PACMTN WDC BOARD AGENDA
MARCH 23, 2017 | 1:30 – 4:00 PM
TIMBERLAND REGIONAL LIBRARY ADMINISTRATIVE CENTER
415 Tumwater Blvd SW
Tumwater, WA 98501
Dial: 888-537-7715 Passcode: 60526531#
PACMTN.ADOBECONNECT.COM/WDC

I. Welcome & Leadership Reports — Board Chair

1. Establish Quorum and Review Today's Agenda
2. Board Chair Report
3. CEO Report

II. Consent Agenda

The Consent Agenda is a SINGLE item for Board consideration that encompasses items the Board would typically approve with little comment. Procedural items such as approval of Minutes, or other legal or housekeeping items are appropriate for a Consent Agenda. There can be explanation of items, but there is **no discussion of the Consent Agenda**. If discussion is warranted or requested ANY item can be immediately removed and placed on the regular Agenda for full board discussion.

1. Approval of December 2016 Board Minutes (Attachment #1, p. 5)
2. Quarterly Financial Statements (Attachment #2, p. 7)
3. PY15 990 Tax Statement (Attachment #3, p. 16)

III. Committee &Task Force Updates — Task Force Leads

IV. Board Learning and Strategic Discussions

1. **January 2017 Board Retreat Summary:** *No Board Action Required*. Item reviews a Decisions Making Checklist and Suggested Communications Plan (Attachment #4, p.60)
2. **America's Job Centers (AJC) Action Plan:** *No Board Action Required*. Item reviews Summary of Deliverables and Timeline for Community Engagement. (Attachment #5, p. 64)
3. **Creating a Valuable Board Member Experience:** *No Board Action Required*. Members should consider the following:
    a) Tentative Board Development Topics & Schedule
    b) Board Packet Materials – How to Make Materials Efficient & Effective
    c) Location &Time Confirmations for Upcoming Board Meetings and Encouraging *Adobe Connect*, PacMtn's Online Meeting Option
    d) Board Member Attendance Metrics

V. Feature Topic: Timberland Regional Library: Ask the Librarian Service & Tour of Book Distribution Center Following the Board Meeting

VI. Good of the Order & Announcements

CONFLICT OF INTEREST STATEMENT
In accordance with the Workforce Investment Act, Workforce Development Council members (WDC), as well as members of the Youth Council, may not vote on a matter under consideration by the Council if any member of the individual's immediate family, the individual's partner, or an organization which employs, or it about to employ, any of the above, has a financial or other interest in the firm or organization competing for or selected to receive Workforce Investment Act funds. Any member having a conflict of interest will declare the conflict prior to any discussion on the matter.

Proposed 2017 Board Meeting Schedule

Date	Location
Thursday, May 18, 2017	Satsop Business Park 150 Technology Ln, Elma, WA 98541
Thursday, June 22, 2017	Satsop Business Park 150 Technology Ln, Elma, WA 98541
Thursday, July 27, 2017	Satsop Business Park 150 Technology Ln, Elma, WA 98541
Thursday, September 28, 2017	Satsop Business Park 150 Technology Ln, Elma, WA 98541
Thursday, November 30, 2017*	Satsop Business Park 150 Technology Ln, Elma, WA 98541
Thursday, December 28, 2017 Year End Celebration	TBD

*5th Thursday of November following Thanksgiving holiday

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2016 – 2018 PacMtn WDC Members

Name	Business	Representing	WIOA Designated Seat
Duane Evans	Port Blakely Tree Farms	Lewis County, Board Chair	Business: Wood Products Manufacturing
Jim Larson	Morningside	Regional, Board Vice Chair	CBO/ Serves Disabled Populations
Peter Lahmann	NW Laborers-Employment Training Trust	Regional, Board Treasurer	Labor - Apprenticeship
Alissa Shay	Port of Grays Harbor	Grays Harbor County	Business: Logistics Cross Sector
Dru Garson	Greater Grays Harbor	Grays Harbor County	Business: Economic Development
Lisa Smith	Edward Jones	Grays Harbor County	Business: Finance
Lee Grose	Ace Hardware	Lewis County	Business: Retail Sales
Lynn Longan	Mason County EDC	Mason County	Business: Economic Development
Derek Epps	Seattle Shellfish	Mason County	Business: Aquaculture/ Food Production
Jacqueline Earley (nominee)	Sierra Pacific	Mason County	Business: Wood Products Manufacturing
Bob Hitt	Toad Hall Cranberry Farms	Pacific County	Business: Food Manufacturing
Tiffany Turner	Adrift Hotel	Pacific County	Business: Tourism and Recreation
Jim Sayce (nominee)	Pacific County EDC	Pacific County	Business: Economic Development
Michael Cade	Thurston Count y EDC	Thurston County	Business: Economic Development
Mariella Cummings	Results, Inc.	Thurston County	Business: Life Sciences
David Schaffert	Thurston County Chamber	Thurston County, Specialized Populations Task Force Leader	Business: Private Sector Enterprise
Anne Goranson	Employment Security Department	Regional	Wagner-Peyser Employment Service
Kairie Pierce	WA State Labor Council	Regional, Youth Services Task Force Leader	Labor Organization
Cheryl Heywood	Timberland Regional Library	Regional, One Stop Task Force Leader	CBO/ Serves All Populations

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Name	Business	Representing	WIOA Designated Seat
Michelle Andreas	South Puget Sound Community College	Regional	Adult Basic Education and Literacy
Dr. Jim Minkler	Grays Harbor College	Regional	Post-Secondary Higher Education
Mike Hickman	Educational School District #113	Regional	K-12 Education
Bob Guenther	Thurston, Lewis, Mason Counties Labor Council	Regional	Organized Labor
Paul Vertrees	DSHS/DVR	Regional	Vocational Rehab
Jason Reed (nominee)	DSHS/Community Service Division	Regional	TANF-DSHS

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BOARD MEMBERS PRESENT:

Duane Evans	Peter Lahmann	Dru Garson	Michael Cade
Cheryl Heywood	Kairie Pierce	David Schaffert	Bob Hitt
Mike Hickman	Anne Goranson	Michelle Andreas	Paul Vertrees
Lynn Longan	Jim Larson		

STAFF PRESENT:
Cheryl B. Fambles
Corinne Daffern
Vanessa Wasman
Sean Murphy
Stacey Anderson
Vince Keuter

List of Consent Agenda Items and Attachments

I. WELCOME & LEADERSHIP REPORTS

Establish Quorum and Review Today's Agenda - Meeting called to order at 1:32 PM by Duane Evans, Board Chair, and was held in person only. Quorum was established and the agenda was reviewed.

Board Chair Report - Duane moved into his Board Chair Report and began by reporting on the December Executive Finance Meeting that was held at Green Hill School in Chehalis. He mentioned the MyJOB Graduation ceremony and how impressed he was with the mannerisms of the young men serving time there. He also gave kudos to Sarah Wilkins who manages that program. He also mentioned the last forest industry roundtable meeting in which the Washington Contact Logger Association (WCLA) sent out a questionnaire requesting information about the need for log truck drivers. It was learned that there is an immediate need for 30 drivers with an additional 25 drivers over the next 12 months. Sean Murphy, Aaron Arnold and Duane met with Grays Harbor Community College and WCLA to discuss what a training program would look like. Nancy Estergard developed a draft program along with estimates on cost. Our next step is to meet with several contractors and get their input, which is next Tuesday (12/20/16) at Port Blakely's office. Duane ended his Board Chair Report with a final goodbye to Tanya Dierick, PacMtn's outgoing Board Chair. Tanya was not in attendance to this meeting. Duane said that Tanya helped guide PacMtn through Workforce Innovation and Opportunity Act compliance that involved dramatic changes to the board composition and responsibilities. Tanya also worked to develop the adopted vision and mission statement along with development of the board recruitment, orientation and on-boarding. He continued by saying Tanya represented PacMtn at the state level where she was known by other WDCs and state agencies as a knowledgeable spokesperson for the public workforce system and its benefit for businesses. Tanya helped strengthen ties between the Consortium and the Board of Directors. During Tanya's term as Chair, she presided over a steady increase in WDC revenues, innovative programs and new partnerships. Duane ended his report and his message to Tanya with this quote that he felt represented her time as Chair: *"Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible."*

CEO Report – Cheryl Fambles gave her CEO Report and is attached herein. Some of her highlights included an update on the WIOA One Stop MOU, as well as the High Impact Community Grants that prepare youth and young adults for employment. She also mentioned Smoking Mo's, the winner of the Nancie Payne Workplace Excellence Award, a popular family BBQ restaurant in Mason County as well as giving a congratulations to the local five ECDs who sponsored the Regional Economic Forecast and Innovation Expo at Little Creek Casino and Resort.

II. CONSENT AGENDA

Approval of October 2016 Board Minutes & Review of the September 2016 Financial Statements – The minutes were reviewed and Anne Goranson motioned to approve the minutes, seconded by Peter Lahmann with no discussion. Motion carries.

III. TASK FORCE UPDATES

Specialized and Targeted Populations – David Schaffert gave the update for the task force and mentioned the last task force meeting was on October 20th and featured guests from the Talent and Prosperity (TAP) Committee on Barrier and Accessibility Solutions (BASC) whose mission is to support an accessible and usable workforce system for all. He said that it was a very productive and informative meeting and that the BASC group praised PacMtn and the task force multiple times during the meeting in regards to all the work being done to reach these populations.

Youth Services – Kairie Pierce gave the update for this task force saying Yelm and Rainier High Schools had some great and productive meetings with the ResCare team. They toured the Youth Outreach Center and are working on creating a partnership with Goodwill Industries. She also mentioned that the Task Force is working on bringing employers to the discussions as well.

Industry Sector – Dru Garson gave this update and said that the group hasn't met for some time, however, they are focusing on the Hospitality Industry and have sent out a survey to folks in that industry to help determine their workforce needs. More to come on this information.

One Stop Task Force – Cheryl Heywood provided the update for this task force. She said the last meeting was on October 10th and that the group is expanding on their vision of what a One Stop system would look like. She was very excited with how this vision is coming along and will be sharing more with the group as the process continues to move forward.

IV. BOARD LEARNING & STRATEGIC DISCUSSIONS

Camo2Commerce Presentation – Sean Murphy, Director of Strategic Initiatives, gave a presentation on PacMtn's C2C Program. He started with showing data that told the group revenue information ($8.06M budget), number of participants enrolled and served (1,230 of 1,350), as well as number of participants who have successfully exited the program (910 of 1,042). This presentation can be found on our website under the Board Meeting Archives section.

America's Job Centers Presentation – Cheryl Fambles gave a presentation on America's Job Center WorkSource Network and Serving the Next Generation of Workers and Businesses. Her presentation started with a query on how might a network of service delivery portals is designed so that it better responds to and reflects the needs of the PacMtn workforce system? This presentation can also be found on our website under the Board Meeting Archives section.

Board Survey Results – Cheryl Fambles quickly went over the Board Survey Results memo and data. At the October 2016 Board Meeting, Agnes Balassa was introduced to the members as a Board Consultant who will be organizing the training and development content for the January Board Retreat. The group was also asked to consider what is the work of the WDC Board, and what impacts/contributions do Members want to make on the workforce issues of this region? Agnes wanted to gather this information from the Board members to help answer these questions by sending them a survey to fill out that would allow her to develop the training content. The results of the surveys were shown as well as an analysis of the answers. This information is important because it will help create useful and valuable content for the January retreat.

V. Good of the Order and Announcements –

Duane started his Chair Tanya acknowledgement. Peter Lahmann reported on the November 2016 Career Day at the Puyallup Fairgrounds and said that over 2,000 students were in attendance. Bob Hitt also mentioned the biofuel refinery and the growing sugar production industry in Lewis County. Cheryl Heywood mentioned that Timberland Regional Library is offering free classes via Lynda.com and that TRL can now also assist customer in obtaining and completing various types of legal forms.

With no other business at hand, the meeting was adjourned at 3:10 pm

Submitted by: Vanessa Wasman, Program Assistant

Attachment #2

MEMORANDUM

To: PacMtn WDC Members

From: Bridget Lockling, Director of Finance & Administrative Services

Date: March 14, 2017

Subject: Finance Department Items

2nd Quarter Financial Statements. Financial Statements are provided to reflect activity through December 31, 2016. Second quarter expenditures are mostly on track, direct program expense under expenditures have been addressed with contractors and a few minor overages in the admin office budget have been called out in the Notes to Financial Statements. There are no major concerns at this point.

Our Statement of Financial Position reflects a slight increase in net assets. This is due to the earnings in our MyJOB program. With it being relatively new we are not making projections on continued earnings at this point.

The Statement of Cash Flows cash balances have increased back to a normal level. Accounts receivable timing has been better the 2nd quarter.

Recommendation: Motion to approve the 2nd Quarter Financial Statements.

IRS 990 Our tax return information represents a full disclosure of the financial data for PacMtn. This return is sent to the IRS after our State Audit to ensure all information is accurate. The full return for PY15 will be submitted after EFC and Board review and approval. Final due date to IRS has been extended through May 15, 2017.

Recommendation: Motion to approve IRS 990 tax return

I'm available anytime if you need additional information on the financial statements or have general fiscal questions.

Pacific Mountain Workforce Development Council
NOTES TO FINANCIAL STATEMENTS
Program Year July 1, 2016 through June 30, 2017

For month ending December 31, 2016

These notes pertain to the Statement of Activities, Statement of Financial Position and Statement Cash Flows attached.

1) The Statement of Activities provides a summary of expenses compared to revenue earned for the period, reported on an accrual basis (pgs 2-3). This is then compared with current period budgets and year to date budgets. More emphasis will be placed on year to date spending rather than on a monthly basis because timing may be off slightly from month to month from last year.

AREAS OF NOTE:

a) Adult, DW, and Youth programs are underspent through the first two quarters. Adult and DW contractor, Career Path Services, has developed a plan to increase expenditures for the remainder of the year. Youth contractor ResCare will catch up in the 3rd quarter from an increase in WEX placements. Both contractors had lower carry in caseloads and staff turnover has slowed enrollments.

b) Career Path Services has obligated most of the funds for their Sector Partnership contract

c) Rapid Response Initiative grant/contracts are not in place yet, grant was finalized in February

d) C2C is off due to timing of training programs, plan in place for remainder of the year

e) YouthWorks Big Brother Big Sisters expenses are over due to more activiites at beginning of the program, while the budget was spread out evenly throughout the year

f) No other concerns with program services budgets

g) Overall administration office budget is on track for the year. This budget reflects the final budget even though the final budget wasn't approved until October.

h) Salaries are overspent due to staff transition from admin budget to MyJOB budget

i) Benefits are under for the year due to estimates on leave expense

j) Conference fees are over for the year because NAWB roster was not set at the time of the charge so it was coded to the staff line, will adjust to move to Board Support to reflect actual attendance

k) Gasoline charges are a miscoding, is being cleaned up in the accounting system

j) Legal expenses are over for the year due to unanticipated personnel issues requiring legal advice

k) Rent expenses are under for the year due to delay in getting revised lease agreement with updated costs. New lease costs have been identified and are less than what was budgeted

l) Supplies are over because that's where some of the new office furniture was coded. Under expenditures in other areas will mitigate this overage

m) IT Supplies/Minor equipment/IT equipment includes new server

l) AmeriCorps expenses are over due to the annual placement fee not being budgeted-will correct at budget

2) Page 5 represents a summary of spending levels by program compared to total budgeted amounts available. This is further sectioned according to source of funds.

3) The Statement of Financial Position represents the organizations net assets, comparing current assets and liabilities. We currently have net assets of $891,734, consisting of our equipment replacement fund of $4,287, our capital assets of $48,542, prepaids of $51,369 and unrestricted funds of $787,536. Net assets have increased since last quarter due to earnings in our DVR/JRA payment

4) The Statement of Cash Flows represents the cash received and used during the time period. This reflects we have sufficient cash on hand to handle our daily operating transactions. Our cash balances are higher due to better timing of drawdowns and shorter delays on reimbursements from some grants. Purchases of equipment reflects the new cubicle system in the admin office. There is a 2 day turnaround time for cash requests to the State for our WIOA Formula fund reimbursements and a 1 day turnaround for cash requests made to Department of Labor. Cash requests for the WorkFirst grant take one to two weeks, while some of our smaller grants are only reimbursed on a monthly basis. We keep enough unrestricted funds available for use to cushion gaps in reimbursement times.

Pacific Mountain Workforce Development Council
STATEMENT OF ACTIVITIES
PY16 Budget to Actual Report

For month end Dec 2016	Current Year Actual	Current Year Budget	Variance	Total Budget	Balance Remaining	% Spent	Target %
REVENUES							
Grant & Contracts	3,872,718.54	5,418,816.07	1,546,097.53	**13,846,633.88**	**9,973,915.34**	**28%**	**39%**
Other	-	-	-	**-**	**-**	0%	0%
Total Revenues	**3,872,718.54**	**5,418,816.07**	**1,546,097.53**	**13,846,633.88**	**9,973,915.34**	**28%**	**39%**
EXPENSES							
Program Services							
Direct Participant Services	2,758,777.82	4,058,015.20	1,299,237.38	7,869,688.82	5,110,911.00	35%	52%
Business Services & Solutions	269,740.87	350,476.34	80,735.47	700,952.67	431,211.80	38%	50%
Special Impact Projects	6,000.00	120,714.29	114,714.29	365,000.00	359,000.00	2%	33%
Misc Contracts & Projects	15,000.00	14,642.86	(357.14)	40,000.00	25,000.00	38%	37%
Subtotal	3,049,518.69	4,543,848.68	1,494,329.99	8,975,641.49	5,926,122.80	34%	51%
Administrative Services							
Admin Office Operations	697,336.28	773,859.40	76,523.12	1,561,479.57	864,143.29	45%	50%
Transition Activities	5,053.06	7,708.00	2,654.94	15,416.00	10,362.94	33%	50%
Integrated Service Activities	41,678.50	50,000.00	8,321.50	100,000.00	58,321.50	42%	50%
AmeriCorps Activities	44,030.88	43,400.00	(630.88)	86,800.00	42,769.12	51%	50%
Subtotal	788,098.72	874967.3952	86,868.68	1,763,695.57	975,596.85	45%	50%
TOTAL EXPENSES	**3,837,617.41**	**5,418,816.07**	**1,581,198.66**	**10,739,337.06**	**6,901,719.65**	**36%**	**50%**
Change in Net Assets	**35,101.13**	**-**	**(35,101.13)**	**3,107,296.82**			

Beginning Net Assets	*868,948*
Plus current Net Assets	*35,101*
Change in special funds	*(12,316)*
Ending Unrestricted Net Assets	*891,734*

Pacific Mountain Workforce Development Council

STATEMENT OF ACTIVITIES

Expense Detail

PY16 Budget to Actual Report

For month end Dec 2016	Current Period Actual	Current Period Budget	Variance	Current Year Actual	Current Year Budget	Variance	Total Budget	Balance Remaining	% Spent	Target %
REVENUES										
Grant & Contracts	723,625.98	904,021.70	180,395.72	3,872,718.54	5,418,816.07	1,546,097.53	**13,846,633.88**	**9,973,915.34**	**28%**	**39%**
Other	-	-	-	-	-	-	**-**	**-**	**0%**	**0%**
Total Revenues	**723,625.98**	**904,021.70**	**180,395.72**	**3,872,718.54**	**5,418,816.07**	**1,546,097.53**	**13,846,633.88**	**9,973,915.34**	**28%**	**39%**
EXPENSES										
PROGRAM SERVICES										
Direct Participant Services										
Adult Contracted Programs (Career Path Services-CPS)	53,690.93	67,295.08	13,604.15	285,337.19	403,770.50	118,433.31	851,556.98	566,219.79	34%	47%
Dislocated Worker Contracted Programs (CPS)	51,935.18	67,550.75	15,615.57	261,774.83	405,304.50	143,529.67	881,671.73	619,896.90	30%	46%
Youth Contracted Programs (ResCare + transition contracts)	77,192.49	79,706.75	2,514.26	384,177.27	554,623.12	170,445.85	1,032,863.62	648,686.35	37%	54%
Rapid Response Mason Co (CPS)	9,937.26	12,054.50	2,117.24	56,736.17	72,327.00	15,590.83	144,654.00	87,917.83	39%	50%
Sector Strategies (CPS)	4,762.03	31,383.84	26,621.81	38,082.11	188,303.03	150,220.92	313,838.39	275,756.28	12%	60%
Grays Harbor Foundation (CPS)	140.99	971.03	830.04	196.99	5,826.17	5,629.18	11,652.34	11,455.35	2%	50%
Rapid Response Initiatives (CPS)	-	19,241.43	19,241.43	-	19,241.43	19,241.43	134,690.00	134,690.00	0%	14%
In House Programs										
WorkFirst	104,745.16	119,290.25	14,545.09	652,274.51	715,741.50	63,466.99	1,431,483.00	779,208.49	46%	50%
PREP	6,997.12	8,455.17	1,458.05	56,856.60	58,694.33	1,837.73	58,694.33	1,837.73	97%	100%
C2C, Microsoft, Saltchuk	138,593.71	164,475.26	25,881.55	502,154.90	1,059,108.08	556,953.18	1,973,703.15	1,471,548.25	25%	54%
Rapid Response-Mason Co	6,741.21	12,042.75	5,301.54	64,750.67	72,256.50	7,505.83	144,513.00	79,762.33	45%	50%
JD NEG	-	-	-	299.45	300.00	0.55	300.00	0.55	100%	100%
Sector Strategies	7,594.00	8,371.90	777.90	39,834.30	50,231.42	10,397.12	83,719.04	43,884.74	48%	60%
JRA-MyJob	54,018.61	51,413.78	(2,604.83)	282,111.80	308,482.70	26,370.90	616,965.40	334,853.60	46%	50%
YouthWorks	-	1,156.90	1,156.90	491.18	6,941.42	6,450.24	13,882.84	13,391.66	4%	50%
DVR-PETS	-	-	-	1,181.48	14,051.00	12,869.52	14,051.00	12,869.52	8%	100%
YouthWorks-Big Brother Big Sisters	10,396.58	6,439.58	(3,957.00)	59,353.37	38,637.50	(20,715.87)	77,275.00	17,921.63	77%	50%
DVR-Morningside & Arc of Grays Harbor	-	-	-	73,165.00	84,175.00	11,010.00	84,175.00	11,010.00	87%	100%
Subtotal Direct Participant Services	**526,745.27**	**649,848.98**	**123,103.71**	**2,758,777.82**	**4,058,015.20**	**1,299,237.38**	**7,869,688.82**	**5,110,911.00**	**35%**	**52%**
Business Services										
B2B-(Thurston County Chamber)	23,242.09	33,333.33	10,091.24	135,517.62	200,000.00	64,482.38	400,000.00	264,482.38	34%	50%
Rapid Response Mason Co (TCC)	5,304.83	5,544.42	239.59	32,799.51	33,266.50	466.99	66,533.00	33,733.49	49%	50%
B2B-C2C (TCC)	8,986.15	10,309.35	1,323.20	52,237.39	61,856.11	9,618.72	123,712.21	71,474.82	42%	50%
C2C-(Tacoma Pierce Chamber)	8,149.18	9,225.62	1,076.44	49,186.35	55,353.73	6,167.38	110,707.46	61,521.11	44%	50%
Subtotal Business Services	**45,682.25**	**58,412.72**	**12,730.47**	**269,740.87**	**350,476.34**	**80,735.47**	**700,952.67**	**431,211.80**	**38%**	**50%**
Special Impact Projects										
Advanced Manufacturing (TC EDC, CPS)	-	15,000.00	15,000.00	6,000.00	75,000.00	69,000.00	165,000.00	159,000.00	4%	45%
Career Pathways	-	7,222.22	7,222.22	-	21,666.67	21,666.67	65,000.00	65,000.00	0%	33%
Library Partnership Expansion	-	2,777.78	2,777.78	-	8,333.33	8,333.33	25,000.00	25,000.00	0%	33%
Rural County-High Impact Community Projects	-	7,142.86	7,142.86	-	7,142.86	7,142.86	50,000.00	50,000.00	0%	14%
Rapid Response Initiatives	-	8,571.43	8,571.43	-	8,571.43	8,571.43	60,000.00	60,000.00	0%	14%
Subtotal Special Impact Projects	**-**	**40,714.29**	**40,714.29**	**6,000.00**	**120,714.29**	**114,714.29**	**365,000.00**	**359,000.00**	**2%**	**33%**
Misc Contracts/Projects										
Communications Strategies	-	833.33	833.33	-	5,000.00	5,000.00	10,000.00	10,000.00	0%	50%
Workforce Central-C2C	4,271.58	1,250.00	(3,021.58)	15,000.00	7,500.00	(7,500.00)	15,000.00	-	100%	50%
SeaKing-JRA/MyJOB	-	2,142.86	2,142.86	-	2,142.86	2,142.86	15,000.00	15,000.00	0%	14%
Subtotal Misc Contracts/Projects	**4,271.58**	**4,226.19**	**(45.39)**	**15,000.00**	**14,642.86**	**(357.14)**	**40,000.00**	**25,000.00**	**38%**	**37%**
SUBTOTAL PROGRAM SERVICES	**576,699.10**	**753,202.18**	**176,503.08**	**3,049,518.69**	**4,543,848.68**	**1,494,329.99**	**8,975,641.49**	**5,926,122.80**	**34%**	**51%**
ADMINISTRATIVE SERVICES										
Administrative Office Operations										
Salaries & Benefits										
Salaries	64,205.85	70,803.15	6,597.30	401,301.20	407,351.42	6,050.22	832,170.34	**430,869.14**	**48%**	**49%**
Benefits	22,062.50	30,224.36	8,161.86	136,289.19	173,331.64	37,042.45	359,037.23	**222,748.04**	**38%**	**48%**
Total Salaries & Benefits	**86,268.35**	**101,027.52**	**14,759.17**	**537,590.39**	**580,683.06**	**43,092.67**	**1,191,207.57**	**653,617.18**	**45%**	**49%**
Travel & Training Expenses										
Mileage	347.00	433.33	86.33	2,027.53	2,600.00	572.47	5,200.00	**3,172.47**	**39%**	**50%**

Prepared 02/25/2017 by Bridget Lockling

Travel	299.38	500.00	200.62	6,485.59	4,650.00	(1,835.59)	12,000.00	**5,514.41**	**54%**	**39%**
Conf/Conv/Mtgs/Reg	250.00	358.33	108.33	7,261.99	4,500.00	(2,761.99)	7,800.00	**538.01**	**93%**	**58%**
Gasoline for PMWDC Vehicles	41.92	66.67	24.75	1,355.54	400.00	(955.54)	800.00	**(555.54)**	**169%**	**50%**
Board Travel	-	725.00	725.00	102.60	4,350.00	4,247.40	8,700.00	**8,597.40**	**1%**	**50%**
Board Supplies & Support	763.64	1,500.00	736.36	1,815.29	9,000.00	7,184.71	18,000.00	**16,184.71**	**10%**	**50%**
Staff develop/Training	-	625.00	625.00	199.00	3,750.00	3,551.00	7,500.00	**7,301.00**	**3%**	**50%**
Total Staff Expenses	**1,701.94**	**4,208.33**	**2,506.39**	**19,247.54**	**29,250.00**	**10,002.46**	**60,000.00**	**40,752.46**	**32%**	**49%**
Professional Services										
Accounting & Auditing	12,475.40	4,666.67	(7,808.73)	12,475.40	9,333.33	(3,142.07)	14,000.00	**1,524.60**	**89%**	**67%**
Legal Fees	1,636.10	100.00	(1,536.10)	3,227.10	600.00	(2,627.10)	1,200.00	**(2,027.10)**	**269%**	**50%**
Professional Services/Consult	3,842.79	2,737.50	(1,105.29)	12,232.85	16,425.00	4,192.15	32,850.00	**20,617.15**	**37%**	**50%**
Temp & Interim Contracts	-	166.67	166.67	-	1,000.00	1,000.00	2,000.00	**2,000.00**	**0%**	**50%**
Licenses	699.06	1,620.83	921.77	12,063.00	9,725.00	(2,338.00)	19,450.00	**7,387.00**	**62%**	**50%**
Total Professional Services	**18,653.35**	**9,291.67**	**(9,361.68)**	**39,998.35**	**37,083.33**	**(2,915.02)**	**69,500.00**	**29,501.65**	**58%**	**53%**
Facilities										
Rent	5,998.00	10,000.00	4,002.00	35,988.00	60,000.00	24,012.00	120,000.00	**84,012.00**	**30%**	**50%**
Utilities	-	-	-		-	-	-	**-**	**#DIV/0!**	**#DIV/0!**
Total Facilities	**5,998.00**	**10,000.00**	**4,002.00**	**35,988.00**	**60,000.00**	**24,012.00**	**120,000.00**	**84,012.00**	**30%**	**50%**
Supplies & Communications										
Supplies	5,657.44	1,208.33	(4,449.11)	12,944.36	7,250.00	(5,694.36)	14,500.00	**1,555.64**	**89%**	**50%**
Telephone & telecomm	585.27	1,266.67	681.40	6,002.79	7,600.00	1,597.21	15,200.00	**9,197.21**	**39%**	**50%**
Postage & Shipping	100.00	62.50	(37.50)	346.37	375.00	28.63	750.00	**403.63**	**46%**	**50%**
Mailing Services	-	33.33	33.33	189.48	200.00	10.52	400.00	**210.52**	**47%**	**50%**
Printing & copying	515.14	400.00	(115.14)	2,906.64	2,400.00	(506.64)	4,800.00	**1,893.36**	**61%**	**50%**
Books/Subscriptions/Ref	-	79.17	79.17	636.93	475.00	(161.93)	950.00	**313.07**	**67%**	**50%**
Total Communications	**6,857.85**	**3,050.00**	**(3,807.85)**	**23,026.57**	**18,300.00**	**(4,726.57)**	**36,600.00**	**13,573.43**	**63%**	**50%**
Equipment/Maintenance/Software/Rental										
IT Supplies/Minor Equipment/Tech Equip	7,988.14	1,091.67	(6,896.47)	10,247.86	6,550.00	(3,697.86)	13,100.00	**2,852.14**	**78%**	**50%**
Equipment Rental & maint	134.70	179.17	44.47	808.20	1,075.00	266.80	2,150.00	**1,341.80**	**38%**	**50%**
Auto Repair & Maintenance & Lease	603.56	83.33	(520.23)	1,148.46	500.00	(648.46)	1,000.00	**(148.46)**	**115%**	**50%**
Total Equipment/Small Tools	**8,726.40**	**1,587.17**	**(7,139.23)**	**12,204.52**	**9,057.00**	**(3,147.52)**	**18,580.00**	**6,375.48**	**66%**	**49%**
Depreciation										
Depreciation-Automobile	2,082.00	691.00	(1,391.00)	4,158.00	4,146.00	(12.00)	8,292.00	**4,134.00**	**50%**	**50%**
Deprec & amort - other	187.00	-	(187.00)	187.00	-	(187.00)	-	**(187.00)**	**#DIV/0!**	**#DIV/0!**
Total Depreciation	**2,269.00**	**691.00**	**(1,578.00)**	**4,345.00**	**4,146.00**	**(199.00)**	**8,292.00**	**3,947.00**	**52%**	**50%**
Other										
Interest-general/Bank Fees	325.34	375.00	49.66	2,059.68	2,250.00	190.32	4,500.00	**2,440.32**	**46%**	**50%**
Insurance-Gen Liability	1,425.16	1,604.17	179.01	8,498.17	9,625.00	1,126.83	19,250.00	**10,751.83**	**44%**	**50%**
Membership Dues	-	750.00	750.00	10,566.89	13,165.00	2,598.11	14,950.00	**4,383.11**	**71%**	**88%**
Notifications	284.00	208.33	(75.67)	696.00	1,250.00	554.00	2,500.00	**1,804.00**	**28%**	**50%**
Other Expenses	-	83.33	83.33	2,013.00	2,500.00	487.00	3,000.00	**987.00**	**67%**	**83%**
Community Outreach/Ed	-	1,666.67	1,666.67	8,000.00	10,000.00	2,000.00	20,000.00	**12,000.00**	**40%**	**50%**
Contractor Support/In Kind	14.58	50.00	35.42	181.83	300.00	118.17	600.00	**418.17**	**30%**	**50%**
Transfer to Unrestricted	(3,524.27)	(625.00)	2,899.27	(7,079.66)	(3,750.00)	3,329.66	(7,500.00)	**(420.34)**	**94%**	**50%**
Total Other	**(1,475.19)**	**4,112.50**	**5,587.69**	**24,935.91**	**35,340.00**	**10,404.09**	**57,300.00**	**32,364.09**	**44%**	**62%**
Subtotal Admin Office Operating Budget	**128,999.70**	**133,968.18**	**4,968.48**	**697,336.28**	**773,859.40**	**76,523.12**	**1,561,479.57**	**864,143.29**	**45%**	**50%**
Transition Activities	**1,000.00**	**1,284.67**	**284.67**	**5,053.06**	**7,708.00**	**2,654.94**	**15,416.00**	**10,362.94**	**33%**	**50%**
Integrated Service Activities	**4,497.14**	**8,333.33**	**3,836.19**	**41,678.50**	**50,000.00**	**8,321.50**	**100,000.00**	**58,321.50**	**42%**	**50%**
AmeriCorps Activities	**8,071.36**	**7,233.33**	**(838.03)**	**44,030.88**	**43,400.00**	**(630.88)**	**86,800.00**	**42,769.12**	**51%**	**50%**
SUBTOTAL ADMINISTRATIVE SERVICES	**142,568.20**	**150,819.52**	**8,251.32**	**788,098.72**	**874,967.40**	**86,868.68**	**1,763,695.57**	**975,596.85**	**45%**	**50%**
TOTAL EXPENSES	**719,267.30**	**904,021.70**	**184,754.40**	**#** **3,837,617.41**	**5,418,816.07**	**1,581,198.66**	**#** **10,739,337.06**	**6,901,719.65**	**0.79**	**1.00**
Change in Net Assets	**4,358.68**	**-**	**(4,358.68)**	**35,101.13**	**-**	**(35,101.13)**	**3,107,296.82**			
Beginning Net Assets	*892,200*			*868,948*						
Plus current Net Assets	*4,359*			*35,101*						
Change in special funds	*(4,825)*			*(12,316)*						
Ending Unrestricted Net Assets	*891,734*			*891,734*						

Prepared 02/25/2017 by Bridget Lockling

Pacific Mountain Workforce Development Council

Grant Balance by Program

PY16 Budget to Actual Report

Through Dec 31, 2016

	Department of Labor/WIA/WIOA Funds			Department of Commerce			Other Funds		
	YTD Actual	Annual Budget	Remaining	YTD Actual	Annual Budget	Remaining	YTD Actual	Annual Budget	Remaining
Program:									
Workforce Innovation & Opportunity Act (WIOA) Grants									
WIOA Youth	482,053.35	1,255,744.21	773,690.86						
WIOA Adult	471,420.22	1,451,836.36	980,416.14						
WIOA Dislocated Worker	394,021.40	1,608,256.98	1,214,235.58						
WIOA Admin Cost Pool	126,907.13	667,390.19	540,483.06						
YouthWorks2 (6/1/16-6/30/18)	66,407.56	170,547.84	104,140.28						
Rapid Response Mason Co (7/1/16-6/30/17)	154,563.27	355,700.00	201,136.73						
Rapid Response Initiatives	-	224,484.00	224,484.00						
Jobs Driven National Emergency Grant (JD NEG) (ends 7/31/16)	645.79	111,405.85	110,760.06						
Camo to Commerce (1/1/14-06/30/2017)	738,272.89	2,664,995.30	1,926,722.41						
Sector Strategies (9/1/15-4/30/17)	129,460.31	456,213.43	326,753.12						
		-	-						
WorkFirst (Community Jobs) (ends 6/30/15)				702,826.18	1,622,483.00	919,656.82			
				-	-	-			
Juvenile Rehabilitation-MyJOB (5/1/16-7/15/19)				-	-	-	434,900.00	2,940,000.00	2,505,100.00
Dept of Voc Rehab-PETS (3/16/16-3/15/18)							99,885.78	213,305.00	113,419.22
Thurston County Jail Program (ends 12/31/15)							52,731.01	52,731.00	(0.01)
Grays Harbor Foundation							196.99	11,652.34	11,455.35
Microsoft							1,823.23	24,564.19	22,740.96
Saltchuk							517.73	15,324.25	14,806.52
Total Program Grant Balance	2,563,751.92	8,966,574.16	6,402,822.24	702,826.18	1,622,483.00	919,656.82	590,054.74	3,257,576.78	2,667,522.04

Pacific Mountain Workforce Development Council

STATEMENT OF FINANCIAL POSITION *(Balance Sheet)*

December 31, 2016

	Beginning Year Balance	Current Period Balance	*Current Year Change*	Beginning Period Balance	*Current Period Change*
Assets					
Cash & Cash Equivalents	600,028	466,493	(133,535)	235,487	231,006
Accounts Receivable	969,226	854,044	(115,182)	1,042,852	(188,808)
Due from Related Parties	0	0	0	0	0
Notes Receivable	1,665	1,665	0	1,665	0
Pre-Paid Expenses	67,998	51,369	(16,629)	53,493	(2,124)
Investments - CD's	248,243	248,869	626	248,763	106
Long-Term Assets	30,945	48,542	17,597	28,605	19,937
Total Assets	1,918,105	1,670,982	(247,123)	1,610,865	60,117
Liabilities					
Contracts & Vendors Payable	609,197	362,956	(246,241)	289,830	73,126
Payroll, Taxes, & Benefits Payable	272,392	271,310	(1,082)	269,230	2,080
Paid Leave Payable	124,440	108,892	(15,548)	119,169	(10,277)
Deferred Revenues	26,977	26,977	0	26,977	0
Other Short-Term Payables	16,151	9,113	(7,038)	13,459	(4,346)
Total Liabilities	1,049,157	779,248	(269,909)	718,665	60,583
Unrestricted Net Assets	868,948	891,734	22,786	892,200	(466)
Total Net Assets	**868,948**	**891,734**	**22,786**	**892,200**	**(466)**
Total Liabilities and Net Assets	1,918,105	1,670,982	(247,123)	1,610,865	60,117

Pacific Mountain Workforce Development Council
STATEMENT OF CASH FLOWS
December 31, 2016

	Current Period	Current Year
Cash Flows from Operating Activities		
Receipts from Grants	913,151.85	3,989,118.15
Receipts from Contributors/Events	0.00	0.00
Depreciation (Net)	0.00	0.00
Payments to Suppliers	4,660.21	(566,194.83)
Payments to Employees	(298,588.98)	(1,787,860.14)
Payments to Program/Participant Activities	(365,749.99)	(1,746,130.27)
Total Cash Flows from Operating Activities	253,473.09	(111,067.09)
Cash Flows from Investing Activities		
Purchases of Equipment/Assets	(22,467.20)	(22,467.20)
Proceeds from Sale of Current Assets	0.00	0.00
Interest and Dividends	105.64	626.37
Purchases or Redemptions of Investments	(105.64)	(626.37)
Total Cash Flows from Investing Activities	(22,467.20)	(22,467.20)
Beginning Cash & Cash Equivalents	235,487.38	600,027.83
Ending Cash & Cash Equivalents	466,493.27	466,493.54

PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT

Quarterly Reports Summary

October 1, 2016 - December 31, 2016

*Participant figures span mutiple PYs

**Budget figures PY16 ONLY

Program Type	Participants Served to Date			Participants Placed to Date			Budget**			Considerations/Comments
Program	*Planned*	*Actual*	*% Achieved*	*Planned*	*Actual*	*% Achieved*	*Planned*	*Actual*	*% Achieved*	
Formula	**636**	**516**	**81%**	**276**	**129**	**47%**	**3,324,056**	**1,066,807**	**32%**	
Adult	215	121	56%	101	17	17%	1,124,520	366,648	33%	Career Path Services holds contract; includes B2B contracts (TCC)
DW	249	244	98%	94	40	43%	1,141,672	315,982	28%	Career Path Services holds contract; includes B2B contracts (TCC)
Youth	172	151	88%	81	72	89%	1,057,864	384,177	36%	ResCare holds contract
Competitive	**1797**	**1631**	**91%**	**1185**	**1099**	**93%**	**3,387,640**	**914,584**	**27%**	
Advanced Manufacturing	50	0	0%	50	0	0%	165,000	6,000	4%	TC EDC-Contract start date 09/01/16 Career Path Services-Contract start date 10/01/16
*C2C**	1250	1291	103%	945	948	100%	2,183,234	616,238	28%	Q1 Participant data, Q2 not submitted yet
*Jobs Driven NEG**	89	159	179%	72	91	126%	300	299	100%	Represents total of J2J and JD NEG; J2J closed 03/31/16, JD NEG closed 07/31/16
Mason County Transition Center	75	81	108%	30	24	80%	355,700	154,286	43%	MCTC will continue operations w OPP RR; Career Path Services and TCC
Rapid Response Initiatives	232	0	0%	45	0	0%	194,690	-	0%	Career Path Services-Contract start date 10/01/16
Sector Strategies Partnership	61	84	138%	25	36	144%	397,557	77,916	20%	Forest Products; Career Path Services
YouthWorks 2	40	16	40%	18	0	0%	91,158	59,845	66%	Big Brothers Big Sisters; does not include updated figures for Q2
WorkFirst	**360**	**175**	**49%**	**360**	**212**	**59%**	**1,431,483**	**652,275**	**46%**	Internal PY16 planned participant figures used.
Other										
GH Foundation	N/A	N/A	N/A	N/A	N/A	N/A	11,652	197	2%	Career Path Services hold contract for PY16
JRA MyJOB	300	254	85%	N/A	N/A	N/A	631,965	282,112	45%	
DVR-Internship	35	33	94%	N/A	N/A	N/A	98,226	74,346	76%	PY16 figures; Summer program - will provide updated numbers in PY17
Microsoft	N/A	N/A	N/A	N/A	N/A	N/A	24,564	1,823	7%	Support for IT assessment and infrastructure
Saltchuk	N/A	N/A	N/A	N/A	N/A	N/A	15,324	518	3%	Support for networking, hiring events, and scholarship fund
*Thurston County Jail - PREP**	100	121	121%	60	71	118%	50,731	56,857	112%	Jan-Dec 2016 figures-TC Jail is on calendar year
TOTAL - ALL PROGRAMS	**3228**	**2730**	**85%**	**1881**	**1511**	**80%**	**8,975,641**	**3,049,519**	**34%**	

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)

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

► Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1 , 2015, and ending June 30 , 20 16

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Pacific Mountain Workforce Development Council

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1570 Irving Street SW

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Tumwater, WA 98512

D Employer identification number: 91-2165746

E Telephone number: 360-570-6985

G Gross receipts $

F Name and address of principal officer: Cheryl Fambles
1570 Irving Street SW, Tumwater, WA 98512

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.pacmtn.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 2000

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PacMtn develops and implements the activities set forth in the Workforce Innovation and Opportunity Act, maintains other workforce related programs to enhance the regions profit-ability and productivity by incr. the skills and employment of its customers and connecting businesses with qualified applicants.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	285
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,715,021.	8,783,396.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,232.	1,241.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,303.	100.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,717,556.	8,784,638.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,391,139.	5,353,670.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,591,643.	2,741,357.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	626,193.	675,880.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,608,975.	8,770,907.
19	Revenue less expenses. Subtract line 18 from line 12	108,581.	13,831.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,869,960.	1,918,104.
21	Total liabilities (Part X, line 26)	1,014,843.	1,049,156.
22	Net assets or fund balances. Subtract line 21 from line 20	855,117.	868,948.

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

Signature of officer — Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN

Firm's name ► | Firm's EIN ►

Firm's address ► | Phone no.

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 . . . . . ☐

1 Briefly describe the organization's mission:

PacMtn develops and implements the federal Workforce Innovation and Opportunity Act in Grays Harbor, Lewis, Mason, Pacific and Thurston Counties. This involves employment and training services for job seekers, provides 'one-stop' services at WorkSource offices and job referrals for employers.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

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

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

4a (Code:) (Expenses $ 4,229,692. including grants of $ 2,985,248.) (Revenue $)

Workforce Innovation and Opportunity Act formula funds (CFDA 17.258, 17.259, 17.278). These federal grants programs provide training to individuals who have lost their job, have barriers to finding employment or do not have the basic skill levels needed to obtain employment. Individuals may enroll in school, on-the-job training or skills training and apprenticeships that enhances their prospects in finding work in emerging or growth industries.

4b (Code:) (Expenses $ 1,488,490. including grants of $ 590,389.) (Revenue $)

WA State Department of Commerce Temporary Assistance to Needy Families (CFDA 93.558). This program supports a target population of individuals receiving TANF by developing work sites to gain valuable work experience and work maturity skills necessary to be successful in the workplace.

4c (Code:) (Expenses $ 2,108,513. including grants of $ 1,509,180.) (Revenue $)

Camo2Commerce (CFDA 17.277). This federal National Emergency Grant provides training and support to eligible military members that are transitioning from military service to civilian life. Individuals may enroll in academy training, short term certifications or on-the-job training opportunities that align with in demand, family wage jobs. Business outreach and coordination of services will be utilized to enhance the job opportunities for participants.

4d Other program services (Describe in Schedule O.)
(Expenses $ 429,540. including grants of $ 268,853.) (Revenue $)

4e Total program service expenses ▶ 8,256,235.

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20	a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✔	
22		Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
23		Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		✔
24a		Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✔
	c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✔
	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✔
25a		**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✔
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✔
26		Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		✔
27		Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✔
28		Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✔
	b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✔
	c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✔
29		Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✔
30		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31		Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
33		Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✔
34		Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✔
	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		✔
36		**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
37		Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
38		Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	25		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	285		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✔	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✔
b	If "Yes," enter the name of the foreign country: ► ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✔
6	Did the organization have members or stockholders?	6		✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✔	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✔	
b	Each committee with authority to act on behalf of the governing body?	8b	✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		✔

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WA

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Bridget Lockling, (360) 570-6985, 1570 Irving St SW, Tumwater, WA 98512

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tanya Dierick Chair	1	✔		✔				0.	0.	0.
(2) Jim Larson Vice Chair	1	✔		✔				0.	0.	0.
(3) Duane Evans Chair Elect	1	✔		✔				0.	0.	0.
(4) Peter Lahmann Secretary/Treasurer	1	✔		✔				0.	0.	0.
(5) Lynn Longan Board Member	1	✔						0.	0.	0.
(6) Cheryl Heywood Board Member	1	✔						0.	0.	0.
(7) David Schaffert Board Member	1	✔						0.	0.	0.
(8) Kairie Pierce Board Member	1	✔						0.	0.	0.
(9) Alissa Shay Board Member	1	✔						0.	0.	0.
(10) Dru Garson Board Member	1	✔						0.	0.	0.
(11) Lisa Smith Board Member	1	✔						0.	0.	0.
(12) Derek Epps Board Member	1	✔						0.	0.	0.
(13) Paul Philpot Board Member	1	✔						0.	0.	0.
(14) Bob Hitt Board Member	1	✔						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Tiffany Turner Board Member	1	✔						0.	0.	0.
(16) Mariella Cummings Board Member	1	✔						0.	0.	0.
(17) Michael Cade Board Member	1	✔						0.	0.	0.
(18) Anne Goranson Board Member	1	✔						0.	0.	0.
(19) Michelle Andreas Board Member	1	✔						0.	0.	0.
(20) Dr. Ed Brewster Board Member	1	✔						0.	0.	0.
(21) Mike Hickman Board Member	1	✔						0.	0.	0.
(22) Paul Vertrees Board Member	1	✔						0.	0.	0.
(23) Kerry Judge-Kemp Board Member	1	✔						0.	0.	0.
(24) Bob Guenther Board Member	1	✔						0.	0.	0.
(25) Cheryl Fambles Chief Executive Officer	40			✔				124,261.	0.	33,924.
1b **Sub-total** ▶								0.	0.	0.
c **Total from continuation sheets to Part VII, Section A** ▶								124,261.	0.	33,924.
d **Total (add lines 1b and 1c)** ▶								124,261.	0.	33,924.

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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✔
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✔

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		124,261.
0.	33,924.	124,261.
0.	33,924.	

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0.				
	b	Membership dues	1b 0.				
	c	Fundraising events	1c 0.				
	d	Related organizations	1d 0.				
	e	Government grants (contributions)	1e 8,783,396.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0.				
	g	Noncash contributions included in lines 1a-1f: $ 0.					
	h	**Total.** Add lines 1a–1f ▶		8,783,396.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,241.	0.	1,241.	0.
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a 100.					
	b	Less: cost of goods sold b 0.					
	c	Net income or (loss) from sales of inventory ▶		100.	100.	0.	0.
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See instructions. ▶		8,784,738.	100.	1,241.	0.

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,403,529.	3,403,529.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,950,141.	1,950,141.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	158,185.	133,092.	25,093.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,794,302.	1,540,326.	253,976.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	197,212.	169,227.	27,985.	0.
9	Other employee benefits	429,066.	374,942.	54,124.	0.
10	Payroll taxes	162,592.	140,348.	22,244.	0.
11	Fees for services (non-employees):				
a	Management	0.	0.	0.	0.
b	Legal	360.	0.	360.	0.
c	Accounting	13,270.	0.	13,270.	0.
d	Lobbying	0.	0.	0.	0.
e	Professional fundraising services. See Part IV, line 17	0.			0.
f	Investment management fees	0.	0.	0.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	73,582.	60,575.	13,007.	0.
12	Advertising and promotion	0.	0.	0.	0.
13	Office expenses	200,008.	169,168.	30,840.	0.
14	Information technology	13,785.	7,742.	6,043.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	252,904.	221,355.	31,549.	0.
17	Travel	36,013.	26,540.	9,473.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	31,790.	21,966.	9,824.	0.
20	Interest	0.	0.	0.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	12,852.	6,290.	6,562.	0.
23	Insurance	16,518.	13,364.	3,154.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Membership Dues	13,737.	6,900.	6,837.	0.
b	Community Outreach	8,112.	7,812.	300.	0.
c					
d					
e	All other expenses Misc	2949.	2918.	31.	0.
25	**Total functional expenses.** Add lines 1 through 24e	8,770,907.	8,256,235.	514,672.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.	0.	0.	0.

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	634,367.	1	600,028.
	2	Savings and temporary cash investments	247,001.	2	248,243.
	3	Pledges and grants receivable, net	925,329.	3	969,226.
	4	Accounts receivable, net	1,570.	4	1,665.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	17,897.	9	67,998.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 122,536.			
	b	Less: accumulated depreciation — 10b: 91,591.	43,797.	10c	30,945.
	11	Investments—publicly traded securities	0.	11	0.
	12	Investments—other securities. See Part IV, line 11	0.	12	0.
	13	Investments—program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,869,960.	16	1,918,104.
Liabilities	17	Accounts payable and accrued expenses	412,588.	17	397,746.
	18	Grants payable	581,100.	18	624,433.
	19	Deferred revenue	21,155.	19	26,977.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25	1,014,843.	26	1,049,156.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	855,117.	27	868,948.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets	0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
	33	Total net assets or fund balances	855,117.	33	868,948.
	34	Total liabilities and net assets/fund balances	1,869,960.	34	1,918,104.

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	8,784,738.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,770,907.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	855,117.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	868,948.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	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?	2b	✔	
	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?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a	✔	
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 in Schedule O and describe any steps taken to undergo such audits.	3b	✔	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization | **Employer identification number**

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.

b ☐ **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.

c ☐ **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.

d ☐ **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)			☐	☐		
(B)			☐	☐		
(C)			☐	☐		
(D)			☐	☐		
(E)			☐	☐		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,548,438.	6,953,680.	6,502,220.	8,715,021.	8,783,396.	37,502,755.
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	6,548,438.	6,953,680.	6,502,220.	8,715,021.	8,783,396.	37,502,755.
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)						
6 **Public support.** Subtract line 5 from line 4.						37,502,755.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	6,548,438.	6,953,680.	6,502,220.	8,715,021.	8,783,396.	37,502,755.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			770.	1,232.	1,241.	3,243.
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.)		2,015.			100.	2,115.
11 **Total support.** Add lines 7 through 10						37,508,113.

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . 14 99.99 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . . 15 99.99 %

16a **33 1/3% support test—2015.** 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 . . . . . ▶ ☑

b **33 1/3% support test—2014.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**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)? *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).*	**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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****):*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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. **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 (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 Minimum Asset Amount (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013 . . .			
d	Excess from 2014 . . .			
e	Excess from 2015 . . .			

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

Schedule A, Part II, Line 10 Explanation of Other Income:

Intergovernmental Assistance for another Workforce Development Council in Yakima, WA - 2012

Inventory Sales - 2015

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization | **Employer identification number**

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 Temporarily restricted 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		87,586.	56,642.	30,945.
e Other		34,949.	34,949.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				30,945.

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. *(Column (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. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

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

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

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

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

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	8,784,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	8,784,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,784,738.

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	8,770,907.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	8,770,907.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	8,770,907.

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 XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future developments. For the latest information about developments related to Schedule I (Form 990), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/form990*.

Note: Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on **grants and other assistance** made by the filing organization during the **tax year** to **domestic organizations, domestic governments,** and **domestic individuals.** Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a **disregarded entity** or a **joint venture** treated as a partnership.

Grants and other assistance include awards, prizes, **contributions,** non-cash assistance, cash allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other assistance do not include:

• Salaries or other **compensation** to employees, or payments to independent contractors if the primary purpose of such payments is to serve the direct and immediate needs of the organization (such as legal, accounting, or fundraising services).

• The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary association (VEBA) to employees of a sponsoring organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section 505.

• Grants to affiliates that are not organized as legal entities separate from the filing organization, or payments made to branch offices, accounts, or employees of the organization located in the **United States.**

A **domestic organization** includes a corporation or partnership created or organized in the United States or under the law of the United States or of any state or possession. A trust is a domestic organization if a court within the United States or a **U.S. possession** is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons (or persons in **U.S. possessions**) have the authority to control all substantial decisions of the trust.

A **domestic government** is a state, a U.S. possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

A **domestic individual** is a person, including a foreign citizen, who lives or resides in the United States (or a U.S. possession) and not outside of the United States (or a U.S. possession).

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that do not fit on the first page of these parts. Number each page of each part.

Do not report on this schedule foreign grants or assistance, including grants or assistance provided to **domestic organizations, domestic governments,** or **domestic individuals** for the purpose of providing grants or other assistance to a designated **foreign organization, foreign government,** or **foreign individual.** Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

Who Must File

An organization that answered "Yes" on Form 990, Part IV, *Checklist of Required Schedules,* line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Lines 1 and 2. On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments

Line 1. Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than $5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient **domestic organization** or **domestic government** that received more than $5,000 aggregate of grants or assistance from the organization during the tax year.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part II than space available, report the additional organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Enter the full legal name and mailing address of each recipient organization or government entity.

Column (b). Enter the employer identification number (EIN) of the grant recipient.

Column (c). Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

Column (d). Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (e) and (f). Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (g). For non-cash property or assistance, enter a description of the property or assistance. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

Column (h). Describe the purpose or ultimate use of the grant funds or other assistance. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions.

*If the organization checks "Accrual" on Form 990, Part XII, line 1, follows **SFAS 116** (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the **tax year** to be paid in future years to a **domestic organization** or **domestic government**, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value increments in future years.*

Line 2. Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that (a) have been recognized by the Internal Revenue Service as exempt from federal income tax as described in section 501(c)(3); (b) are **churches,** including synagogues, temples, and mosques; (c) are integrated auxiliaries of churches and conventions or association of churches; or (d) are **domestic governments.** Enter the total.

Line 3. Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that are not described on line 2. This number should include both organizations that are not tax-exempt and organizations that are tax-exempt under section 501(c) but not section 501(c)(3).

Part III. Grants and Other Assistance to Domestic Individuals

Complete Part III if the organization answered "Yes" on Form 990, Part IV, line 22. A "Yes" response means that the organization reported more than $5,000 on Form 990, Part IX, line 2, column (A).

Enter information for **grants and other assistance** made to or for the benefit of individual recipients. Do not complete Part III for grants or assistance provided to individuals through another organization or entity, unless the grant or assistance is earmarked by the filing organization for the benefit of one or more specific **domestic individuals.** Instead, complete Part II, earlier. For example, report a payment to a **hospital** designated to cover the medical expenses of particular domestic individuals in Part III and report a contribution to a hospital designated to provide some service to the general public or to unspecified domestic charity patients in Part II.

Enter the details of each type of assistance to individuals on a separate line of Part III. If there are more types of assistance than space available, report the types of assistance on duplicate copies of Part III. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Specify type(s) of assistance provided, or describe the purpose or use of grant funds. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions, such as scholarships for students attending a particular school; provision of books or other educational supplies; food, clothing, and shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, "Food, shelter, and clothing for immediate relief for victims of Colorado wildfires").

Column (b). Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

Column (c). Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (d) and (e). Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices, on the date the property is distributed to the grantee. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (f). For non-cash grants or assistance, enter descriptions of property. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

*If the organization checks "Accrual" on Form 990, Part XII, line 1, follows **SFAS 116** (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the **tax year** to be paid in future years to a **domestic individual**, it should report the grant's present value in Part III, column (c) or (d), and report any accruals of present value increments in future years.*

Part IV. Supplemental Information

Use Part IV to provide narrative information required in Part I, line 2, regarding monitoring of funds, and in Part III, column (b), regarding how the organization estimated the number of recipients for each type of grant or assistance. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future developments. For the latest information about developments related to Schedule I (Form 990), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/form990*.

Note: Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on **grants and other assistance** made by the filing organization during the **tax year** to **domestic organizations, domestic governments,** and **domestic individuals.** Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a **disregarded entity** or a **joint venture** treated as a partnership.

Grants and other assistance include awards, prizes, **contributions,** non-cash assistance, cash allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other assistance do not include:

• Salaries or other **compensation** to employees, or payments to independent contractors if the primary purpose of such payments is to serve the direct and immediate needs of the organization (such as legal, accounting, or fundraising services).

• The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary association (VEBA) to employees of a sponsoring organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section 505.

• Grants to affiliates that are not organized as legal entities separate from the filing organization, or payments made to branch offices, accounts, or employees of the organization located in the **United States.**

A **domestic organization** includes a corporation or partnership created or organized in the United States or under the law of the United States or of any state or possession. A trust is a domestic organization if a court within the United States or a **U.S. possession** is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons (or persons in **U.S. possessions**) have the authority to control all substantial decisions of the trust.

A **domestic government** is a state, a U.S. possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

A **domestic individual** is a person, including a foreign citizen, who lives or resides in the United States (or a U.S. possession) and not outside of the United States (or a U.S. possession).

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that do not fit on the first page of these parts. Number each page of each part.

Do not report on this schedule foreign grants or assistance, including grants or assistance provided to **domestic organizations, domestic governments,** or **domestic individuals** for the purpose of providing grants or other assistance to a designated **foreign organization, foreign government,** or **foreign individual.** Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

Who Must File

An organization that answered "Yes" on Form 990, Part IV, *Checklist of Required Schedules,* line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Lines 1 and 2. On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments

Line 1. Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than $5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient **domestic organization** or **domestic government** that received more than $5,000 aggregate of grants or assistance from the organization during the tax year.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part II than space available, report the additional organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Enter the full legal name and mailing address of each recipient organization or government entity.

Column (b). Enter the employer identification number (EIN) of the grant recipient.

Column (c). Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

Column (d). Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (e) and (f). Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (g). For non-cash property or assistance, enter a description of the property or assistance. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

Column (h). Describe the purpose or ultimate use of the grant funds or other assistance. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions.

*If the organization checks "Accrual" on Form 990, Part XII, line 1, follows **SFAS 116** (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the **tax year** to be paid in future years to a **domestic organization** or **domestic government**, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value increments in future years.*

Line 2. Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that (a) have been recognized by the Internal Revenue Service as exempt from federal income tax as described in section 501(c)(3); (b) are **churches,** including synagogues, temples, and mosques; (c) are integrated auxiliaries of churches and conventions or association of churches; or (d) are **domestic governments.** Enter the total.

Line 3. Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that are not described on line 2. This number should include both organizations that are not tax-exempt and organizations that are tax-exempt under section 501(c) but not section 501(c)(3).

Part III. Grants and Other Assistance to Domestic Individuals

Complete Part III if the organization answered "Yes" on Form 990, Part IV, line 22. A "Yes" response means that the organization reported more than $5,000 on Form 990, Part IX, line 2, column (A).

Enter information for **grants and other assistance** made to or for the benefit of individual recipients. Do not complete Part III for grants or assistance provided to individuals through another organization or entity, unless the grant or assistance is earmarked by the filing organization for the benefit of one or more specific **domestic individuals.** Instead, complete Part II, earlier. For example, report a payment to a **hospital** designated to cover the medical expenses of particular domestic individuals in Part III and report a contribution to a hospital designated to provide some service to the general public or to unspecified domestic charity patients in Part II.

Enter the details of each type of assistance to individuals on a separate line of Part III. If there are more types of assistance than space available, report the types of assistance on duplicate copies of Part III. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Specify type(s) of assistance provided, or describe the purpose or use of grant funds. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions, such as scholarships for students attending a particular school; provision of books or other educational supplies; food, clothing, and shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, "Food, shelter, and clothing for immediate relief for victims of Colorado wildfires").

Column (b). Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

Column (c). Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (d) and (e). Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices, on the date the property is distributed to the grantee. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (f). For non-cash grants or assistance, enter descriptions of property. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

If the organization checks "Accrual" on Form 990, Part XII, line 1, follows ***SFAS 116*** *(ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the* ***tax year*** *to be paid in future years to a* ***domestic individual****, it should report the grant's present value in Part III, column (c) or (d), and report any accruals of present value increments in future years.*

Part IV. Supplemental Information

Use Part IV to provide narrative information required in Part I, line 2, regarding monitoring of funds, and in Part III, column (b), regarding how the organization estimated the number of recipients for each type of grant or assistance. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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 in line 1a?	2	☐	☐
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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	☐	✔
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	☐	✔
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	☐	✔
	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	☐	✔
b	Any related organization?	5b	☐	✔
	If "Yes" to 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	☐	✔
b	Any related organization?	6b	☐	✔
	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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	☐	✔
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	☐	✔
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	☐	☐

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Cheryl Fambles, Chief Executive Officer	(i)	124,261.	0.	0.	13,892.	20,032.	158,185.	0.
		(ii)							
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL	91-2165746

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SEVERAL PROGRAMS ARE RELATED TO ASSISTING UNEMPLOYED TO EITHER FIND EMPLOYMENT OR BE TRAINED FOR AVAILABLE LOCAL JOBS.

FORM 990, PART VI, LINE 7A: AFFAIRS OF THE COUNCIL AND APPOINTMENT OF BOARD MEMBERS ARE SUBJECT TO THE APPROVAL OF THE COUNTY COMMISSIONERS OF THURSTON, LEWIS, MASON, PACIFIC, AND GRAYS HARBOR COUNTIES OF WA.

FORM 990, PART VI, LINE 7B: AFFAIRS OF THE COUNCIL ARE SUBJECT TO THE APPROVAL OF THE COUNTY COMMISSIONERS OF THURSTON, LEWIS, MASON, PACIFIC, AND GRAYS HARBOR COUNTIES OF WA.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING, THE FULL BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE FINAL VERSION OF FORM 990 AND ALL SCHEDULES. THE FINANCE COMMITTEE MEMBERS WILL BE REQUIRED TO CONFIRM AGREEMENT OR ASK ANY QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES A FORM WHICH REQUIRES THE IDENTIFICATION OF ALL MEMBERSHIPS, ASSOCIATIONS, AND AFFILIATIONS. THE DOCUMENT IS REVIEWED FOR POTENTIAL CONFLICTS AND IF ONE EXISTS A RESOLUTION OF THE ISSUE IS DETERMINED BY THE EXECUTIVE COMMITTEE, ACTING ON BEHALF OF THE GOVERNING BODY. STAFF MUST SEEK APPROVAL FROM THE CEO FOR MEMBERSHIP OR OUTSIDE EMPLOYMENT PRIOR TO ACCEPTANCE.

FORM 990, PART VI, SECTION B, LINE 15: THE EMPLOYMENT AGREEMENT WAS NEGOTIATED WITH THE EXECUTIVE COMMITTEE AS PROVIDED IN THE BY-LAWS. THE JOB DESCRIPTION, INCLUDING SALARY RANGE WAS FORMALLY ADOPTED BY THE FULL INDEPENDENT MEMBERSHIP OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE POSTED ON OUR WEBSITE, WWW.PACMTN.ORG AND EMAIL DOCUMENTS AS REQUESTED.

Name of the organization	**Employer identification number**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/form990*.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments.*

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure.*

a. Material differences in voting rights among members of the governing body in line 1a.

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets.* Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting.*

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of $1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.

Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Thurston County 2000 Lakeridge Dr SW, Olympia, WA 98502	Political Subdivision	Washington	115				✔
(2) Lewis County 351 NW North St, Chehalis, WA 98532	Political Subdivision	Washington	115				✔
(3) Mason County 411 N 5th St, Shelton, WA 98584	Political Subdivision	Washington	115				✔
(4) Pacific County 300 Memorial Dr, South Bend, WA 98586	Political Subdivision	Washington	115				✔
(5) Grays Harbor County 100 W Broadway, Montesano, WA 98563	Political Subdivision	Washington	115				✔
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c		✔
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o	Sharing of paid employees with related organization(s)	1o		✔
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r		✔
s	Other transfer of cash or property from related organization(s)	1s		✔

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R (see instructions).

Attachment #4

MEMO

March 16, 2017

To: PacMtn Board Members

From: Cheryl B. Fambles

Subject: January 2017 Board Retreat Summary

At the January 2017 WDC Board Retreat, Agnes Balassa presented on Becoming a Highly Effective Workforce Board: Roles, Responsibilities, Opportunities and Best Practices. Some of this work was based on a survey conducted with WDC Members in late 2016 and built upon national best practice. Attached, you will find the January 2017 Retreat Agenda as well as the follow up materials. These items review the Proposed Board Decision Making Checklist for Critical Conversations, as well as Suggestions for a Communications Plan.

We hope that these follow up materials will provide further opportunity to continue to strengthen PacMtn's Board and how it can be more effective in their work.

If you have any questions about these items, please let us know.

PACMTN WDC BOARD RETREAT AGENDA
JANUARY 26, 2017 | 8:00-4:00 PM
LITTLE CREEK CASINO & RESORT – PEEKSIN ROOM
91 West State Route 108
Shelton, WA 98584
Call-In Not Available

8:00 am	**Continental Breakfast and Coffee Begins**	
8:30-8:45 am	**Welcome and Review of Today's Agenda**	Duane Evans
8:45-10:00 am	**Highlights of the Year** • PY15 Finances in Review • Service Delivery: Understanding Performance and Targets • Data Dashboards	Bridget Lockling Corinne Daffern Cheryl Fambles
10:00 am – 10:20 am	**Break**	
10:20 am – 12:00 pm	**Becoming a Highly Effective Workforce Board: Roles, Responsibilities, Opportunities and Best Practices**	Agnes Balassa, WDC Board Development Consultant
12:00 pm – 12:30 pm	**Lunch**	
12:30 pm – 2:15 pm	**AJC WorkSource Network: Leadership Case Study Part 1**	Agnes Balassa, WDC Board Development Consultant
2:15 pm – 2:30 pm	**Break**	
2:30 pm – 4:00 pm	**AJC WorkSource Network: Leadership Case Study Part 2**	Agnes Balassa, WDC Board Development Consultant

CONFLICT OF INTEREST STATEMENT
In accordance with the Workforce Investment Act, Workforce Development Council members (WDC), as well as members of the Youth Council, may not vote on a matter under consideration by the Council if any member of the individual's immediate family, the individual's partner, or an organization which employs, or it about to employ, any of the above, has a financial or other interest in the firm or organization competing for or selected to receive Workforce Investment Act funds. Any member having a conflict of interest will declare the conflict prior to any discussion on the matter.

Proposed Board Decision Making Checklist for Critical Conversations

- ☐ Has the conversation started in a timely fashion to allow for processing, information gathering, etc.?
- ☐ Are materials ready far enough advance of meetings so that members have time to prepare?
- ☐ Are the materials developed in plain English, minimizing bureaucratic language/ideas?
- ☐ Is everyone clear about what decision needs to be made?
- ☐ Do I have a conflict of interest that I need to consider/disclose prior to entering into the discussion?
- ☐ Are the diverse interests of the community well represented in the discussion? Which viewpoints are missing? Can I help bring these into the discussion?
- ☐ Am I able to represent my community's/constituency's views, or do I need to conduct outreach?
    - If I need community input, I should discuss this with the CEO in advance.
- ☐ Do I understand the issue(s)?
- ☐ Do I have questions?
- ☐ Have my questions been sufficiently answered?
- ☐ Have I voiced any concerns I have?
- ☐ Have I brought any information or data that would impact the discussion to the table?
- ☐ When I make my decision, am I focusing on the impact on the organization and community, rather than my own organization?
- ☐ Am I listening to what others have to say in case this informs my position?
- ☐ Can I live with the consensus, even if I disagree?
- ☐ Am I able to communicate the decision to the community?
- ☐ Are there other opportunities to create greater leverage in this situation?
- ☐ What needs to be communicated?

Suggestions for a Communications Plan

- ☐ Develop a timeline, list of possible activities (including board decisions that need to be made and when, when/where will members report back, and whether a committee(s) will be working on this or the whole board?)
- ☐ Clarify how many and which types of meetings you want to hold to get to a recommendation
- ☐ Create a list of who you want to reach (what types of organizations/populations), who you already have engaged, and ask members to help fill the gaps
- ☐ Create a shorter list of those who must be consulted
- ☐ Develop a list of possible concerns and whether there are factors in the design effort to mitigate these
- ☐ Determine what types of meetings are needed (town halls, one-on-one, small group) for which audiences
- ☐ Assign people (staff, board members, partners) to meetings
- ☐ Create a common "packet"
    - Elevator speech
    - Overview of the current state (in plain English)
    - Talking points
    - Key questions to be asked/answered
    - Timeline for decision making
    - Options for additional input
    - Report out "guide" – what do you need to know from each meeting?

PACMTN—AMERICA'S JOB CENTER PROJECT DELIVERABLES & TIMELINE

PacMtn will need the consultant to:

- Develop informational materials for use in community engagement for the Vision for PacMtn WorkSource-AJC Network including:
    - Brief description why input is being gathered
    - 3-5 survey questions that can be easily administered
- Develop a strategy, schedule and oversee coordination of community presentations provided by WDC Board Members, PacMtn staff and WorkSource partners, on the topic of the Vision for PacMtn AJC Network
- Coordinate and provide support and assistance to WDC Board Members, PacMtn staff and WorkSource partners, as needed with community presentations related to Vision for PacMtn WorkSource AJC Network
    1. Community Presentations: In partnership with community-based organizations and community leaders design and host at least 7 public meetings with at least 1 in each county to solicit community need for workforce services
    2. Summary of Proceedings: provide a summary that includes names and contact information for attendees, agenda and brief description of events and comments
    3. Participant Follow-up: Prepare responses for emerging queries
- Create PacMtn Website FAQ on Vision for PacMtn AJC Network
- Assist senior staff in preparation Final Report to WDC Board
- Review and finalize PacMtn WorkSource Certification application and process, pursuant to community feedback and staff direction
- Recommend Voice of the Customer process to solicit feedback from existing customer and special, high priority populations

Timeline Dates

#	Activity/Description	Completion Date	WHO
1.	Identify entities for certification— Develop a strategy to inspire other entities to apply	February-April 2017	Consultant/Board
2.	Community Engagement—Build Network. 7 public meetings to solicit need from the community.	February-April 2017	Consultant/Board
3.	Prepare Summary of meetings and FAQ	May 2017	Consultant
4.	Prepare Final Report to Board	June 2017	Consultant/Associate Director
5.	Review and finalize Certification Application Process	June 2017	Consultant/Associate Director
6.	Certification process submitted for final approval	July 2017	Board
7.	Application for WorkSource Certification requested from each WS site	August 2017	Consultant
	Provide recommendations for Voice of the Customer and soliciting WorkSource Customer Feedback	September – December 2017	Consultant
8.	Complete One-Stop certification application received from WS and review process initiated	September 2017	Certification Team
9.	Schedule onsite visits	September 2017	Certification Team
10.	On-site visits	October 2017	Certification Team
11.	Written recommendation from task force submitted to Executive Finance Committee	November 2017	One Stop Task Force
12.	Executive Finance Committee reviews task force recommendations and votes accordingly-certification determinations are made	November 2017	EFC
13.	Certification determinations issued	December 2017	Board