expenses                                                           |                                                                                                                             | 6b                   |                                                    |                                         |                                                                  |      |
|                                                                    | c Rental income or (loss)                                                         |                                                                                                                             | 6c                   |                                                    |                                         |                                                                  |      |
|                                                                    | d Net rental income or (loss)                                                     |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | 7a                                                                                | Gross amount from<br>sales of assets<br>other than inventory                                                                | (i) Securities       | (ii) Other                                         |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             | 7a                   |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             | 7b                   |                                                    |                                         |                                                                  |      |
|                                                                    | b Less: cost or other basis<br>and sales expenses                                 |                                                                                                                             | 7b                   |                                                    |                                         |                                                                  |      |
|                                                                    | c Gain or (loss)                                                                  |                                                                                                                             | 7c                   |                                                    |                                         |                                                                  |      |
|                                                                    | d Net gain or (loss)                                                              |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | 8a                                                                                | Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | 8a                   |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             | 8b                   |                                                    |                                         |                                                                  |      |
| 8c                                                                 |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| b Less: direct expenses                                            |                                                                                   | 8b                                                                                                                          |                      |                                                    |                                         |                                                                  |      |
| c Net income or (loss) from fundraising events                     |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| 9a                                                                 | Gross income from gaming activities.<br>See Part IV, line 19                      | 9a                                                                                                                          |                      |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   | 9b                                                                                                                          |                      |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   | 9c                                                                                                                          |                      |                                                    |                                         |                                                                  |      |
| b Less: direct expenses                                            |                                                                                   | 9b                                                                                                                          |                      |                                                    |                                         |                                                                  |      |
| c Net income or (loss) from gaming activities                      |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| 10a                                                                | Gross sales of inventory, less<br>returns and allowances                          | 10a                                                                                                                         |                      |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   | 10b                                                                                                                         |                      |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   | 10c                                                                                                                         |                      |                                                    |                                         |                                                                  |      |
| b Less: cost of goods sold                                         |                                                                                   | 10b                                                                                                                         |                      |                                                    |                                         |                                                                  |      |
| c Net income or (loss) from sales of inventory                     |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| <b>Miscellaneous<br/>Revenue</b>                                   | 11a                                                                               |                                                                                                                             | Business Code        |                                                    |                                         |                                                                  |      |
|                                                                    | b                                                                                 |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | c                                                                                 |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    | d                                                                                 | All other revenue                                                                                                           |                      |                                                    |                                         |                                                                  |      |
|                                                                    | e Total. Add lines 11a-11d                                                        |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
|                                                                    |                                                                                   |                                                                                                                             |                      |                                                    |                                         |                                                                  |      |
| 12 Total revenue. See instructions                                 |                                                                                   |                                                                                                                             |                      | 5,842,272.                                         | 404,810.                                | 0.                                                               | 212. |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    |                       |                                 |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                        | 4,713,176.            | 4,713,176.                      |                                        |                             |
| 4 Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 125,766.              | 72,944.                         | 52,822.                                | 0.                          |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                            | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages.                                                                                                                                                                                                                | 327,306.              | 245,480.                        | 81,826.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      | 11,304.               | 8,478.                          | 2,826.                                 |                             |
| 9 Other employee benefits.                                                                                                                                                                                                                 | 32,424.               | 24,318.                         | 8,106.                                 |                             |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 40,285.               | 30,214.                         | 10,071.                                |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| c Accounting.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| d Lobbying.                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)                                                                                                                            | 22,249.               | 16,687.                         | 5,562.                                 |                             |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 3,501.                | 2,626.                          | 875.                                   |                             |
| 13 Office expenses.                                                                                                                                                                                                                        | 36,420.               | 27,315.                         | 9,105.                                 |                             |
| 14 Information technology.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15 Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                              | 120,448.              | 90,336.                         | 30,112.                                |                             |
| 17 Travel.                                                                                                                                                                                                                                 | 1,917.                | 1,438.                          | 479.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 20 Interest.                                                                                                                                                                                                                               | 21,545.               | 16,159.                         | 5,386.                                 |                             |
| 21 Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                              | 121,717.              | 91,288.                         | 30,429.                                |                             |
| 23 Insurance.                                                                                                                                                                                                                              | 2,621.                | 1,966.                          | 655.                                   |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |                                        |                             |
| a Utilities.                                                                                                                                                                                                                               | 80,459.               | 60,344.                         | 20,115.                                |                             |
| b Telephone.                                                                                                                                                                                                                               | 12,828.               | 9,621.                          | 3,207.                                 |                             |
| c                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| d                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e All other expenses.                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 5,673,966.            | 5,412,390.                      | 261,576.                               | 0.                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|                                                                           |                                                                                                                                                                                                                                | (A)<br>Beginning of year |            | (B)<br>End of year |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash — non-interest-bearing .....                                                                                                                                                                                     | 236,742.                 | <b>1</b>   | 279,731.           |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          |                          | <b>2</b>   |                    |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>   |                    |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 606,789.                 | <b>4</b>   | 598,810.           |
|                                                                           | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|                                                                           | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>   |                    |
|                                                                           | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>   |                    |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                          | <b>8</b>   |                    |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 17,167.                  | <b>9</b>   | 41,052.            |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 5,407,568.    |            |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 1,190,582.    | <b>10c</b> | 4,216,986.         |
|                                                                           | <b>11</b> Investments — publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>  |                    |
|                                                                           | <b>12</b> Investments — other securities. See Part IV, line 11 .....                                                                                                                                                           |                          | <b>12</b>  |                    |
|                                                                           | <b>13</b> Investments — program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>  |                    |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>  |                    |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             | 6,250.                   | <b>15</b>  | 6,251.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 5,138,339.                                                                                                                                                                                                                     | <b>16</b>                | 5,142,830. |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 929,440.                 | <b>17</b>  | 734,339.           |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>  |                    |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b>  |                    |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>  |                    |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>  |                    |
|                                                                           | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|                                                                           | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 | 902,093.                 | <b>23</b>  | 867,853.           |
|                                                                           | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>  |                    |
|                                                                           | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          | 25,777.                  | <b>25</b>  | 91,303.            |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                     | 1,857,310.               | <b>26</b>  | 1,693,495.         |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>                                                                                           |                          |            |                    |
|                                                                           | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 3,281,029.               | <b>27</b>  | 3,449,335.         |
|                                                                           | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             |                          | <b>28</b>  |                    |
|                                                                           | <b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>                                                                                                    |                          |            |                    |
|                                                                           | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>  |                    |
|                                                                           | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>  |                    |
|                                                                           | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>  |                    |
|                                                                           | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 3,281,029.               | <b>32</b>  | 3,449,335.         |
|                                                                           | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 5,138,339.               | <b>33</b>  | 5,142,830.         |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

|           |                                                                                                                |           |            |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 5,842,272. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 5,673,966. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 168,306.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 3,281,029. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |            |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 3,449,335. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |           |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <b>2b</b> | X  |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <b>2c</b> |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....                                                                                                                                                                                                                                                           | <b>3a</b> | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....                                                                                                                                                                                                       | <b>3b</b> |    |

BAA

TEEA0112L 09/01/22

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

LASA

Employer identification number

91-1470619

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                               |                                                             |    |                                                   |                                                 |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                  | (a) 2018 | (b) 2019 | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 925,592. | 612,358. | 2,190,372. | 6,609,264. | 5,382,829. | 15,720,415. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                                                    |          |          |            |            |            | 0.          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |            |            |            | 0.          |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        | 925,592. | 612,358. | 2,190,372. | 6,609,264. | 5,382,829. | 15,720,415. |
| <b>5</b> 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) |          |          |            |            |            | 0.          |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |          |          |            |            |            | 15,720,415. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2018 | (b) 2019 | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|------------|------------|---------------|
| <b>7</b> Amounts from line 4                                                                                                                                                                | 925,592. | 612,358. | 2,190,372. | 6,609,264. | 5,382,829. | 15,720,415.   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                    | 1,526.   | 4,049.   | 436.       | 667.       | 212.       | 6,890.        |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                 |          |          |            |            |            | 0.            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                   |          |          |            |            |            | 0.            |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                             |          |          |            |            |            | 15,727,305.   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                   |          |          |            |            |            | 12 1,740,149. |
| <b>13 First 5 years.</b> 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 <b>stop here</b> |          |          |            |            |            |               |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))                                                                                                                                                                                                                                                                                                        | <b>14</b> | 99.96 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                               | <b>15</b> | 99.93 %                             |
| <b>16a 33-1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.                                                                                                                                                                       |           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input checked="" type="checkbox"/> |
| <b>b 33-1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.                                                                                                                                                                    |           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.    |           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. |           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.                                                                                                                                                                                                                                                            |           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 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**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....                                                                                   |          |          |          |          |          |           |

**14 First 5 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**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33-1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....☐**b 33-1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                     |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                                |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                         |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                             |     |    |
| <b>c</b> 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 <b>Part VI</b> 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.                                                                                                                                                                                |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>6</b> 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 <b>Part VI</b> .                                                              |     |    |
| <b>7</b> 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).                                                                                                                                                                                                          |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>9a</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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 line 10b below.                                                                                                                                                                                                                                                          |     |    |
| <b>b</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.)                                                                                                                                                                                                                                                                                                                                                               |     |    |



**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes      | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes      | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes      | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       | <b>2</b> |    |
| <b>3</b> By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |           |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | Yes | No |
| <b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | <b>2a</b> |     |    |
| <b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |     |    |
| <b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             | <b>3a</b> |     |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   | <b>3b</b> |     |    |

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

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

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

| Section B – Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 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 0.035.                                                                                                       | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| Section C – Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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Schedule A (Form 990) 2022

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

|    |                                                                                                                                                    | Current Year |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1  | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | 1            |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2            |
| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | 3            |
| 4  | Amounts paid to acquire exempt-use assets                                                                                                          | 4            |
| 5  | Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )                                                     | 5            |
| 6  | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | 6            |
| 7  | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | 7            |
| 8  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9  | Distributable amount for 2022 from Section C, line 6                                                                                               | 9            |
| 10 | Line 8 amount divided by line 9 amount                                                                                                             | 10           |

**Section E – Distribution Allocations (see instructions)**

|   | (i)<br>Excess<br>Distributions                                                                                                                                                  | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1 | Distributable amount for 2022 from Section C, line 6                                                                                                                            |                                        |                                           |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.                                                 |                                        |                                           |
| 3 | Excess distributions carryover, if any, to 2022                                                                                                                                 |                                        |                                           |
| a | From 2017 .....                                                                                                                                                                 |                                        |                                           |
| b | From 2018 .....                                                                                                                                                                 |                                        |                                           |
| c | From 2019 .....                                                                                                                                                                 |                                        |                                           |
| d | From 2020 .....                                                                                                                                                                 |                                        |                                           |
| e | From 2021 .....                                                                                                                                                                 |                                        |                                           |
| f | <b>Total</b> of lines 3a through 3e                                                                                                                                             |                                        |                                           |
| g | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| h | Applied to 2022 distributable amount                                                                                                                                            |                                        |                                           |
| i | Carryover from 2017 not applied (see instructions)                                                                                                                              |                                        |                                           |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                                        |                                           |
| 4 | Distributions for 2022 from Section D, line 7: \$                                                                                                                               |                                        |                                           |
| a | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| b | Applied to 2022 distributable amount                                                                                                                                            |                                        |                                           |
| c | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                                        |                                           |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                        |                                           |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                        |                                           |
| 7 | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.                                                                                                             |                                        |                                           |
| 8 | Breakdown of line 7:                                                                                                                                                            |                                        |                                           |
| a | Excess from 2018 .....                                                                                                                                                          |                                        |                                           |
| b | Excess from 2019 .....                                                                                                                                                          |                                        |                                           |
| c | Excess from 2020 .....                                                                                                                                                          |                                        |                                           |
| d | Excess from 2021 .....                                                                                                                                                          |                                        |                                           |
| e | Excess from 2022 .....                                                                                                                                                          |                                        |                                           |

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Schedule A (Form 990) 2022



**Part VI**

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

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

LASA

Employer identification number

91-1470619

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 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**

- ☐ 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), 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. . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

|                              |                                              |
|------------------------------|----------------------------------------------|
| Name of organization<br>IASA | Employer identification number<br>91-1470619 |
|------------------------------|----------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|--------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Pierce County<br>1305 Tacoma Ave. S. Suite 104<br>Tacoma, WA 98402 | \$ 311,914.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | City of Tacoma<br>747 Market Street<br>Tacoma, WA 98402            | \$ 2,605,254.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                    |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization

Employer identification number

LASA

91-1470619

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                           | N/A                                          |                                                 |                      |
|                           |                                              |                                                 |                      |
|                           |                                              | \$                                              |                      |
|                           |                                              |                                                 |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |                                              |                                                 |                      |
|                           |                                              |                                                 |                      |
|                           |                                              | \$                                              |                      |
|                           |                                              |                                                 |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |                                              |                                                 |                      |
|                           |                                              |                                                 |                      |
|                           |                                              | \$                                              |                      |
|                           |                                              |                                                 |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |                                              |                                                 |                      |
|                           |                                              |                                                 |                      |
|                           |                                              | \$                                              |                      |
|                           |                                              |                                                 |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |                                              |                                                 |                      |
|                           |                                              |                                                 |                      |
|                           |                                              | \$                                              |                      |
|                           |                                              |                                                 |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |                                              |                                                 |                      |
|                           |                                              |                                                 |                      |
|                           |                                              | \$                                              |                      |
|                           |                                              |                                                 |                      |

Name of organization

LASA

Employer identification number

91-1470619

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
|                           | N/A                                     |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

LASA

91-1470619

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                       | Held at the End of the Tax Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                        | 2 a                             |
| b Total acreage restricted by conservation easements .....                                                                                            | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a) .....                                                            | 2 c                             |
| d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register ..... | 2 d                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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

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

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange program

**e** ☐ Other \_\_\_\_\_

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

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

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

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

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

|                                             | Amount     |
|---------------------------------------------|------------|
| <b>c</b> Beginning balance.....             | <b>1 c</b> |
| <b>d</b> Additions during the year.....     | <b>1 d</b> |
| <b>e</b> Distributions during the year..... | <b>1 e</b> |
| <b>f</b> Ending balance.....                | <b>1 f</b> |

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

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

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

|                                                              | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1 a</b> Beginning of year balance.....                    |                  |                |                    |                      |                     |
| <b>b</b> Contributions.....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses.....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships.....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses.....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance.....                            |                  |                |                    |                      |                     |

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

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations..... **3a(i)** ☐ Yes ☐ No

(ii) Related organizations..... **3a(ii)** ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                     | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1 a</b> Land.....                                                                                        |                                      | 706,740.                        |                              | 706,740.       |
| <b>b</b> Buildings.....                                                                                     |                                      | 4,619,780.                      | 1,152,038.                   | 3,467,742.     |
| <b>c</b> Leasehold improvements.....                                                                        |                                      |                                 |                              |                |
| <b>d</b> Equipment.....                                                                                     |                                      | 81,048.                         | 38,544.                      | 42,504.        |
| <b>e</b> Other.....                                                                                         |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)..... |                                      |                                 |                              | 4,216,986.     |

BAA

Schedule D (Form 990) 2022

**Part VII Investments – Other Securities.**

N/A

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) .....                                                                        |                |                                                           |
| (I) .....                                                                        |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)..... |                |                                                           |

**Part VIII Investments – Program Related.**

N/A

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) .....                                                                        |                |                                                           |
| (10) .....                                                                       |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)..... |                |                                                           |

**Part IX Other Assets.**

N/A

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) .....                                                                        |                |
| (10) .....                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (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) Accrued Wages                                                                | 49,738.        |
| (3) Client Deposits                                                              | 30,777.        |
| (4) Payroll liabilities                                                          | 10,788.        |
| (5) .....                                                                        |                |
| (6) .....                                                                        |                |
| (7) .....                                                                        |                |
| (8) .....                                                                        |                |
| (9) .....                                                                        |                |
| (10) .....                                                                       |                |
| (11) .....                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)..... | 91,303.        |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

LASA

Employer identification number

91-1470619

**Form 990, Part III, Line 4a - Program Service Accomplishments**

Housing-

LASA provides housing to families experiencing homelessness with the provision of:

Emergency Shelter, Permanent housing, Shelter, Rapid Re-Housing, and Permanent Supportive Housing.

This comes with utilities, furnishings, access to essential needs closet, and diaper corner.

Complementary services:

Thanksgiving, Christmas Meal, and gift Program

Transportation:

Help with getting too medical and court appointments

Bus passes

Prevention:

Services provided at LASA's Client Service Center helped over 1053 individuals and households:

- Payment of water bill
- Access to essential needs closet
- Vouchers for work clothes at Goodwill
- Bus Vouchers
- Emergency Rent Assistance
- Emergency move in costs

Over \$5M was provided in Covid - 19 rental relief supporting 1053 households



Name of the organization

LASA

Employer identification number

91-1470619

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Reviewed by the Board of Directors and Executive Director prior to filing.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Board members annually sign a disclosure policy.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

The board of directors reviews the United Way salary survey along with cost of living adjustments and performance evaluations to establish executive director compensation.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

The board of directors reviews the United Way salary survey along with cost of living adjustments and performance evaluations to establish compensation.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Available upon request.



## 2024 Comprehensive Plan Periodic Review (24CPPR): Land Use City Council Meeting

August 14, 2023

Tiffany Speir, Long Range & Strategic Planning Manager

# Where to track and participate in 24CPPR Process for Lakewood

<https://cityoflakewood.us/24periodicreview/>

<https://lakewoodwaspeaks.org/>

The Planning Commission is holding a series of discussions on topics being considered during the 2024 Comprehensive Plan Periodic Review available [by clicking here](#) and opening the Planning Commission meeting tab.

The City Council is also holding a series of study sessions about the 2024 Periodic Review available [by clicking here](#) and opening the City Council meeting tab.



Sign up for 24CPPR  
Public Updates at  
[https://cityoflakewood.us/  
24periodicreview/](https://cityoflakewood.us/24periodicreview/)

## Lakewood's Partners in the 24CPR Process – 1<sup>st</sup> Meeting August 4, 2023

### Tribes

- Nisqually
- Puyallup

### Utilities

- PC Sewer
- Lakewood Water District
- Lakewood Light & Power
- Tacoma Public Utilities
- Puget Sound Energy

### Special Districts

- West Pierce Fire & Rescue
- Pierce County Library District

### Education Partners

- Clover Park School District (SD #400)
- Steilacoom Historical School District (SD #001)
- Bates Technical College
- Clover Park Technical College
- Pierce College

### Agencies

- Pierce Transit
- Sound Transit
- TPCHD
- WSDOT
- DSHS
- PSRC

### Other Government Partners

- JBLM
- Camp Murray
- Pierce County
- Steilacoom, UP, and Tacoma
- WA Department of Commerce
- WA Department of Ecology
- WA Department of Fish & Wildlife

### Community Partners

- Residents
- CBOs & Cultural Contacts
- Business Organizations
- Environmental Organizations



## State Law & Regional/Countywide Policy requirements for Land Use Element:

- Local goals and policies are consistent with:
  - applicable multicounty planning policies (VISION 2050); and
  - countywide planning policies.
- A Future Land Use map showing city limits and UGA boundaries.
- Policies, land use designations, and zoning to discourage the siting of incompatible uses adjacent to military bases.
- A consistent population projection throughout the plan which should be consistent with the county's sub-county allocation of housing and employment growth.
- Estimates of population densities and building intensities based on future land uses and housing needs.
- Consider/plan for green spaces, urban and community forests.
- Give special consideration to achieving environmental justice and reducing environmental health disparities.
- Promote physical activity.
- Reduce wildfire risks.
- Reduce vehicle miles traveled.

## State Law & Regional/Countywide Policy requirements for Land Use Element cont'd:

- Provisions for protection of the quality and quantity of groundwater used for public water supplies.
- Identification of lands useful for public purposes such as:
  - utility corridors;
  - transportation corridors;
  - landfills;
  - sewage treatment facilities;
  - storm water management facilities;
  - recreation;
  - schools; and
  - other public uses.
- A review of drainage, flooding, and stormwater run-off in the area and nearby jurisdictions and provide guidance for corrective actions to mitigate or cleanse those discharges that pollute waters of the state.
- Policies to designate and protect critical areas, including:
  - wetlands, fish and wildlife habitat protection areas,
  - frequently flooded areas,
  - critical aquifer recharge areas, and
  - geologically hazardous areas.

Include the best available science (BAS) to protect the functions and values of critical areas, and give “special consideration” to conservation or protection measures necessary to preserve or enhance anadromous fisheries.

## Review, Certification, and Challenge of Comprehensive Plans

In its 60-day review prior to adoption of local comprehensive plans and regional center plans, the Department of **Commerce** coordinates a review of draft policies and plans for consistency with the Growth Management Act.

The Puget Sound Regional Council's (**PSRC's**) review and certification function is for cities, counties, and agencies to be eligible for PSRC's federal transportation funding.

PSRC's certification action is based on determining consistency with:

- (1) the multicounty planning policies, which serve as the regional guidelines and principles;
- (2) the regional transportation plan (the functional transportation plan, guided by VISION 2050's multicounty planning policies, that is updated every four years); and
- (3) GMA requirements for transportation planning.

The Growth Management Hearings Board (**GMHB**) has a quasi-judicial mandate when it is petitioned to review a set of policies or a plan. The Hearings Board process is set up to consider a much broader range of provisions from the entire body of requirements in the Growth Management Act than PSRC.

The GMHB has:

- held that local jurisdictions are obliged to balance local interests with regional interests;
- identified local comprehensive plans as being the appropriate mechanism for translating regional policies into results; and
- stated that amendments to a comprehensive plan may not cause the Comprehensive Plan to become inconsistent with countywide and multicounty policies.

## 2017 PSRC Lakewood Comprehensive Plan Certification Results

Fully certified August 31, 2017

The last PSRC certification review did not identify any major areas for further work needed to better align the Lakewood Comprehensive Plan with:

- the transportation planning requirements of the Growth Management Act or regional guidelines and principles on transportation;
- regional guidelines and principles on the environment;
- regional guidelines and principles on housing;
- regional guidelines and principles on economic development; or
- regional guidelines and principles on public services.

2021-2023 state legislative changes regarding housing and other planning requirements, the adoption of VISION 2025, and 2020 Census results mean that the City will still conduct detailed review of the elements above.

### PSRC 2017 CERTIFICATION - AREAS FOR FURTHER WORK

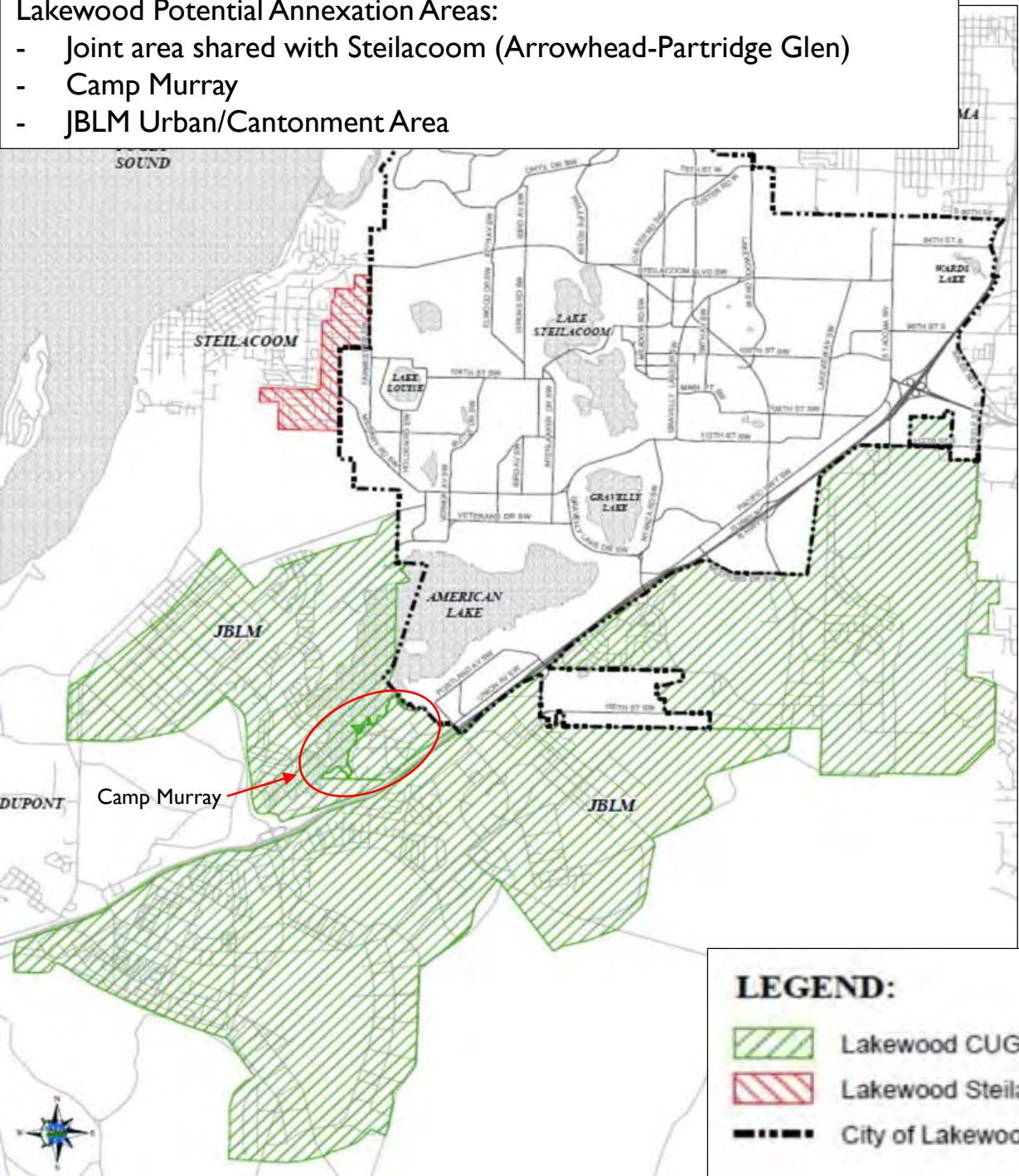
- **Update the employment growth target capacity assumptions and analysis** in the Comprehensive Plan, consistent with the City's report dated February 22, 2017, at the time of the next major update.

|      | 2044 Growth Target | ID'd for Downtown Subarea by 2035 | ID'd for Station District Subarea by 2035 | Elsewhere in City    |
|------|--------------------|-----------------------------------|-------------------------------------------|----------------------|
| Jobs | 9,863              | 7,359 (75% of total)              | 1,276 (13% of total)                      | 1,228 (12% of total) |



Lakewood Potential Annexation Areas:

- Joint area shared with Steilacoom (Arrowhead-Partridge Glen)
- Camp Murray
- JBLM Urban/Cantonment Area






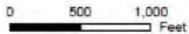
PSRC 2017 CERTIFICATION -  
AREAS FOR FURTHER WORK

VISION 2040 calls for all unincorporated lands within the urban growth area to transition into cities and assumes this transition to be largely complete by 2040. The land use map element includes information on potential annexation areas.

The City is encouraged to continue working with Pierce County and other relevant parties to plan for the future of potential annexation areas and, as appropriate, incorporate policies and provisions to support efforts such as coordinating development standards, transferring permitting authority, and addressing service and infrastructure financing.

**LEGEND:**

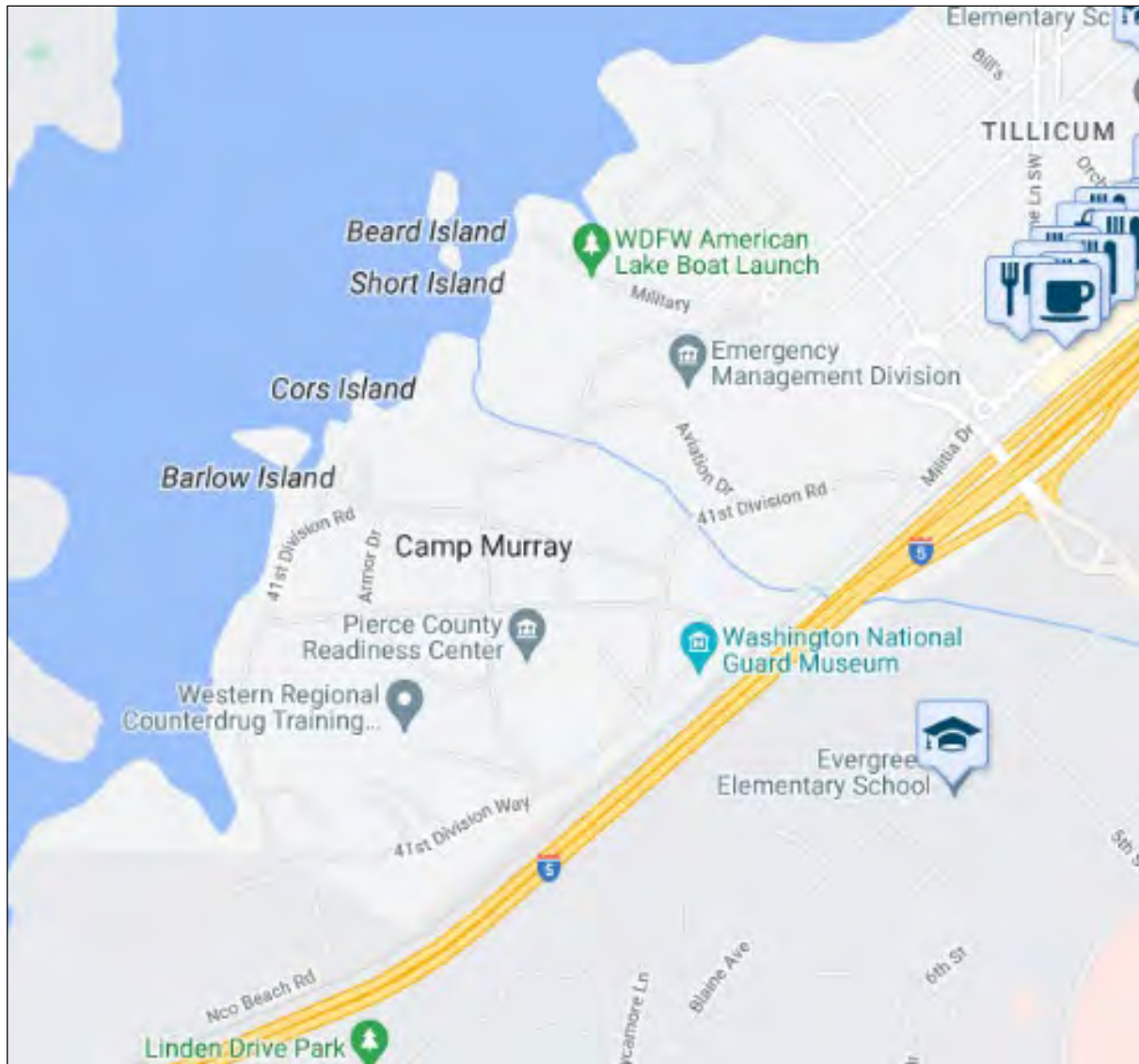
|                                                                                     |                           |
|-------------------------------------------------------------------------------------|---------------------------|
|  | Lakewood CUGA             |
|  | Lakewood Steilacoom CUGA  |
|  | City of Lakewood Boundary |



Arrowhead-Partridge Glen: Past votes for annexation to either Steilacoom or Lakewood have failed, and past City analyses of annexation costs have not found sufficient funding for long term sustainability.

**2023 HB 1425** Annexation Sales Tax Credit establishes a new version of the annexation sales tax credit to incentive annexations of UGAs.





Camp Murray: Past analysis showed that annexation would be infeasible (state enabling legislation would be required to annex Camp Murray.)

As of 2023, the City is partnering with WA Military Department to develop an American Lake boat launch master plan.

## JBLM Cantonment Area: Army & Air Force not in favor of annexation for a number of reasons.

The Departments of the Army and the Air Force have completed review of the City of Lakewood's request for annexation of Fort Lewis and McChord Air Force Base, and considered all of the City's submittals, as well as submittals by surrounding jurisdictions and the installations themselves. There are several issues relating to this proposed annexation, which have not been resolved to our satisfaction. Our major concerns are that the proposed annexation could result in the two Services incurring additional operational costs in the future, that off-base support costs will increase, and that any housing privatization efforts will incur additional taxes and costs which may adversely impact these projects. In addition, we are concerned there are no reliable assurances of any tangible benefits to the Air Force or the Army.





## PSRC 2024 Review and Certification

For the 2024 local plan updates, the following areas will be the focus for PSRC review and certification recommendations, recognizing that final determination to certify a plan is made by the Executive Board:

- Planning for growth consistent with the Regional Growth Strategy and Regional Centers Framework;
- Addressing climate change and air quality through reduction of transportation-related greenhouse gas emissions and pollution;
- Promoting equitable transit-oriented development (TOD), including coordination with transit agencies; and
- Increasing housing supply and choices near transit and job centers.

Local plans demonstrate consistency with the Regional Transportation Plan through:

- Transportation project lists, including financing strategies;
- Transportation modeling based on shared regional growth assumptions; and
- Advancement of transportation-related multicounty planning policies.

## Review of Lakewood Regional Urban Growth Center

PSRC designates regional growth centers and regional manufacturing/industrial centers. The Regional Centers Framework is an integral part of the Regional Growth Strategy and a key component of VISION 2050.

Existing regional centers are also expected to complete a center plan. Per the Regional Centers Framework, jurisdictions with regional centers are expected to have center plans consistent with VISION 2050 by 2025, when PSRC will conduct centers monitoring.

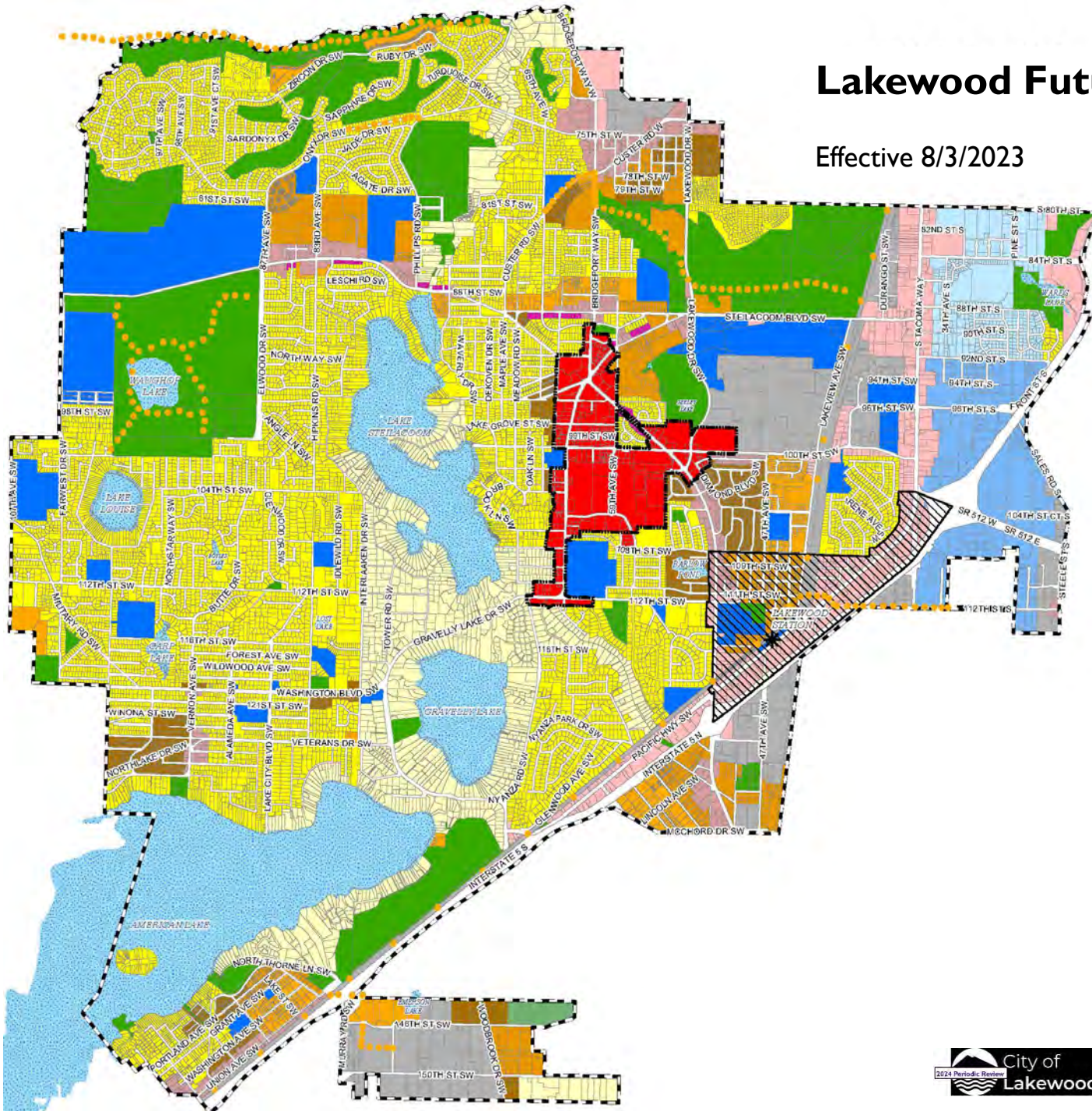
Center plans are reviewed for consistency with VISION 2050, Growth Management Act requirements for subarea planning, and established criteria in the Regional Centers Framework (2018). The planning tools for center plans indicate what policies from VISION 2050 should be reflected in center plans.

Lakewood's Regional Growth Center's boundaries are coterminous with the Downtown Subarea, and the Subarea Plan serves as the required Center Plan. As part of the 2024 review of the Downtown Plan, Planned Action Ordinance, and development regulations, the City will be ensuring that the subarea plan satisfies the 2025 center monitoring requirements.



# Lakewood Future Land Use Map

Effective 8/3/2023



- Air Corridor 1
- Air Corridor 2
- Arterial Corridor
- Corridor Commercial
- Downtown
- High-Density Multi Family
- Industrial
- Public & Semi-Public Institutional
- Multi-Family
- Military Lands
- Mixed Residential
- Neighborhood Business District
- Open Space & Recreation
- Residential Estate
- Single Family
- Off-Street Trail
- Downtown Boundary
- Lakewood Station District Subarea
- Tax Parcel
- Lakewood City Limit



## Lakewood Land Use Category Breakdown

### Acreeage percentage of total

Residential Zones: 50.1%

Parks/Open Space Zones: 21.1%

Commercial Zones: 7.3%

Industrial Zones: 6.3%

Public Institutional Zone: 6.3%

Military-Related Zones: 5.5%

Central Business District (Downtown Subarea): 2.7%

Transit Oriented Commercial District (Station Subarea): 1.3%

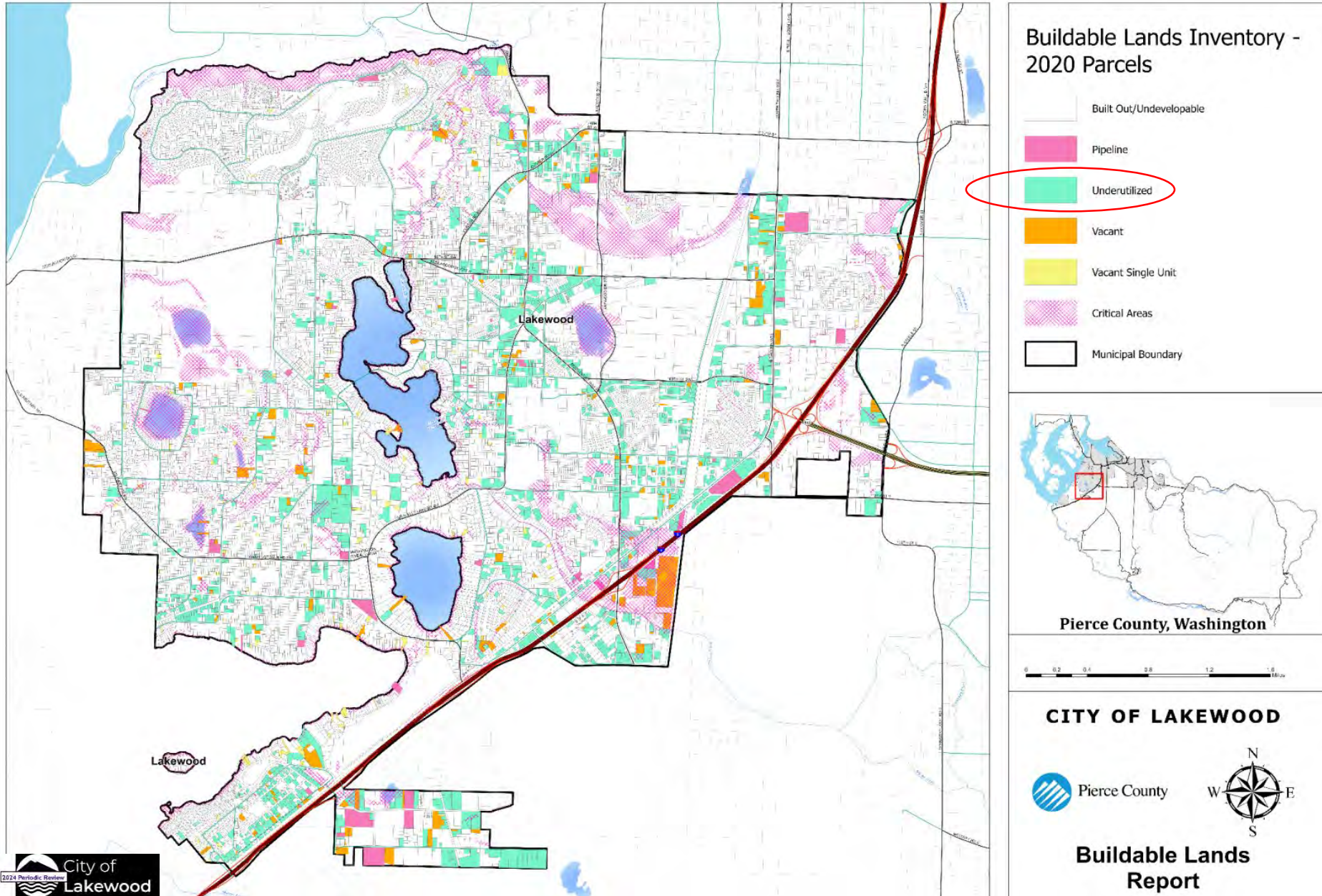
~23% of identified housing capacity in R3 zone

~77% of housing capacity is in multifamily zoning/uses  
(R4, MRs, MFs, NCI, NC2, TOC, CBD combined.)

| Single-Family Residential Zoning Districts |      | Acreeage<br>(11,548.08 total) |
|--------------------------------------------|------|-------------------------------|
| Residential 1 (1.45 dua)                   | R1   | 458.47                        |
| Residential 2 (2.2 dua)                    | R2   | 593.49                        |
| Residential 3 (4.8 dua)                    | R3   | 2,807.68                      |
| Residential 4 (6.4 dua)                    | R4   | 1,135.37                      |
| Mixed Residential Zoning Districts         |      |                               |
| Mixed Residential 1 (8.7 dua)              | MR1  | 140.80                        |
| Mixed Residential 2 (14.6 dua)             | MR2  | 203.24                        |
| Multifamily Zoning Districts               |      |                               |
| Multifamily 1 (22 dua)                     | MF1  | 282.07                        |
| Multifamily 2 (35 dua)                     | MF2  | 273.30                        |
| Multifamily 3 (54 dua)                     | MF3  | 187.96                        |
| Neighborhood Business Zoning Districts     |      |                               |
| Arterial Residential/Commercial (15dua)    | ARC  | 23.05                         |
| Neighborhood Commercial 1 (22 dua)         | NC1  | 19.55                         |
| Neighborhood Commercial 2 (35 dua)         | NC2  | 265.46                        |
| Commercial Classifications                 |      |                               |
| Transit-Oriented Commercial (54 dua)       | TOC  | 148.67                        |
| Central Business District (54 dua)         | CBD  | 332.79                        |
| Commercial 1 (35 dua)                      | C1   | 90.16                         |
| Commercial 2 (35 dua)                      | C2   | 302.84                        |
| Commercial 3 (54 dua)                      | C3   | 26.23                         |
| Industrial Zoning Districts                |      |                               |
| Industrial Business Park                   | IBP  | 436.87                        |
| Industrial 1                               | I1   | 296.82                        |
| Industrial 2                               | I2   | 32.21                         |
| Military-Related Zoning Districts          |      |                               |
| Military Lands                             | ML   | 25.41                         |
| Air Corridor 1                             | AC1  | 343.62                        |
| Air Corridor 2                             | AC2  | 235.36                        |
| Clear Zone                                 | CZ   | 57.92                         |
| Public/Institutional Zoning District       |      |                               |
| Public/Institutional Zoning District       | PI   | 759.40                        |
| Open Space/Recreation Zoning Districts     |      |                               |
| Open Space and Recreation 1                | OSR1 | 1,049.88                      |
| Open Space and Recreation 2                | OSR2 | 468.21                        |



# 78% of Lakewood's Buildable Land Capacity is on Underutilized Parcels



## Lakewood 2044 Housing and Employment Growth Targets

| Lakewood Permanent Housing Unit Needs by Income Level (% of Area Median income (AMI))* |        |       |         |        |        |         |          |       | Emergency Units |
|----------------------------------------------------------------------------------------|--------|-------|---------|--------|--------|---------|----------|-------|-----------------|
|                                                                                        | Total  | 0-30% |         | 30-50% | 50-80% | 80-100% | 100-120% | 120%+ |                 |
|                                                                                        |        | PSH*  | Non-PSH |        |        |         |          |       |                 |
| '20 Estimate                                                                           | 26,999 | 588   | 101     | 4,565  | 11,699 | 4,347   | 2,250    | 3,449 | 8               |
| '44 Allocation                                                                         | 9,378  | 1,212 | 1,367   | 1,739  | 1,375  | 592     | 536      | 2,287 | 574             |

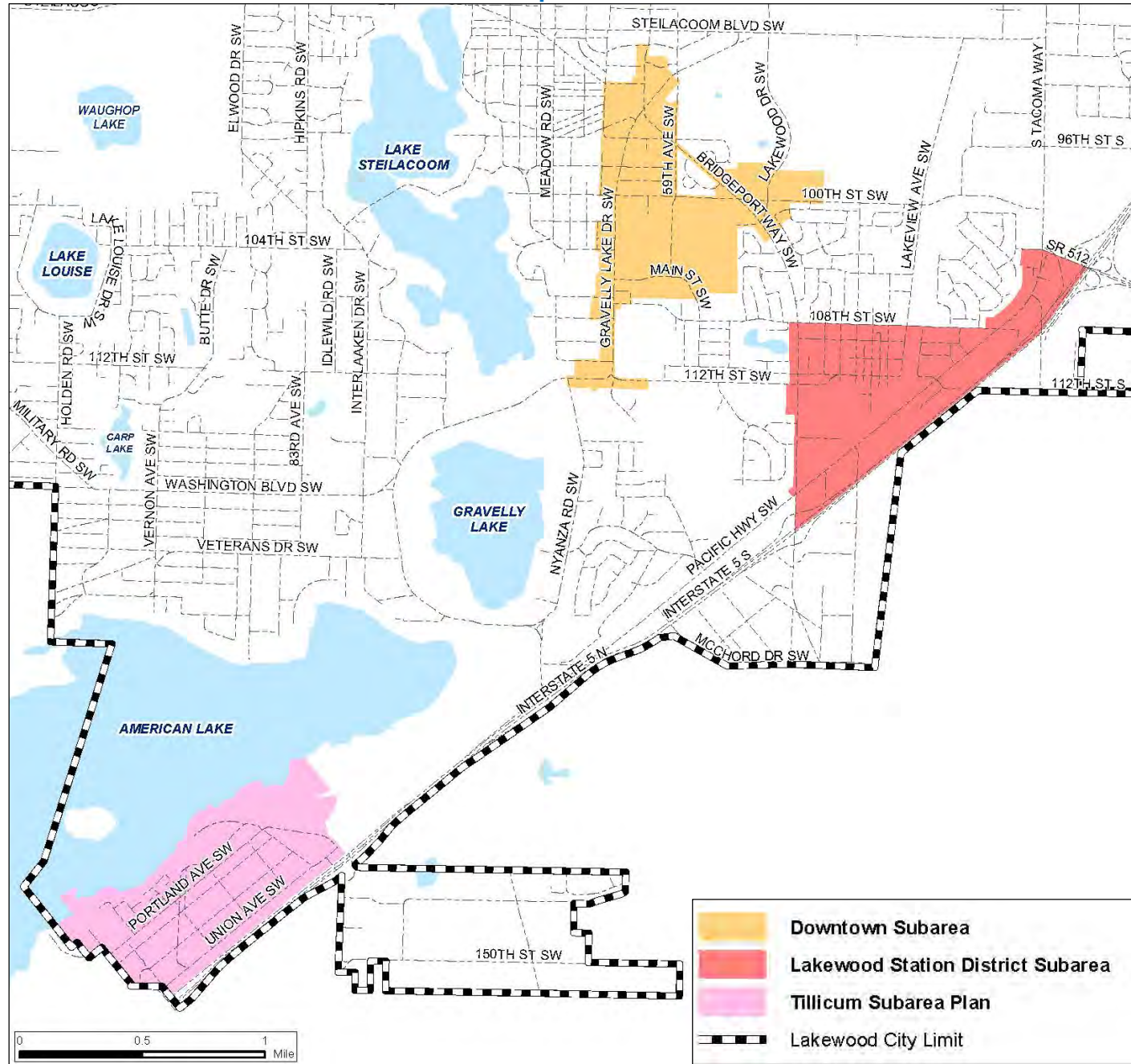
\*Housing Units by AMI will need to be allocated within subareas along with the rest of the City.

|                | 2044 Growth Target | ID'd for Downtown Subarea by 2035 | ID'd for Station District Subarea by 2035 | Elsewhere in City    | Emergency Units |
|----------------|--------------------|-----------------------------------|-------------------------------------------|----------------------|-----------------|
| Housing Units* | 9,378              | 2,257 (24% of total)              | 1,722 (18% of total)                      | 5,399 (58% of total) | 574**           |
| Jobs           | 9,863              | 7,359 (75% of total)              | 1,276 (13% of total)                      | 1,228 (12% of total) | -               |



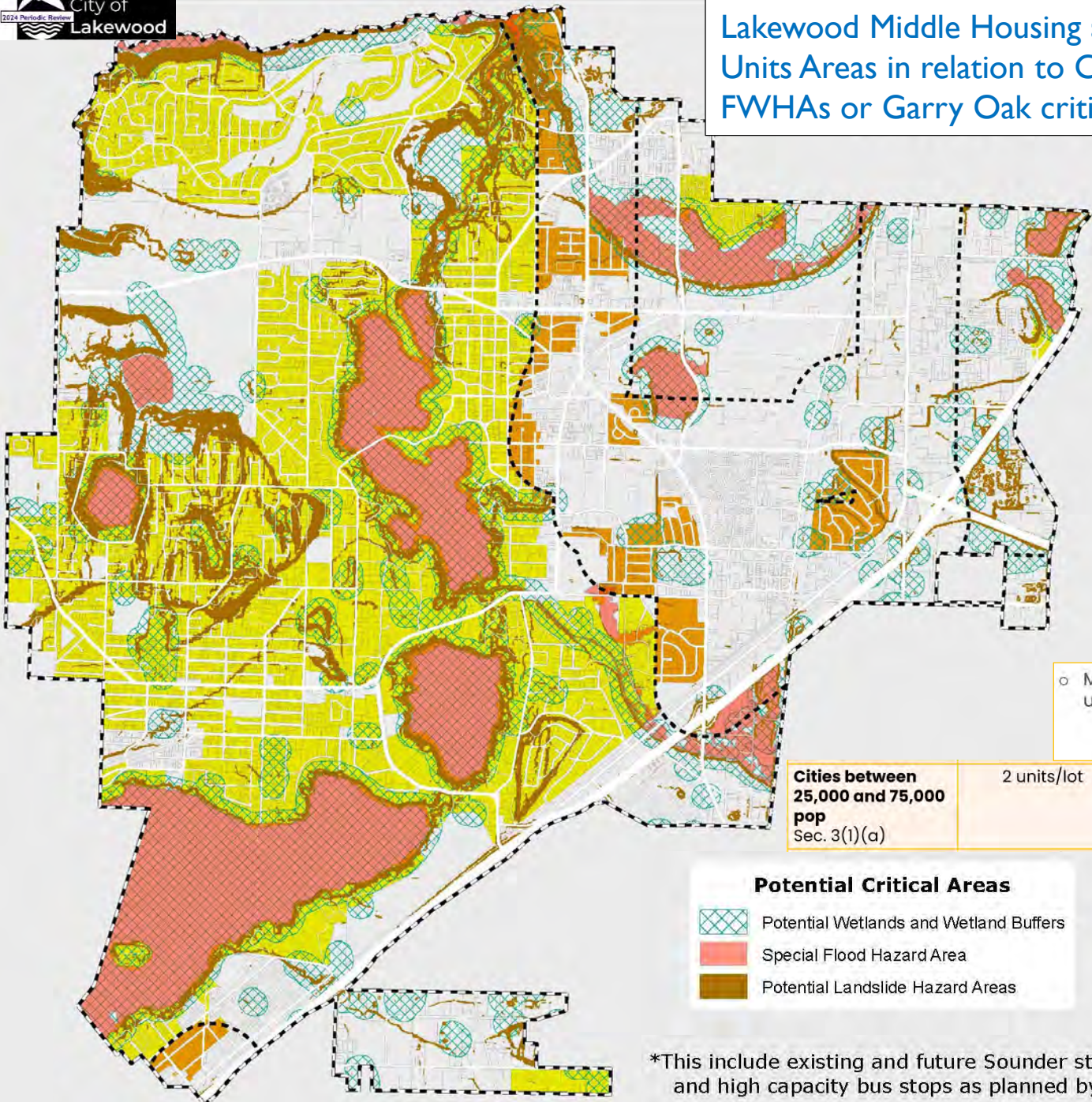
## 24CPPR Subarea Reviews and Updates

- Downtown and Station District Subarea Reviews being conducted
  - Housing by income band analysis
  - Job location analysis
  - Consistency with Regional Center Monitoring (Downtown)
  - Reviews as directed in Council Ordinances and Resolutions
- 2011 Tillicum Neighborhood Plan being significantly updated.





# Lakewood Middle Housing and Accessory Dwelling Units Areas in relation to Critical Areas (not including FWHAs or Garry Oak critical habitat areas)



Historic deed restrictions/ CC&Rs, critical areas, critical area buffers, and infrastructure deficiencies affect where and when requirements for Middle Housing and ADUs apply

- Must allow at least **3 units per parcel** in all urban areas
- At least 6 in some cities near transit or with affordability

|                                                             |             |                                                        |                                |
|-------------------------------------------------------------|-------------|--------------------------------------------------------|--------------------------------|
| <b>Cities between 25,000 and 75,000 pop</b><br>Sec. 3(1)(a) | 2 units/lot | 4 units/lot within 1/4 mile walk of major transit stop | 4 units/lot if 1 is affordable |
|-------------------------------------------------------------|-------------|--------------------------------------------------------|--------------------------------|

**Potential Critical Areas**

- Potential Wetlands and Wetland Buffers
- Special Flood Hazard Area
- Potential Landslide Hazard Areas

**R1 through R4 Zoned Parcels**

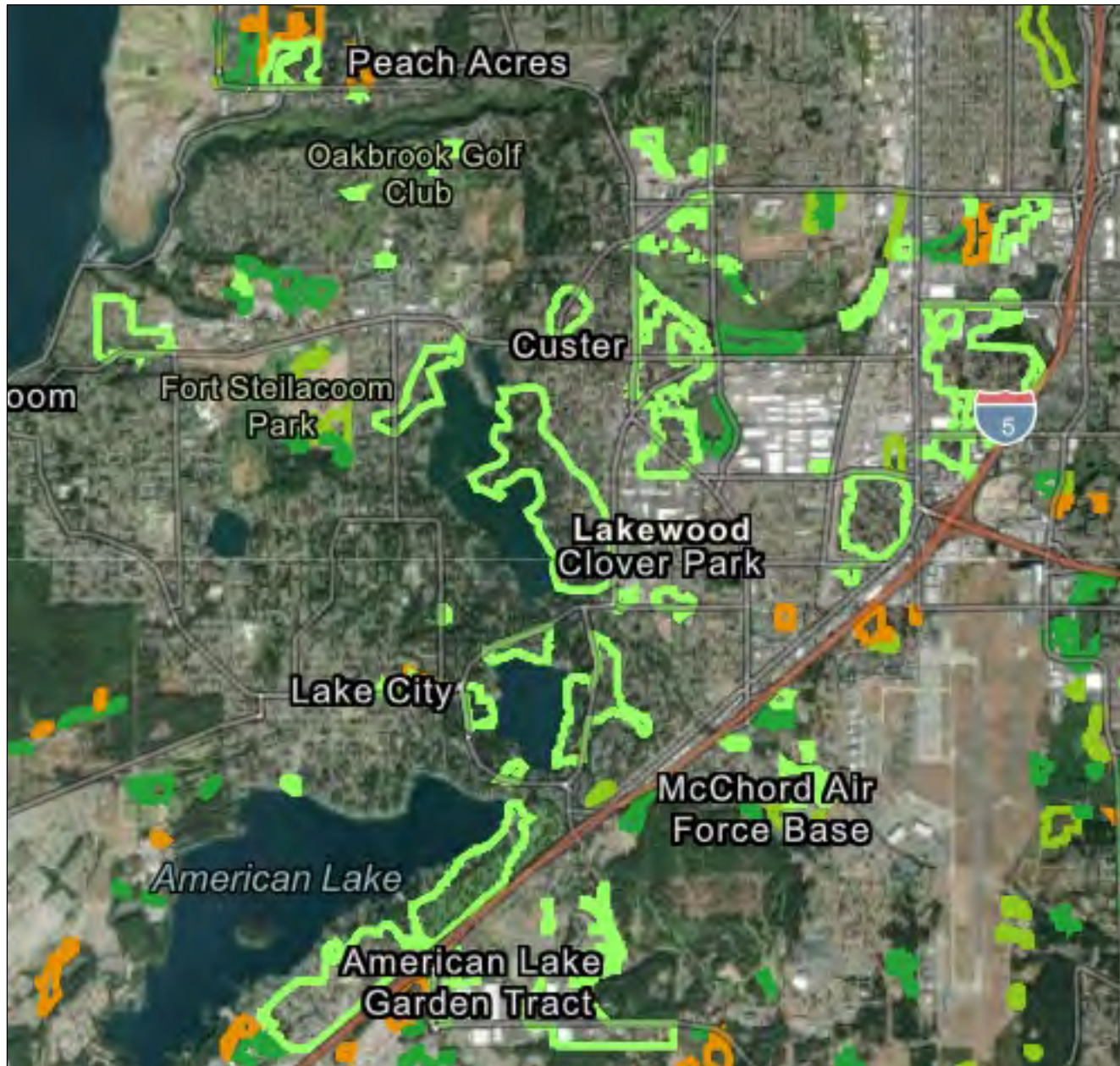
- Inside 1/4 Mile Transit Distance
- Outside 1/4 Mile Transit Distance
- 1/4 Mile Transit Buffer\*

\*This include existing and future Sounder stations, Bus Rapid Transit (BRT) lines, and high capacity bus stops as planned by Pierce transit and Sound Transit.






## Garry (Oregon White) Oak Trees Location

City Code: 2+ Oregon white oak trees or trees located within a critical area are subject to the critical areas ordinance

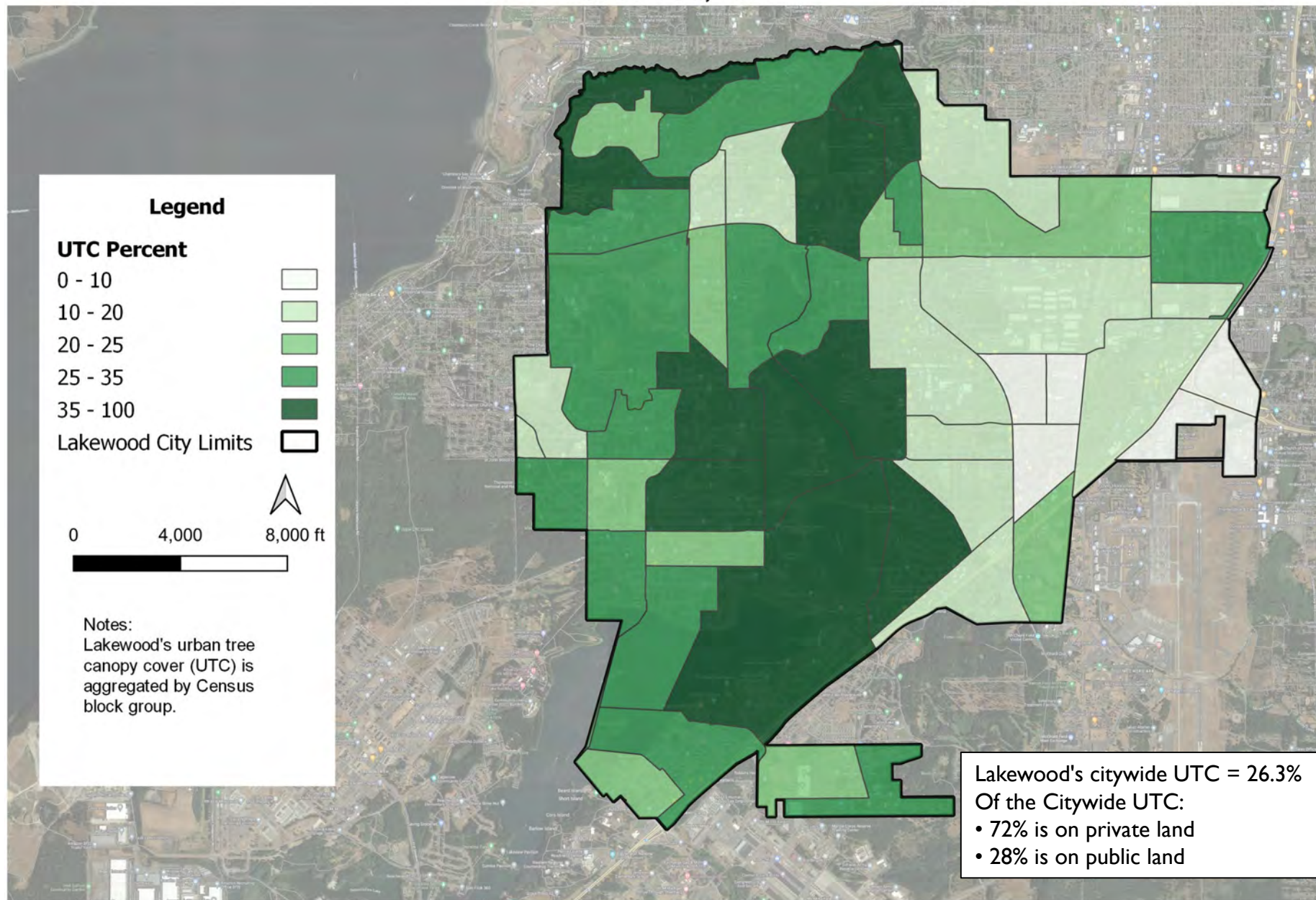


### Legend

-  Oak Dominant Forest
-  Scattered Oak Canopy
-  Urban Garry Oak Canopy
-  Coastal Bluff Oak Canopy
-  Oak Conifer Forest
-  Oak Habitat Restoration
-  Living Garry Oak
-  Planted Garry Oak
-  Dead Garry Oak

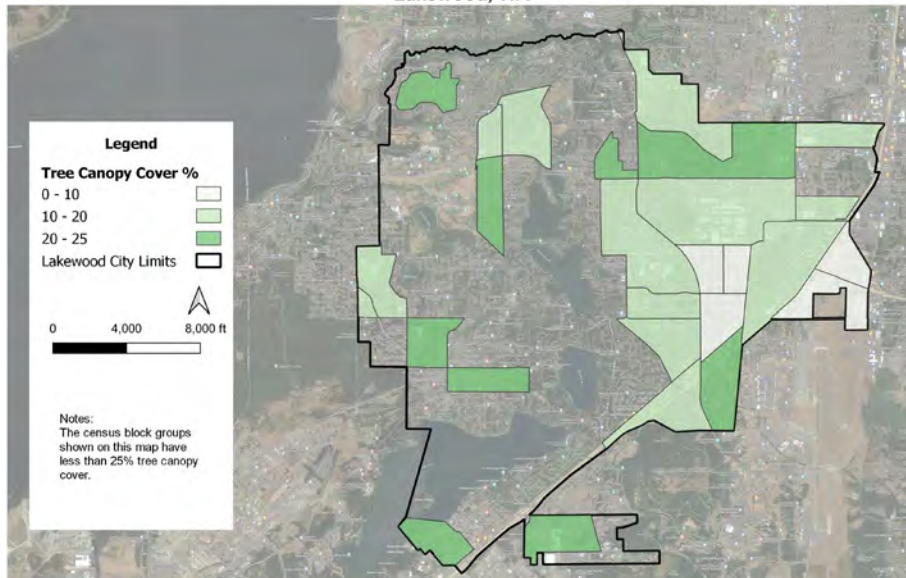


# Urban Tree Canopy Cover Distribution Lakewood, WA

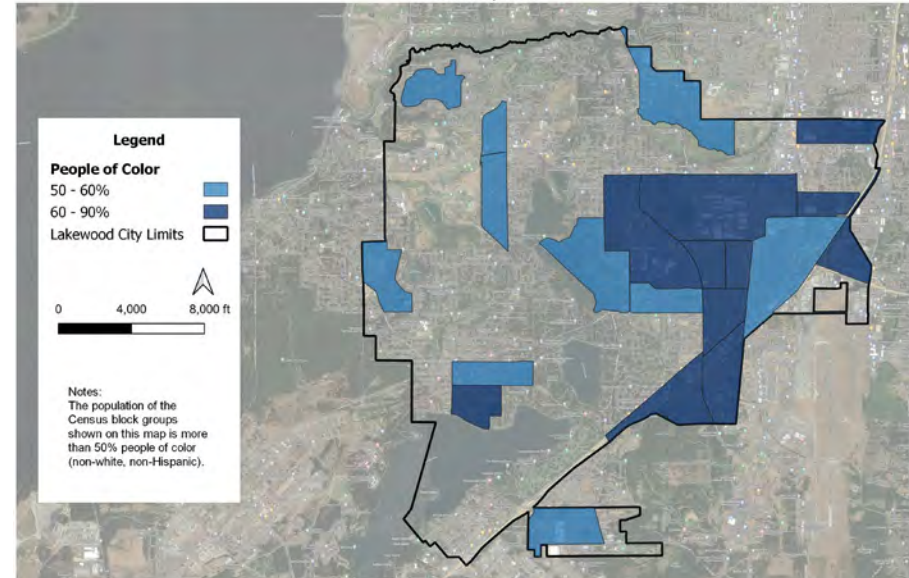




Tree Canopy Analysis: Prioritization of Census Block Groups  
Lakewood, WA

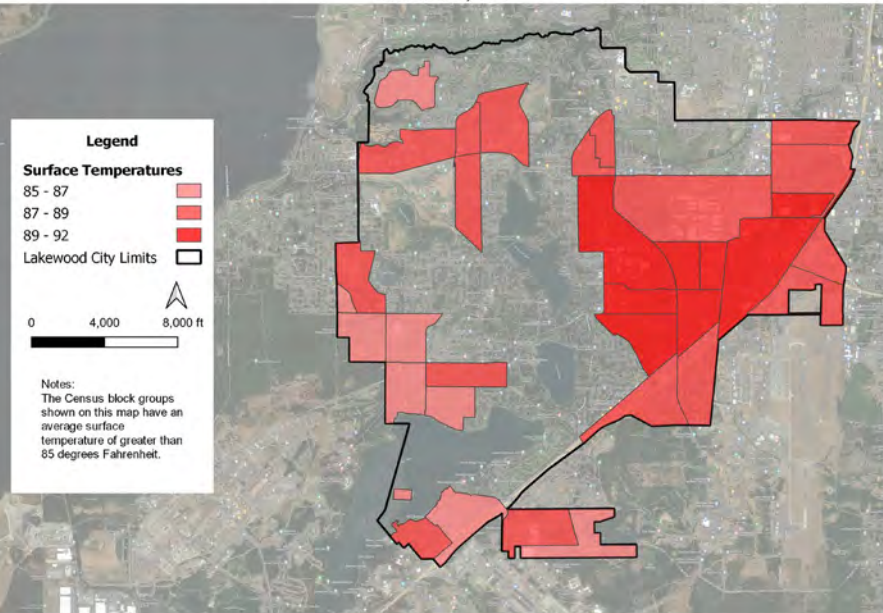


Tree Canopy Analysis: Prioritization of Census Block Groups  
Lakewood, WA

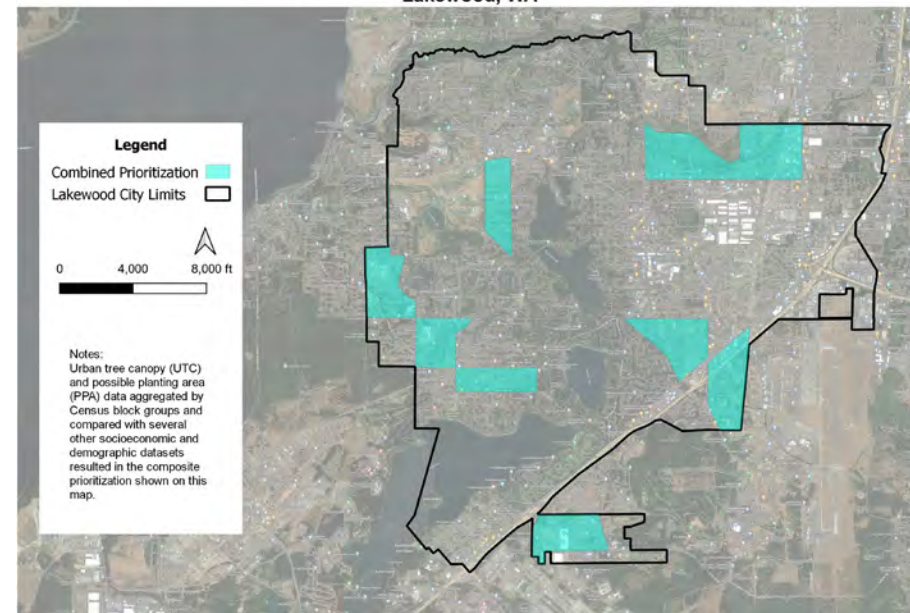


Areas w <25% tree cover coincide with city heat islands and areas of historically disparate impact

Tree Canopy Analysis: Prioritization of Census Block Groups  
Lakewood, WA



Tree Canopy Analysis: Prioritization of Census Block Groups  
Lakewood, WA



## 2023 HB 1181: Land Use Element should reduce wildfire risks

The land use element must reduce and mitigate the risk to lives and property posed by wildfires by using land use planning tools, which may include, but are not limited to:

- adoption of portions or all of the wildland urban interface code developed by the international code council or
- developing building and maintenance standards consistent with the firewise USA program or similar program designed to
  - reduce wildfire risk, reducing wildfire risks to residential development in high risk areas and the wildland urban interface area,
  - separating human development from wildfire prone landscapes, and
  - protecting existing residential development and infrastructure through community wildfire preparedness and fire adaptation measures.

### **Interface**

The Wildland-Urban Interface is defined as those areas where human development meets areas that are covered with more than 50% wildlands. To be considered interface, development/structures must be bordered by wildlands on at least one side. The interface is often found along the outskirts of urban area.

### **Intermix**

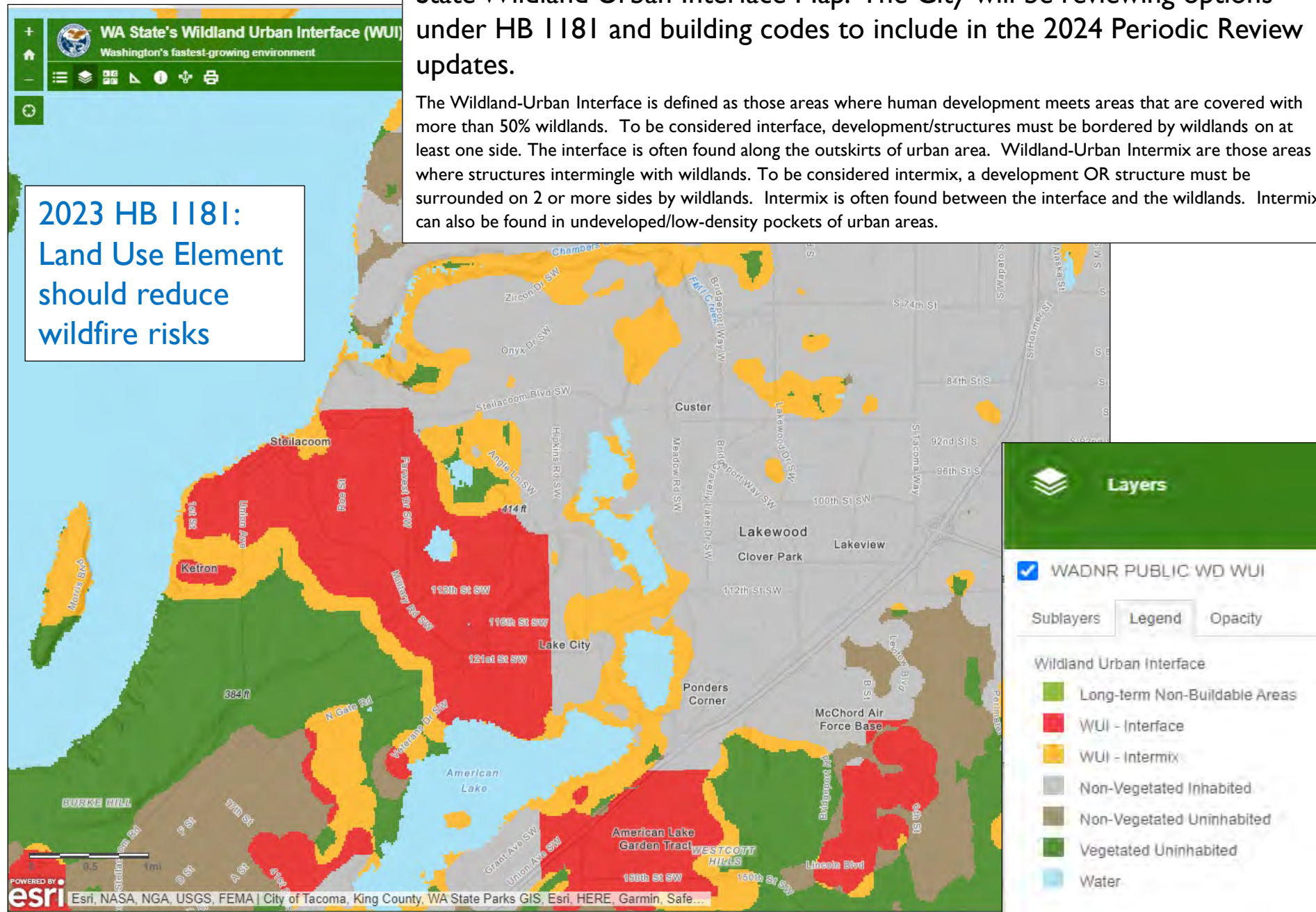
Wildland-Urban Intermix are those areas where structures intermingle with wildlands. To be considered intermix, a development OR structure must be surrounded on 2 or more sides by wildlands. Intermix is often found between the interface and the wildlands. Intermix can also be found in undeveloped/low-density pockets of urban areas.

<https://storymaps.arcgis.com/stories/7016c437623a445997c072a05e26afbb>



The Wildland-Urban Interface is defined as those areas where human development meets areas that are covered with more than 50% wildlands. To be considered interface, development/structures must be bordered by wildlands on at least one side. The interface is often found along the outskirts of urban area. Wildland-Urban Intermix are those areas where structures intermingle with wildlands. To be considered intermix, a development OR structure must be surrounded on 2 or more sides by wildlands. Intermix is often found between the interface and the wildlands. Intermix can also be found in undeveloped/low-density pockets of urban areas.

**2023 HB 1181:**  
Land Use Element  
should reduce  
wildfire risks



<https://storymaps.arcgis.com/stories/7016c437623a445997c072a05e26afbb>

## Incorporate Existing Plans into 2024 Comprehensive Plan Appendices, including but not limited to:

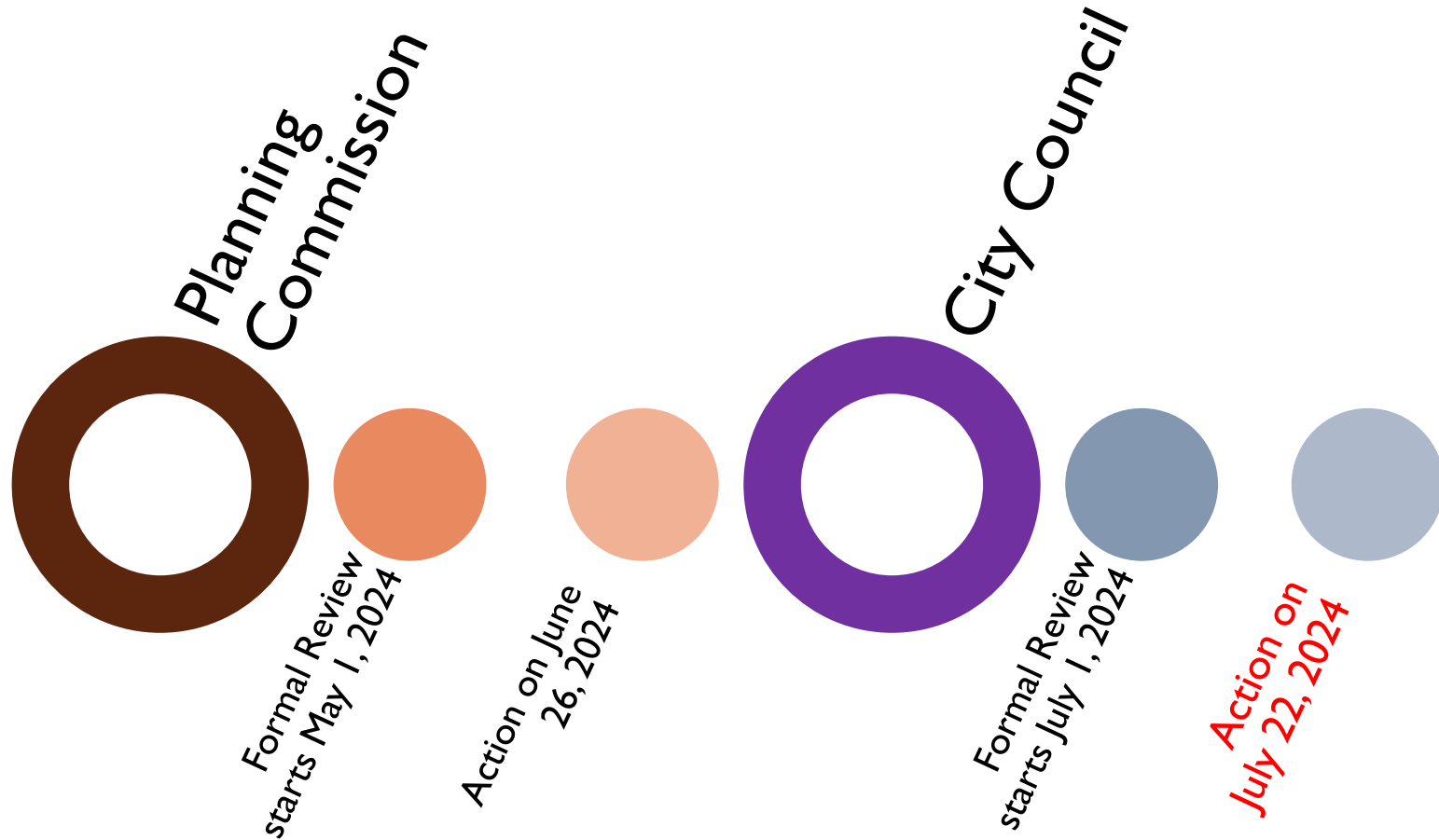
| <b>2024 Lakewood Comprehensive Plan Table of Contents</b> |                                                                                 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>1.0</b>                                                | INTRODUCTION                                                                    |
|                                                           | GOALS & POLICIES                                                                |
| <b>2.0</b>                                                | LAND USE & LAND USE MAPS                                                        |
| <b>3.0</b>                                                | CAPITAL FACILITIES & ESSENTIAL PUBLIC FACILITIES                                |
| <b>4.0</b>                                                | ECONOMIC DEVELOPMENT                                                            |
| <b>5.0</b>                                                | ENERGY & CLIMATE CHANGE                                                         |
| <b>6.0</b>                                                | HOUSING                                                                         |
| <b>7.0</b>                                                | MILITARY COMPATIBILITY                                                          |
| <b>8.0</b>                                                | NATURAL ENVIRONMENT                                                             |
| <b>9.0</b>                                                | PARKS & RECREATION                                                              |
| <b>10.0</b>                                               | PUBLIC SERVICES                                                                 |
| <b>11.0</b>                                               | SUBAREA PLANS (DOWNTOWN, LAKEWOOD STATION DISTRICT, TILLICUM)                   |
| <b>12.0</b>                                               | TRANSPORTATION                                                                  |
| <b>13.0</b>                                               | URBAN DESIGN & COMMUNITY CHARACTER                                              |
| <b>14.0</b>                                               | UTILITIES                                                                       |
| <b>15.0</b>                                               | IMPLEMENTATION (CONSISTENCY, PUBLIC ENGAGEMENT, TRIBAL PLANNING)                |
|                                                           |                                                                                 |
|                                                           | <b>APPENDICES</b>                                                               |
|                                                           | 2024 LAKEWOOD DEMOGRAPHICS                                                      |
|                                                           | 2021 ENERGY & CLIMATE CHANGE PLAN & ACTION ITEMS                                |
|                                                           | 2020 PARKS LEGACY PLAN                                                          |
|                                                           | 2024 CITY CAPITAL IMPROVEMENT PROGRAM (CIP) INCORPORATING SCHOOL & UTILITY CIPs |
|                                                           | 2018 DOWNTOWN SUBAREA PLAN                                                      |
|                                                           | 2021 LAKEWOOD STATION DISTRICT SUBAREA PLAN                                     |
|                                                           | 2024 TILLICUM NEIGHBORHOOD PLAN                                                 |

- Capital Facilities Plans (CFPs)/Capital Improvement Plans (CIPs)
  - Transportation Improvement Program
  - Parks CIP
  - Utilities' Plans (sewer, water power)
  - Transit Agency Plans
  - Clover Park School District CIP
- 2023 Lakewood Non-Motorized Transportation Plan
- 2023 Lakewood ADA Transition Plan
- 2023 Clover Creek Flood Study
- 2020 Parks Legacy Plan
- 2022 Western State Hospital Master Plan
- Pierce College, Bates Technical College Master Plans
- Downtown, Station District, Tillicum Subarea Plans
- 2021 Energy & Climate Change Action Plan
- Power Utility Clean Energy Plans

The City Council Strategic Plan will be used to update text in the main body of the Comprehensive Plan.

# Legislative Schedule

Subject to change



<https://cityoflakewood.us/24periodicreview/>

<https://lakewoodwaspeaks.org/>

Contact Tiffany Speir, Long Range & Strategic Planning Manager, at 253.983.7702 /  
[tspeir@cityoflakewood.us](mailto:tspeir@cityoflakewood.us)



## **HB 1181 Climate Change Planning Framework**

Integrates climate change into the Growth Management Act (RCW 36.70A).

By July 1, 2027, the Growth Management Act (GMA) now requires:

- Public participation must emphasize the participation of vulnerable populations and overburdened communities.
- Land Use Element:
  - Green spaces, urban and community forests are now considered land uses that must be considered and planned for;
  - must give special consideration to achieving environmental justice and reducing environmental health disparities;
  - must also promote physical activity, reduce wildfire risks, and reduce vehicle miles traveled.
- Transportation Element:
  - analysis of greenhouse gas emissions and per capital vehicle miles traveled;
  - must also include an analysis of impacts to state-owned transportation facilities and locally owned arterials from multimodal levels of service (transit and non-motorized);
  - active transportation facilities and environmental justice are focus areas;
  - transit availability must be reviewed from equity of access and ADA accessibility standpoints.

By July 1, 2027, the Growth Management Act (GMA) now requires:

- Capital Facilities Element
  - must include an inventory of City-owned green infrastructure;
  - must also include a good faith effort to inventory the capital facilities (schools, parks, roads, utilities, etc.) for all public entities (WRSD, outside utility providers, counties, etc.)
- Utilities Element
  - must include an inventory of telecommunications.
- The Open Space and Recreation Element (Parks)
  - must consider green space, enhancement of fish and wildlife habitat and tree canopy coverage.
- Environment Element
  - must include enhancement rather than just protection of the environment, including air and water quality.
- Climate Change and Resiliency Element is required in Comprehensive Plans. Goals include reduction of overall greenhouse gas emissions and climate change resiliency including a natural hazard mitigation plan. This section has to be adopted within five years.
- The Shoreline Master Plan is now considered an Element of the Comprehensive Plan.
  - HB 1544 Moves the update cycle for the Shoreline Master Program from an eight-year to a ten-year cycle and synchronizes the updates with the update cycle in the GMA effective July 1, 2025.

**SB 5412** (effective September 30, 2025):

- Creates a new SEPA categorical exemption for residential development projects within incorporated UGAs and middle housing projects within unincorporated UGAs if the proposed development is consistent with local development regulations.
- Establishes requirements for objective design review and provides SEPA Exemptions for residential development consistent with a comprehensive plan mainly with the urban growth areas and requires the Comprehensive Plan to have undergone an Environmental Impact Statement.

**ESHB 1042** (Must be adopted by June 30, 2025):

- Requires code cities to adopt an ordinance allowing buildings zoned for commercial or mixed use to be converted to residential uses at a density of 50% more than is allowed in the underlying zone provided the building envelope does not change and that the zone permits multifamily housing.
- Building and fire codes apply; additional parking requirements are permitted, though cities may require retention of existing spaces;
- No additional permitting requirements, including design standards beyond those already required for residential uses, are permitted except for emergency and transitional housing uses;
- Only the new use may be required to meet energy code requirements regardless of how the remaining portion of the non-residential building is treated;
- Non-conforming elements may remain as-is without proof of significant detriment to the surrounding area;
- No transportation concurrency or environmental studies are permitted.

## **HB 1110** (Implement by June 30, 2025)

For Lakewood, based on office of financial management population estimates:

- (i) The development of 2+ units per lot on all lots zoned predominantly for residential use, unless zoning permitting higher densities or intensities applies;
- (ii) The development of 4+ units per lot on all lots zoned predominantly for residential use, unless zoning permitting higher densities or intensities applies, within 1/4 mile walking distance of a major transit stop; and
- (iii) The development of 4+ units per lot on all lots zoned predominantly for residential use, unless zoning permitting higher densities or intensities applies, if at least one unit is affordable housing.
  - The units must be maintained as affordable for a term of at least 50 years;
  - The units dedicated as affordable must be provided in a range of sizes comparable to other units in the development;
  - To the extent practicable, the number of bedrooms in affordable units must be in the same proportion as the number of bedrooms in units within the entire development;
  - The affordable units must generally be distributed throughout the development and have substantially the same functionality as the other units in the development.

25% of the lots in the entire city might be exempted but only if:

- There is a risk of displacement;
- There is limited infrastructure capacity;
- Within critical areas and buffers;
- There's a risk of climate change effects, or
- There might be racially disparate discriminatory effects



## HB 1110 (Implement by June 30, 2025)

- Middle Housing Types
  - Must allow at least 6 of the 9 types of middle housing to achieve the unit density required. Accessory dwelling units (ADUs) can be ID'd as one type to achieve the unit density.
  - Not required to allow ADUs or middle housing types beyond the density requirements (except per HB 1337)
  - Only administrative design review can be required
  - Must not have any development standards for middle housing that are more restrictive than those required for detached single-family residences.
  - objective development regulations that are required for detached single-family residences, including, but not limited to, set-back, lot coverage, stormwater, clearing, and tree canopy and retention requirements to ensure compliance with existing ordinances intended to protect critical areas and public health and safety.
- A city must also allow zero lot line short subdivision where the number of lots created is equal to the unit density.
- Are not required to achieve the per unit density under this act on lots after subdivision below 1,000 square feet unless the city chooses to enact smaller allowable lot sizes.

## HB 1110 (Implement by June 30, 2025)

- Parking
  - Shall not require off-street parking as a condition of permitting development of middle housing within ½ mile walking distance of a major transit stop;
  - shall not require more than one off-street parking space per unit as a condition of permitting development of middle housing on lots smaller than 6,000 square feet before any zero lot line subdivisions or lot splits;
  - shall not require more than 2 off-street parking spaces per unit as a condition of permitting development of middle housing on lots greater than 6,000 square feet before any zero lot line subdivisions or lot splits

HB 1110's middle housing provisions also do not apply if based on an empirical study that clearly demonstrates that the application of the parking limitations of for middle housing will be significantly less safe for vehicle drivers or passengers, pedestrians, or bicyclists than if the jurisdiction's parking requirements were applied to the same location for the same number of detached houses.

The Department of Commerce must develop guidance to assist cities on items to include in the study.

## HB 1110 (Implement by June 30, 2025)

Commerce must publish model middle housing ordinances no later than six months following the effective date of the new law.

- For cities that have not passed ordinances, regulations, or other official controls within the timeframes provided, the model ordinance supersedes, preempts, and invalidates local development regulations until the city takes all actions necessary to implement the act.

Amendments to development regulations and other non-project actions taken by a city to implement the requirements of this act are not subject to administrative or judicial appeals under this chapter.

The department may issue guidance for local jurisdictions to ensure that the levels of middle housing zoning under this act can be integrated with the methods used by cities to calculate zoning densities and intensities in local zoning and development regulations.

## HB 1110 (Implement by June 30, 2025)

An implementation extension may be applied only to specific areas where a city can demonstrate that water, sewer, stormwater, transportation infrastructure, including facilities and transit services, or fire protection services lack capacity to accommodate the density required, and the city has:

- Included needed improvements within its capital facilities plan to adequately increase capacity (which isn't due for another 10 years); or
- Identified which special district is responsible for providing the necessary infrastructure.

If an extension is requested due to lack of water supply, Commerce shall evaluate based on the applicable water system plans in effect and approved by the department of health. Water system plan updates initiated after the effective date of this law must include consideration of water supply requirements for middle housing types.

CC&Rs cannot be used to circumvent the density. Governing documents of associations within cities subject to the middle housing requirements that are created after the effective date of the law may not actively or effectively prohibit the construction, development, or use of additional housing units.



**HB 1337** (Must be adopted by June 30, 2025):

- Mandates 2+ accessory dwelling units (ADU) per residential lot (except those under 2,000 sf), with preemption on parking requirements and a variety of development regulations.
  - Impact fees are capped at 50% of the primary dwelling rate or may be waived.
  - The owner is not required to dwell on the lot or within any of the up to three structures (primary home and two ADU).
  - The ADU may be attached or detached.
  - ADU must be allowed on any lot compliant with the underlying zone's minimum lot size.
  - ADU minimum gross floor area must be at least 1,000 sf.
  - Roof height limitations must allow 24 feet high or more.
  - Setbacks are the same as the primary dwelling or less.
  - ADU must be allowed to be sited on lot lines if the line abuts an alley.
  - ADU may be created from conversion of existing structures, even if those structures are non-conforming in some way.
  - ADU may not be placed within critical areas or buffers.
  - The requirement for public street improvements is waived.
  - Parking requirements are limited to one space per ADU for lots under 6,000sf and two spaces for larger lots.

## **HB 1695** Affordable Housing on Surplus Public Property

- Defines affordable housing in the context of surplus public property and provides for rental housing or permanent affordable homeownership within the definition of public benefit.

## **SB 5258** Increasing the Supply & Affordability of Condominiums and Townhomes

- A condominium association created after the effective date of this act must include a written report from a construction defect professional in a construction defect claim. The intent appears to be limiting future assessments for construction defects present at the time the units were constructed.
- The act also limits the amount of impact fees versus single family housing. The changes to impact fees must be enacted within six months of the completion of the Comprehensive Plan Update.
- Short plat regulations and procedures for unit lot subdivisions must allow division of a parent lot into separately owned unit lots. Portions of the parent lot not subdivided for individual unit lots shall be owned in common by the owners of the individual unit lots, or by a homeowners' association comprised of the owners of the individual unit lots.

**HB 1293** Streamlines Development Regulations – Design Review (Must be adopted by June 30, 2025):

- Only clear and objective development regulations governing the exterior design of a new development are allowed in design review.
- The standards must have at least one ascertainable guideline, standards or criterion by which an applicant can determine whether a given design is permissible.
- The design guidelines may not reduce density, height, bulk, or scale beyond the underlying zone.
- Objective review emphasizes quantifiable guidelines and clear instructions that remove all aspects of subjectivity.
- Design review must be conducted concurrently with the consolidated review and must have only one public meeting.
- Expedited review is encouraged for developments that comply with adopted development regulations or are affordable to low- and moderate-income households.

**HB 1326** Waiving Utility Connection Fees and General Facility Charges for Affordable Housing

- Allows municipalities to waive utility connection fees and general facility charges for affordable housing, emergency shelters, transitional shelters, and permanent supportive housing.

**HB 1425** Annexation Sales Tax Credit

- Establishes a new version of the annexation sales tax credit to incentive annexations of UGAs.

**SB 5290** Consolidates Local Process Review (Must adopt by January 1, 2025)

- Projects with interior alterations only are exempt from site plan review provided no new sleeping quarters or bedrooms are added and/or the project does not exceed the 5,000sf threshold or other fire code conditions.
- The Department of Commerce must establish a consolidated permit review grant program for building permits to reduce review times by consolidating review with other land use permit reviews. The grant requirements include quarterly progress reports to Commerce.
- Commerce must establish a grant program to facilitate digital permitting processes, virtual inspection, electronic review and video storage. The digital permitting system grant will require the city to allow the development of 2+ units per lot on all lots zoned primarily residential.
- All land use permit application forms must be explicit and exhaustive.
- Certain permit types and timelines for processing project review may be excluded per RCW 36.70B.140.



**SB 5290** Consolidates Local Process Review (Must adopt by January 1, 2025)

- Timeclocks (Can be altered by ordinance to address consolidated review time periods or to accommodate larger projects and projects that are nonresidential. Certain other caveats apply.)
  - Must include every calendar day.
  - For projects that do not require public notice, the final decision must be issued within 65 days of the determination of completeness (RCW 36.70B.0110 and RCW 36.70B.070).
  - For projects that do require public notice, the final decision must be issued within 100 days of the determination of completeness (RCW 36.70B.0110 and RCW 36.70B.070).
  - For project permits which require both notice and a hearing, the final decision must be issued within 170 days of the determination of completeness (RCW 36.70B.0110 and RCW 36.70B.070).
  - Applicant delays in providing requested information over 60 days from the date of request automatically add 30 days to the City's review timeline.
  - Failure to adhere to the above timeline results in a requirement for the City to refund the applicant's permit fees on a pro-rated basis up to a 20% refund depending on the length of the delay.
- Annual reports posted on the City's website are required that will report the number of permits by type and length of processing decisions. These reports must also be submitted to Commerce. This requirement begins March 1, 2025.
- The Department of Commerce will provide technical guidance in setting fee structures to ensure that fees are reasonable and sufficient to recover true costs.

**SB 5536** Controlled substances, counterfeit substances, and legend drug possession and treatment.

- Opioid treatment programs (OTPs), mobile or fixed-site medication units within OTPs, recovery residences, and harm reduction programs including syringe service programs, are recognized as essential public facilities for the purpose of local land-use regulations.
- Cities may only impose such reasonable conditional use requirements as are similarly applied to other essential public facilities and health care settings.
- Cities are prohibited from imposing a maximum capacity on OTPs.