

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CHILDREN AND YOUTH JUSTICE CENTER</td> <td rowspan="2">D Employer identification number 20-4457248</td> </tr> <tr> <td colspan="2">Doing business as CENTER FOR CHILDREN & YOUTH JUSTICE</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 206-696-7503</td> </tr> <tr> <td>300 ELLIOTT AVENUE WEST</td> <td>360</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98119</td> <td>G Gross receipts \$ 3,528,971.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: RACHEL SOTTILE SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.CCYJ.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 2006</td> <td>M State of legal domicile: WA</td> </tr> </table>	C Name of organization CHILDREN AND YOUTH JUSTICE CENTER		D Employer identification number 20-4457248	Doing business as CENTER FOR CHILDREN & YOUTH JUSTICE		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 206-696-7503	300 ELLIOTT AVENUE WEST	360	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98119		G Gross receipts \$ 3,528,971.	F Name and address of principal officer: RACHEL SOTTILE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	J Website: WWW.CCYJ.ORG		If "No," attach a list. See instructions	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	L Year of formation: 2006		M State of legal domicile: WA
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Part I Summary																									
Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: <u>JUVENILE JUSTICE, CHILD WELFARE AND RELATED SYSTEMS REFORM.</u></p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td align="right">3</td> <td align="right">19</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td align="right">4</td> <td align="right">18</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)</td> <td align="right">5</td> <td align="right">19</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td align="right">6</td> <td align="right">107</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td align="right">7a</td> <td align="right">0.</td> </tr> <tr> <td>7b Net unrelated business taxable income from Form 990-T, Part I, line 11</td> <td align="right">7b</td> <td align="right">0.</td> </tr> </table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	19	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	19	6 Total number of volunteers (estimate if necessary)	6	107	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.						
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Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
Sign Here	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>▶ Signature of officer</td> <td>Date</td> </tr> <tr> <td>▶ RACHEL SOTTILE, PRESIDENT & CEO</td> <td></td> </tr> <tr> <td>Type or print name and title</td> <td></td> </tr> </table>	▶ Signature of officer	Date	▶ RACHEL SOTTILE, PRESIDENT & CEO		Type or print name and title										
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Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name KAREN L. DUNN</td> <td>Preparer's signature KAREN L. DUNN</td> <td>Date 08/30/22</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00192887</td> </tr> <tr> <td>Firm's name ▶ CLARK NUBER, PS</td> <td colspan="2">Firm's EIN ▶ 91-1194016</td> <td colspan="2"></td> </tr> <tr> <td>Firm's address ▶ 10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004</td> <td colspan="4">Phone no. 425-454-4919</td> </tr> </table>	Print/Type preparer's name KAREN L. DUNN	Preparer's signature KAREN L. DUNN	Date 08/30/22	Check if self-employed <input type="checkbox"/>	PTIN P00192887	Firm's name ▶ CLARK NUBER, PS	Firm's EIN ▶ 91-1194016				Firm's address ▶ 10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004	Phone no. 425-454-4919			
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May the IRS discuss this return with the preparer shown above? See instructions Yes 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: THE CENTER FOR CHILDREN & YOUTH JUSTICE WAS FOUNDED IN 2006 WITH ONE MISSION: REFORM THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS TO IMPROVE THE LIVES OF GENERATIONS OF CHILDREN AND YOUTH IN WASHINGTON STATE. OUR FOCUS IS LARGE-SCALE, LASTING SYSTEMIC CHANGE. WE CARRY OUT

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 [X] 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 [X] 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 \$ 682,915. including grants of \$) (Revenue \$ 500.) CCYJ MANAGES TWO PROJECTS SPECIFIC TO CHILD WELFARE SYSTEM REFORM:

STRENGTHENING EARLY RELATIONSHIPS IS A PORTFOLIO THAT MANAGES THE STATEWIDE EXPANSION OF THE SAFE BABIES COURT TEAM (SBCT) APPROACH IN WASHINGTON. BY 2021, THIS APPROACH WAS IMPLEMENTED IN FOUR COUNTIES. THE SBCT APPROACH IS A THERAPEUTIC COURT MODEL THAT UTILIZES A COMMUNITY WIDE, SYSTEMS-CHANGE APPROACH THAT LEVERAGES COLLABORATION AMONG COURTS, CHILD WELFARE, AND COMMUNITY ORGANIZATIONS. THIS APPROACH HAS A STRONG FOCUS ON REDUCING TRAUMA AND PROVIDING MORE EQUITABLE AND HOLISTIC SUPPORTS TO CHILDREN UNDER THE AGE OF THREE AND THEIR FAMILIES IN, OR AT RISK OF ENTERING, THE CHILD WELFARE SYSTEM. MORE FREQUENT ENGAGEMENT OCCURS WITH FAMILIES TO ELEVATE THEIR VOICES, IDENTIFY

4b (Code:) (Expenses \$ 575,071. including grants of \$) (Revenue \$ 24,020.) CCYJ MANAGES THREE PROJECTS TARGETING YOUTH JUSTICE SYSTEM REFORM:

THE WASHINGTON STATE BECCA TASK FORCE WAS FOUNDED IN 2002 TO HELP SUPPORT SCHOOLS, COURTS, AND SERVICE PROVIDERS IN CARRYING OUT THE INTENT AND GOALS OF THE MANDATORY SCHOOL ATTENDANCE, CHILDREN IN NEED OF SERVICES (CHINS), AND AT-RISK YOUTH (ARY) LAWS, COLLECTIVELY KNOWN AS THE "BECCA LAWS." STAFFED BY CCYJ SINCE 2008, THE TASK FORCE PROVIDES A FORUM TO FOSTER STATE WIDE COLLABORATION BETWEEN COURTS, SCHOOLS, AND SERVICE PROVIDERS; FACILITATE THE INITIATION OF RESEARCH AND TRAINING ON THE DEVELOPMENT AND USE OF PROVEN PRACTICE MODELS TO MEET THE NEEDS AND ENSURE SUCCESS OF YOUTH AND FAMILIES BEFORE, DURING, OR AFTER A CRISIS; AND LEAD EFFORTS IN WASHINGTON STATE TO ENSURE THAT

4c (Code:) (Expenses \$ 325,490. including grants of \$) (Revenue \$ 1,900.) CCYJ MANAGES TWO PROJECTS THAT COMBINE YOUTH JUSTICE AND CHILD WELFARE SYSTEMS REFORM:

PROJECT RESPECT WAS LAUNCHED IN 2011 WITH A COMBINATION OF STATE AND PRIVATE FUNDING. PROJECT RESPECT IS A COMPASSIONATE AND CONSISTENT RESEARCH-BASED STATEWIDE RESPONSE TO COMMERCIALY SEXUALLY EXPLOITED CHILDREN (CSEC) THAT ENSURES VICTIMS ARE IDENTIFIED AND GIVEN PROTECTION, NOT PUNISHMENT, BY PROVIDING A MODEL PROTOCOL AND A TRAINING CURRICULUM FOR FIRST RESPONDERS. COUNTY TASK FORCES/REGIONAL RESPONSE NETWORKS PARTICIPATE IN A STATEWIDE, COORDINATED, AND VICTIM-CENTERED RESPONSE TO CSEC FACILITATED AND/OR SUPPORTED BY CCYJ. IN 2021, PROJECT RESPECT SUPPORTED 11 REGIONAL TASK FORCES THROUGH

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

4e Total program service expenses 1,583,476.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>		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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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	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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 [X] 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RACHEL SOTTILE - 206-696-7503 300 ELLIOTT AVENUE WEST, SUITE 360, SEATTLE, WA 98119

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, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL SOTTILE PRESIDENT & CEO	40.00	X		X				207,523.	0.	0.
(2) EVAN SHAPIRO CHAIR	10.00	X		X				0.	0.	0.
(3) MEGAN WELLS VICE CHAIR	1.00	X		X				0.	0.	0.
(4) MARK MALENG SECRETARY	1.00	X		X				0.	0.	0.
(5) PEPPER AUSTIN TREASURER	1.00	X		X				0.	0.	0.
(6) ROBERT FLENNAUGH II DIRECTOR	1.00	X						0.	0.	0.
(7) BONNIE GLENN DIRECTOR	1.00	X						0.	0.	0.
(8) KRISTEN HOWELL DIRECTOR	1.00	X						0.	0.	0.
(9) DAVINA INSLEE DIRECTOR	1.00	X						0.	0.	0.
(10) ANNE LEVINSON DIRECTOR EMERITUS	1.00	X						0.	0.	0.
(11) BENJAMIN DANIELSON DIRECTOR	1.00	X						0.	0.	0.
(12) JEN TEMPLE DIRECTOR	1.00	X						0.	0.	0.
(13) MARYANN CRISSEY DIRECTOR	1.00	X						0.	0.	0.
(14) JON BRIDGE DIRECTOR	1.00	X						0.	0.	0.
(15) BARNEY VOEGTLEN DIRECTOR	1.00	X						0.	0.	0.
(16) SARAH SHAIKH DIRECTOR	1.00	X						0.	0.	0.
(17) DAN SHIH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELLEN DIAL DIRECTOR	1.00	X						0.	0.	0.
(19) SHAWNA DEANE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								207,523.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								207,523.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	159,571.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,589,715.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	600,938.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 19,033.				
	h	Total. Add lines 1a-1f		2,350,224.				
Program Service Revenue	2 a	JUVENILE JUSTICE	Business Code					
			611710	26,420.	26,420.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		26,420.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		46,424.		46,424.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					1,105,903.			
	b	Less: cost or other basis and sales expenses	7b	961,925.	7,520.			
	c	Gain or (loss)	7c	143,978.	-7,520.			
	d	Net gain or (loss)		136,458.		136,458.		
8 a	Gross income from fundraising events (not including \$ 159,571. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			b	Less: direct expenses	8b	19,306.		
			c	Net income or (loss) from fundraising events		-19,306.		-19,306.
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			b	Less: direct expenses	9b			
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a						
			b	Less: cost of goods sold	10b			
			c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		2,540,220.	26,420.	0.	163,576.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	207,523.	103,762.	51,881.	51,880.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,229,983.	607,969.	525,799.	96,215.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	106,432.	52,062.	44,977.	9,393.
10 Payroll taxes	122,798.	66,763.	43,127.	12,908.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	30,910.	18,793.	4,884.	7,233.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	23,475.			23,475.
f Investment management fees	17,732.	10,781.	2,802.	4,149.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	480,300.	456,027.	14,587.	9,686.
12 Advertising and promotion	15,826.	10,421.	793.	4,612.
13 Office expenses	113,095.	74,473.	5,667.	32,955.
14 Information technology	40,453.	19,753.	9,581.	11,119.
15 Royalties				
16 Occupancy	226,528.	133,425.	40,096.	53,007.
17 Travel	7,906.	5,345.	681.	1,880.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	15,432.	15,164.		268.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,160.	3,040.	913.	1,207.
23 Insurance	6,906.	4,487.	1,042.	1,377.
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 BAD DEBT EXPENSE	12,000.			12,000.
b DUES & PUBLICATIONS	2,393.	1,211.	240.	942.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,664,852.	1,583,476.	747,070.	334,306.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	232,923.	1	542,184.
	2 Savings and temporary cash investments	134,669.	2	26,232.
	3 Pledges and grants receivable, net	891,264.	3	320,704.
	4 Accounts receivable, net	105,853.	4	189,792.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,411.	9	28,745.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,318.		
	b Less: accumulated depreciation	10b 35,764.		
		13,234.	10c	554.
	11 Investments - publicly traded securities	1,657,121.	11	2,077,427.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,073,475.	16	3,185,638.	
Liabilities	17 Accounts payable and accrued expenses	72,874.	17	101,705.
	18 Grants payable		18	
	19 Deferred revenue	76,726.	19	135,664.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	149,600.	26	237,369.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,875,762.	27	2,109,038.
	28 Net assets with donor restrictions	1,048,113.	28	839,231.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,923,875.	32	2,948,269.
33 Total liabilities and net assets/fund balances	3,073,475.	33	3,185,638.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,540,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,664,852.
3	Revenue less expenses. Subtract line 2 from line 1	3	-124,632.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,923,875.
5	Net unrealized gains (losses) on investments	5	149,026.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,948,269.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,386,074.	3,844,980.	1,782,553.	2,174,685.	2,350,224.	12,538,516.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,386,074.	3,844,980.	1,782,553.	2,174,685.	2,350,224.	12,538,516.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,245,046.
6 Public support. Subtract line 5 from line 4.						10,293,470.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,386,074.	3,844,980.	1,782,553.	2,174,685.	2,350,224.	12,538,516.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,854.	88,708.	73,545.	32,153.	46,424.	293,684.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12,832,200.
12 Gross receipts from related activities, etc. (see instructions)					12	364,186.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	80.22 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	73.10 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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 (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

CHILDREN AND YOUTH JUSTICE CENTER

Employer identification number

20-4457248

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 CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 996,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 332,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 240,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, 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

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CHILDREN AND YOUTH JUSTICE CENTER Employer identification number 20-4457248

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,306.	6,104.	1,202.
e Other		29,012.	29,660.	-648.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				554.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,704,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 149,026.		
b	Donated services and use of facilities	2b 25,299.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	174,325.
3	Subtract line 2e from line 1		3	2,530,008.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 17,732.		
b	Other (Describe in Part XIII.)	4b -7,520.		
c	Add lines 4a and 4b		4c	10,212.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,540,220.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2,679,939.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 25,299.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 7,520.		
e	Add lines 2a through 2d		2e	32,819.
3	Subtract line 2e from line 1		3	2,647,120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 17,732.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	17,732.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,664,852.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT -7,520.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT 7,520.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		15 YEAR ANNIVERSARY EVENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	159,571.		159,571.
	2	Less: Contributions	159,571.		159,571.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	19,306.		19,306.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			19,306.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-19,306.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RACHEL SOTTILE PRESIDENT & CEO	(i)	180,000.	27,523.	0.	0.	0.	207,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CHILDREN AND YOUTH JUSTICE CENTER

Employer identification number

20-4457248

FORM 990, PART I, LINE 6:

FOUR VOLUNTEER ATTORNEYS PROVIDED LEGAL SERVICES TO YOUTH AND

PROGRAMMATIC SUPPORT TO COMPLETE OUR LAWYERS FOSTERING INDEPENDENCE

PROGRAM IN 2021. AN ADDITIONAL 85 VOLUNTEERS PRESENTED AND ASSISTED AT

CONFERENCES AND PROVIDED OVERSIGHT, ADVICE, AND COUNSEL ON PROGRAM

DEVELOPMENT AND IMPLEMENTATION FOR CCYJ PORTFOLIOS INCLUDING THE BECCA

TASK FORCE, LINC, PROJECT RESPECT, EQUALITY, AND STRENGTHENING EARLY

RELATIONSHIPS. 18 VOLUNTEERS ALSO SERVED ON THE BOARD OF DIRECTORS.

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

THE RESEARCH, PILOT PROJECTS, POLICY ADVOCACY, AND GRASSROOTS

ENGAGEMENTS THAT MAKE CHANGE POSSIBLE. WE BUILD DIVERSE PARTNERSHIPS,

PIONEER, AND PILOT INNOVATIVE REFORMS THAT SUPPORT KIDS, STABILIZE

FAMILIES, AND STRENGTHEN COMMUNITIES. NO ONE ELSE IS DOING THIS

CRITICAL WORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEEDS, TRACK GOALS AND PROGRESS, AND PROBLEM-SOLVE THROUGHOUT THE CASE.

THE SBCT APPROACH ALSO FOCUSES ON SUPPORTING PARENT-CHILD RELATIONSHIPS

AND CONNECTING THEM TO APPROPRIATE, TIMELY SERVICES. CCYJ SUPPORTS THIS

WORK THROUGH SUBCONTRACTS WITH MULTIPLE COURT SITES WHO UTILIZE THIS

APPROACH IN THEIR COURT SYSTEM, AND PROVIDES ONGOING TECHNICAL SUPPORT

TO EACH COURT SITE, AS WELL AS PEER LEARNING AND TRAINING

OPPORTUNITIES. CCYJ ALSO MAINTAINS CONTACT WITH THE NATIONAL

ORGANIZATION THAT DEVELOPED THE MODEL, ENSURING FIDELITY TO THE

APPROACH. CCYJ ALSO FACILITATES A STATEWIDE ADVISORY BOARD THAT

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

Schedule O (Form 990) 2021

Name of the organization CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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ADDRESSES ONGOING, SYSTEMIC NEEDS IDENTIFIED AT THE COURT SITES, AND
 WORKS TO DEVELOP POLICIES AND PRACTICES TO IMPROVE EXPERIENCES OF THOSE
 IN DEPENDENCY SYSTEMS, WITH THE ULTIMATE GOAL OF REUNIFICATION FOR
 FAMILIES.

LAWYERS FOSTERING INDEPENDENCE (LFI) WAS LAUNCHED BY CCYJ IN 2008 AND
 STOPPED ACCEPTING NEW CLIENTS IN LATE 2019. FOR THE BETTER PART OF A
 DECADE, LFI WAS THE ONLY PRO BONO ATTORNEY PROGRAM IN WASHINGTON STATE
 FOCUSED ON SERVING CURRENT AND FORMER FOSTER YOUTH AGES 17-25. LFI ALSO
 SERVED YOUTH WHO HAD BEEN, OR WERE AT RISK OF BECOMING HOMELESS. LFI
 SUPPORTED YOUNG PEOPLE IN KING, SNOHOMISH, AND PIERCE COUNTIES, BY
 CONNECTING THESE YOUNG ADULTS WITH ATTORNEYS WHO PROVIDED FREE LEGAL
 SERVICES TO HELP THEM REACH FOR THEIR FUTURE WITHOUT BEING BLOCKED BY
 THEIR PAST. LFI VOLUNTEER ATTORNEYS HELPED YOUTH ADDRESS BARRIERS TO
 EMPLOYMENT, EDUCATION, HOUSING STABILITY, AND SUCCESSFUL PARENTING. IN
 2021, LFI PROVIDED DIRECT LEGAL SUPPORT TO YOUTH IN THREE REMAINING
 CASES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 ADEQUATE FUNDING, ACCOUNTABILITY MECHANISMS, AND EFFICIENT AND
 EFFECTIVE PROCESSES FOR CARRYING OUT THE INTENT AND GOALS OF THE BECCA
 LAWS ARE IN PLACE. THE BECCA TASK FORCE MEETS MONTHLY TO REVIEW CURRENT
 RESEARCH AND BEST PRACTICES; EXAMINE SYSTEM OUTCOMES AND IDENTIFY GAPS
 IN CARRYING OUT THE BECCA LAWS; IDENTIFY ISSUES REQUIRING REFORM OF THE
 STATE'S BECCA LAWS, POLICIES, AND PRACTICES; AND STRATEGIZE AND
 COORDINATE EFFORTS AMONG ITS MEMBERS TO PROMOTE THE INTENT, GOALS AND
 OUTCOMES OF THE WASHINGTON STATE BECCA LAWS. SINCE 2004, THE BECCA TASK
 FORCE ALSO HAS CO-HOSTED AN ANNUAL CONFERENCE IN COLLABORATION WITH A

Name of the organization CHILDREN AND YOUTH JUSTICE CENTER	Employer identification number 20-4457248
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JUVENILE COURT AND/OR EDUCATION PARTNER. CONFERENCE ATTENDEES LEARN ABOUT CURRENT DEVELOPMENTS IN BECCA-RELATED RESEARCH, LAW, AND POLICY; RECEIVE INFORMATION AND TRAINING ON MODEL PROGRAMS AND PRACTICES USED IN WASHINGTON AND NATIONALLY; AND NETWORK WITH STAKEHOLDERS AND REPRESENTATIVES FROM YOUTH AND FAMILY SERVING AGENCIES. THE 2020 BECCA CONFERENCE WAS OUR FIRST VIRTUAL CONVENING AND BY FAR THE LARGEST. NEARLY 600 PARTICIPANTS GATHERED UNDER THE THEME OF "RE-ENGAGEMENT". EXPERTS REPRESENTING EDUCATION, JUSTICE, AND COMMUNITY PROVIDED INFORMATION, TRAINING, AND DEVELOPMENT TO PROFESSIONALS AND COMMUNITY MEMBERS WHO SUPPORT YOUTH IN THEIR PURSUIT OF SUCCESSFUL POSTSECONDARY PATHWAYS, CAREERS, AND CIVIC ENGAGEMENT.

THE LINC (LEADERSHIP, INTERVENTION & CHANGE) STEERING COMMITTEE (FORMERLY THE SUBURBAN KING COUNTY COORDINATING COUNCIL ON GANGS (SKCCCG)) WAS CONVENED BY CCYJ IN 2011. THE STEERING COMMITTEE IS A GROUP OF HIGH-LEVEL DECISION MAKERS FROM ACROSS KING COUNTY INCLUDING COUNTY OFFICIALS, MAYORS, POLICE CHIEFS, SCHOOL DISTRICT REPRESENTATIVES, AND COMMUNITY ORGANIZATIONS. THE STEERING COMMITTEE WAS DESIGNED TO BREAK DOWN THE SYSTEMIC AND PROCEDURAL BARRIERS THAT DISSUADE CROSS-SYSTEM COLLABORATION, COORDINATION, AND INTEGRATION. FOR THE FIRST TIME IN THE NATION, MULTI-JURISDICTIONAL ELECTED AND APPOINTED OFFICIALS COME TOGETHER TO PROMOTE A REGIONAL SOLUTION TO THE GROWING PROBLEM OF YOUTH VIOLENCE IN KING COUNTY'S COMMUNITIES. IN 2013, THE STEERING COMMITTEE FINALIZED AND ADOPTED A COMPREHENSIVE PLAN TO REDUCE GANG AND GROUP VIOLENCE, AND FUNDING WAS OBTAINED TO ADVANCE ITS IMPLEMENTATION. WITH A MIX OF PUBLIC AND PRIVATE FUNDING, IMPLEMENTATION OF THE COMPREHENSIVE PLAN CONTINUES, AND BEGINNING IN 2015, INCLUDES YOUTH LINC A MULTIDISCIPLINARY INTERVENTION TEAM

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FACILITATED BY CCYJ. THE YOUTH LINC INTERVENTION TEAM WAS LAUNCHED AS A

MODEL THAT COULD BE REPLICATED THROUGHOUT THE KING COUNTY REGION. IN

2016, THIS WORK WAS EXPANDED TO INCLUDE THE CITY OF SEATTLE. TODAY,

THREE GEOGRAPHICALLY BASED LINC INTERVENTION TEAMS PROVIDE THE

INFRASTRUCTURE TO COORDINATE EXISTING COMMUNITY PROGRAMS THAT SERVE

SHARED CLIENTS. THESE TEAMS INCLUDE REPRESENTATION FROM MENTAL HEALTH

PROVIDERS, LAW ENFORCEMENT AND COURT STAFF, SCHOOL DISTRICTS, SOCIAL

SERVICE PROVIDERS, EMPLOYMENT PROGRAM STAFF, STREET OUTREACH WORKERS,

AND OTHER COMMUNITY ORGANIZATIONS. THE LINC INTERVENTION TEAMS ACCEPT

REFERRALS FROM PROBATION, SCHOOL COUNSELORS, FAMILIES, AND COMMUNITY

ORGANIZATIONS AND CREATE COORDINATED SERVICE PLANS FOR GANG/GROUP

INVOLVED AND AT-RISK YOUNG PEOPLE. SINCE INCEPTION, THE YOUTH LINC

TEAMS HAVE RECEIVED MORE THAN 724 REFERRALS AND PROVIDED COORDINATED

SERVICES FOR MORE THAN 549 YOUTH AND YOUNG ADULTS ACROSS THE PROJECT

REGION. THE LINC STEERING COMMITTEE AND LINC INTERVENTION TEAMS ALSO

WORK TO INCREASE AWARENESS OF GANG/GROUP VIOLENCE AND MOBILIZE

COMMUNITIES TO IMPROVE OUTCOMES FOR YOUTH AND FAMILIES.

GIRLS COURT IS A THERAPEUTIC COURT MODEL DESIGNED TO PROVIDE

GENDER-RESPONSIVE SERVICES TO COURT-INVOLVED GIRLS. CCYJ INITIATED

RESEARCH ON GENDER RESPONSIVE JUSTICE IN 2013 TO INFORM THE DEVELOPMENT

OF A PILOT GIRLS COURT PROGRAM. IN 2019, CCYJ LAUNCHED A 3-YEAR PILOT,

ESTABLISHING WASHINGTON STATE'S FIRST GIRLS COURT PROGRAM IN KITSAP

COUNTY. A DEDICATED PROBATION COUNSELOR, ENGAGED COMMUNITY SERVICES

PROVIDERS, AND A CONSISTENT COURT TEAM ARE ELEMENTS OF THE PROGRAM.

GIRLS COURT SERVICES ARE RESEARCH-BASED AND INCLUDE REFERRALS TO MENTAL

AND BEHAVIORAL HEALTH PROGRAMS, INDEPENDENT LIVING SERVICES, MEDICAL

CARE, EDUCATION AND JOB TRAINING SUPPORTS, AND A MENTORSHIP PROGRAM.

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THE GIRLS COURT TEAM RECEIVES ONGOING TRAINING TO ENSURE SERVICES ARE GENDER-RESPONSIVE, TRAUMA-INFORMED, AND CULTURALLY APPROPRIATE. CCYJ SUPPORTS THE PROGRAM WITH TRAINING AND TECHNICAL ASSISTANCE TO STAFF AND SERVICE PROVIDERS AND OVERSEES A RIGOROUS INDEPENDENT EVALUATION TO ASSESS THE IMPACT AND EFFECTIVENESS OF THE GIRLS COURT INTERVENTION. IN 2021, PROGRAM OPERATIONS CONTINUED WITH ADAPTATIONS DUE TO THE PANDEMIC, WHICH INCLUDED: REMOTE COURT HEARINGS, LIMITED (OR NO) IN-PERSON MEETINGS WITH PROBATION STAFF, AND LIMITED ACCESS TO COMMUNITY RESOURCES. THE JUDICIAL OFFICER AND PROGRAM STAFF WORKED TO CREATIVELY RESPOND TO NEEDS, INCLUDING ZOOM-BASED HEARINGS, GROUP ACTIVITIES FACILITATED ONLINE, AND IF/WHEN POSSIBLE, IN PERSON MEETING WITH THE PROBATION OFFICER IN OUTDOOR LOCATIONS. THE PILOT HAD AN ACTIVE CASELOAD OF ABOUT 20 GIRLS DURING 2019 AND 2020. THE CASELOAD SIZE SIGNIFICANTLY DROPPED IN 2021, AS THE NUMBER OF YOUNG PEOPLE CHARGED WITH CRIMES SIMILARLY DECREASED. EVALUATION EFFORTS WERE ONGOING IN 2021, THOUGH SIMILARLY TASKS AND EXPECTATIONS WERE ALTERED DUE TO THE PANDEMIC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ATTENDANCE AT ZOOM-BASED MEETINGS; INDIVIDUAL CONSULTATIONS; TRAINING OPPORTUNITIES; AND THE FACILITATION OF A STATEWIDE CONFERENCE, HIGHLIGHTING SALIENT TOPICS IMPACTING YOUNG PEOPLE IMPACTED BY CSEC. 2021 ALSO SAW THE CONTINUATION OF A PILOT DATA COLLECTION EFFORT TO COUNT THE NUMBER OF CSEC REFERRALS IN SELECT REGIONS.

EQUALITY WAS LAUNCHED BY CCYJ IN 2013 AS A MULTI-PHASE PROJECT AIMED AT CREATING LASTING SYSTEMS REFORM AND PATHWAYS TO HEALTHY STABLE ADULTHOOD FOR LGBTQ+ YOUTH INVOLVED IN THE CHILD WELFARE AND YOUTH

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JUSTICE SYSTEMS. EQUALITY WORKS TO IMPROVE TREATMENT OF AND OUTCOMES FOR SYSTEMS INVOLVED LGBTQ YOUTH. IT IS THE FIRST STATEWIDE EFFORT IN WASHINGTON TO HELP LGBTQ+ YOUTH IN FOSTER CARE AND THE YOUTH JUSTICE SYSTEM FIND SAFETY AND SUPPORT FOR THE UNIQUE ISSUES THEY FACE. IN PHASE ONE, EQUALITY GATHERED FIRST-HAND ACCOUNTS FROM LGBTQ+ SYSTEM ALUMNI, COLLECTED THE OBSERVATIONS OF SYSTEMS PROFESSIONALS AND COMMUNITY-BASED SERVICE PROVIDERS ABOUT THEIR EXPERIENCES WORKING WITH LGBTQ+ YOUTH, AND CONDUCTED EXTENSIVE REVIEWS OF EXISTING RESEARCH, LAWS, POLICIES, AND PRACTICES OVER 500 INDIVIDUAL VOICES WERE INCLUDED. THE STORIES THAT WERE SHARED CULMINATED IN THE 2015 REPORT, "LISTENING TO THEIR VOICES: ENHANCING SUCCESSFUL OUTCOMES FOR LGBTQ YOUTH IN WASHINGTON STATE'S CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS." IN 2016, PHASE TWO, EQUALITY DEVELOPED THE PROTOCOL FOR SAFE & AFFIRMING CARE, A GUIDE FOR YOUTH-SERVING PROFESSIONALS IN THE FOSTER CARE AND YOUTH JUSTICE SYSTEMS TO ENGAGE AND SERVE LGBTQ+ YOUTH WHILE SIMULTANEOUSLY COLLECTING DATA ON THEIR NEEDS, EXPERIENCES, AND OUTCOMES. EQUALITY BEGAN PILOT IMPLEMENTATION OF THE PROTOCOL FOR SAFE & AFFIRMING CARE IN THREE SITES IN 2017, KING COUNTY JUVENILE COURT, SPOKANE COUNTY JUVENILE COURT, AND THE SPOKANE OFFICE OF CHILDREN'S ADMINISTRATION. IN 2020, EQUALITY EXPANDED IMPLEMENTATION IN CLARK, WHATCOM, PIERCE, WALLA WALLA, PEND ORIELLE, KLICKITAT, AND SKAMANIA COUNTIES, AND BEGAN PARTNERING WITH COMMUNITY BASED PROVIDERS AS WELL AS FOSTER CARE AND JUVENILE COURTS. AS PART OF ITS EFFORTS, EQUALITY HAS SPEARHEADED THE COLLECTION OF SEXUAL ORIENTATION, GENDER IDENTITY, AND GENDER EXPRESSION DATA IN ITS PARTNER SITES. IN 2021, CCYJ CONTINUED TO PROVIDE SUPPORT TO IMPLEMENTATION SITES BY FACILITATING PEER SHARING AND OFFERING FORMAL TRAINING OPPORTUNITIES EVERY OTHER MONTH, WORKING ACROSS WASHINGTON TO ADDRESS NEW ISSUES AS COMMUNITY

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RESOURCES REMAINED IMPACTED BY THE PANDEMIC. THE EQUALITY PROJECT ALSO

HOSTED AN ANNUAL STATEWIDE MEETING, BRINGING TOGETHER STAKEHOLDERS FROM

ACROSS WASHINGTON TO LEARN ABOUT NEW INTERVENTIONS, SERVICES, AND

RESOURCES.

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

PRIOR TO FILING, THE 990 IS REVIEWED BY THE PRESIDENT/CEO AND BOARD

TREASURER.

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

ALL CCYJ DIRECTORS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. ON

AN ANNUAL BASIS, EACH SIGNS A CONFLICT OF INTEREST STATEMENT, AFFIRMING

THAT THEY 1) RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; 2) HAVE

READ AND UNDERSTAND THE POLICY; 3) HAVE AGREED TO COMPLY WITH THE POLICY;

AND 4) UNDERSTAND THAT CCYJ IS A CHARITABLE ORGANIZATION AND IN ORDER TO

MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES

WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES. PURSUANT TO THE

CONFLICT OF INTEREST POLICY, UNDER ARTICLE III (1), DIRECTORS HAVE A DUTY

TO DISCLOSE WHERE A CONFLICT OF INTEREST EXISTS (AS DEFINED UNDER ARTICLE

II). PURSUANT TO ARTICLE III (2), AFTER DISCLOSURE, A DETERMINATION OF THE

CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE GOVERNING BOARD.

THE DIRECTOR WITH THE CONFLICT IS EXCLUDED FROM THIS ACTION. THE GOVERNING

BOARD WILL REVIEW THE CONFLICT AND VOTE ON THE DETERMINED TRANSACTION THAT

IS MOST APPROPRIATE. THE DISCUSSION AND BOARD DECISION ARE MEMORIALIZED IN

THE BOARD MEETING MINUTES.

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

ON DECEMBER 2021, THE BOARD OF DIRECTORS APPROVED THE EXECUTIVE

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COMPENSATION POLICY. THE ANNUAL PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS:

THE CCYJ EXECUTIVE COMMITTEE WILL ANNUALLY EVALUATE THE PERFORMANCE OF THE CEO AND ASK FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPENSATION.

BOARD APPROVAL: THE EXECUTIVE COMMITTEE WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE CEO BASED ON A REVIEW OF COMPARABILITY DATA.

FOR EXAMPLE, THE EXECUTIVE COMMITTEE WILL SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THIS DATA MAY INCLUDE THE FOLLOWING:

1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES;
2. WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS;
3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS; AND
4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS CONCURRENT DOCUMENTATION.

TO APPROVE THE COMPENSATION FOR THE CEO, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED. DOCUMENTATION WILL INCLUDE:

A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS APPROVED;

B) THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT

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COMPENSATION

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	35,742.
MANAGEMENT AND GENERAL EXPENSES	6,282.
FUNDRAISING EXPENSES	11,514.
TOTAL EXPENSES	53,538.

SUB-CONTRACTS & SUBAWARDS:

PROGRAM SERVICE EXPENSES	362,428.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	362,428.

PROGRAM EVALUATION:

PROGRAM SERVICE EXPENSES	43,535.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,535.

OTHER:

PROGRAM SERVICE EXPENSES	14,322.
MANAGEMENT AND GENERAL EXPENSES	8,305.

