



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 04/11/2024  
Effective Date: 04/11/2024  
UBI #: 601 160 652

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**MENTAL HEALTH SERVICES OF SNOHOMISH COUNTY II**

UBI Number:

**601 160 652**

Business Type:

**WA NONPROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**4526 FEDERAL AVE, EVERETT, WA, 98203-2132, UNITED STATES**

Principal Office Mailing Address:

**PO BOX 3810, EVERETT, WA, 98213-8810, UNITED STATES**

Expiration Date:

**02/28/2025**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**02/06/1989**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**CORPORATION AS THE OWNER AND HOLDER OF THE MORTGAGE OF A HUD HOUSING PROJECT FOR LOW INCOME BEHAVIORAL HEALTH CLIENTS.**

### NONPROFIT GROSS REVENUE CERTIFICATION

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Per [RCW 24.03A.960](#) does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? - **Yes**

### NONPROFIT CORPORATION'S EIN

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Nonprofit EIN: **91-1442572**

### REGISTERED AGENT [RCW 23.95.410](#)

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**Registered Agent**

**Street Address**

**Mailing Address**

**Name**

COMPASS HEALTH 4526 FEDERAL AVE, EVERETT, WA, 98203-2132, UNITED STATES PO BOX 3810, EVERETT, WA, 98213-8810, UNITED STATES

**PRINCIPAL OFFICE**

Phone:

**4253496200**

Email:

**CONTRACTS@COMPASSH.ORG**

Street Address:

**4526 FEDERAL AVE, EVERETT, WA, 98203-2132, USA**

Mailing Address:

**PO BOX 3810, EVERETT, WA, 98213-8810, USA****GOVERNORS**

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ALEX	DE SOTO
GOVERNOR	INDIVIDUAL		ERIC	CARLSEN
GOVERNOR	INDIVIDUAL		MACAULAY	IVORY

**NATURE OF BUSINESS**

- CORPORATION AS THE OWNER AND HOLDER OF THE MORTGAGE OF A HUD HOUSING PROJECT FOR LOW INCOME BEHAVIORAL HEALTH CLIENTS.

**REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION**

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - **No**

**REPORTING QUESTIONS**

Has the Nonprofit Corporation filed an Amendment in the last year that changed one or more purposes of the corporation recorded in its initial Articles of Incorporation?

- **No**

Has the Nonprofit Corporation operated a significant program or activity that is different from:

- a. A program or activity that the Nonprofit has previously operated; and
- b. A program or activity described in the most recent application for recognition of exemption from federal tax income?

- **No**

**PUBLIC BENEFIT NONPROFIT CORPORATION**

Does the Nonprofit Corporation still meet the requirements to maintain its Public Benefit designation?

- **Yes**

Does the Nonprofit Corporation still elect to have the Public Benefit Designation?

- **Yes**

**CONTROLLING INTEREST**

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

- **Yes**

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

- **No**

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

- **No**

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "Yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

#### RETURN ADDRESS FOR THIS FILING

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Attention:

**CONTRACTS**

Email:

**CONTRACTS@COMPASSH.ORG**

Address:

**PO BOX 3810, MS 31, EVERETT, WA, 98213-8810, USA**

#### UPLOAD ADDITIONAL DOCUMENTS

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Do you have additional documents to upload? - **No**

#### AUTHORIZED PERSON

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I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**TOM**

Last Name:

**SEBASTIAN**

Title:



This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.