

Elected Official Consortium Meeting Agenda
Friday, July 29, 2022
10:00p – 10:30a



Join via Microsoft Teams:
Meeting ID: 228 199 670 694
Password: VkJjwc

I. Convene: Welcome – Commissioner Olsen

- A. Self-Introductions & Establish Quorum
- B. Review of Today's Agenda
- C. CEO Report (Attachment #1)

II. Action: 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.

- a. Action Item: Motion to Approve June 16, 2022 Consortium Minutes (Attachment #2)
- b. Action item: Motion to Approve Form 990 (Attachment #3)
 - Executive Finance Committee and WDC Board reviewed all materials and recommends the Consortium DO PASS and offers a Motion to Approve

III. Action or Discussion Items

- A. Action: Motion to Approve PY22 Preliminary Budget (Attachment #4)
 - a. Executive Committee and WDC Board reviewed all materials and recommends the Consortium DO PASS and offers a Motion to Approve
- B. Discussion Item: Scheduled Meeting Dates/Time Review

IV. Discussion & Deliberation: Good of the Order & Public Comment

Upcoming Meetings	Agenda Topic
Thursday, September, 22, 2022	Consolidated Board & Elected Officials Fall Retreat
Friday, December 2, 2022	PY22 Final Budget Approval

2022-2023 Consortium Members

Name	Representing County
Commissioner Sharon Trask <i>Consortium Chair-Chief Local Elected Official</i>	Mason
Commissioner Lisa Olsen	Pacific
Alternate: Commissioner Sean D Swope	Lewis
Commissioner Kevin Pine	Grays Harbor
Commissioner Carolina Mejia	Thurston

Workforce Development Speak (Commonly Used Acronyms)

ABE	Adult Basic Education	IFA	Infrastructure Funding Agreement
CBO	Community Based Organizations	ITA	Individual Training Account
CJ	Community Jobs	MOU	Memorandum of Understanding
CLEO	Chief Local Elected Official	MyJOB	My Journey Out Beyond
CSO	Community Service Offices	OJT	On the Job Training
DOL	Department of Labor	OURR	Opioid Use Reduction & Recovery
DSHS	Department of Social of Health Services	TAA	The Trade Adjustment Assistance
DVR	Division of Vocational Rehabilitation	TANF	Temporary Assistance for Needy Families
ESD	Employment Security Department	WDA	Workforce Development Areas
DW	Dislocated Worker	WEX	Work Experience
ESD 113	Educational Service District - Capital Region	WIOA	Workforce Innovation & Opportunity Act
ETPL	Eligibility Training Provider List	WTECB	Workforce Training & Education Coordinating Board

The Washington Workforce Association, of which PacMtn is a member, advanced forward a proposal to establish a **Workforce Impact Fund (WIF)** that would bring \$50 million annually into local areas to expand the capacity of local workforce development boards (LWDBs). For the PacMtn region, it would bring approximately \$4 million, nearly doubling the federal WIOA Title I investments. The decision package, which is under development, will be part of the State Workforce Boards legislative initiatives and will focus on expanding LWDBs capacity to serve employers and will have significant performance targets. Statewide, the initiative will need to move roughly 3,500 additional job seekers in to high-wage jobs annually or 350 per year for PacMtn. The funds would support additional staff for PacMtn and the Business Solutions team to directly support employers, and administrative funding for community based organizations in the region to build capacity to serve disadvantaged populations in the region. A majority of the funds would be used to support job seekers as they transition to employment, offset Employer costs for work experiences like on-the-job training, pre-apprenticeships, and apprenticeships, and technical skills training. If the State Workforce board is success in securing the funding, the local plan to achieve the performance targets would be directly overseen by the board to ensure transparency and accountability. The State Board will review the white paper supporting the effort and may consider action at the public board meeting on August 3, 2022.

PacMtn landed a **\$1.5 million Department of Labor and Department of Corrections Pathways Home federal grant** as a result of a competitive grant process. The grant focuses on incarcerated people that are set to be released within 90-180 days from the Thurston County and Lewis County detention facilities. This effort will expand the long running partnerships with both facilities, the sheriffs and their teams. Unique to this grant, PacMtn will be working to establish a full array of pre-release services, including basic education and GED services, and will add financial coaching, skills-based training and full access to the WorkSource system. The program will run for 24 months and will serve 150 individuals. Long-term, PacMtn plans to sustain the model with WIOA Title 1b and state funding. A Request for Proposal (RFP) will be released in mid-August to seek proposals to provide case management services, financial coaching and basic education services. Respondents can submit proposals for one or more the services. The RFP will focus on community based organizations that serve justice-impacted individuals as a preference for the case management work. Program should begin in late fall.

PacMtn staff successfully negotiated **PY22/PY23 Title 1b Performance Targets** with the state workforce board. This bi-annual activity establishes performance targets for the regions

Adult, Dislocated Worker, and Youth programs. The targets are an accountability measure and a required component of the federal funding. The PacMtn board and its Chief Elected Official are collectively responsible for achieving the performance outcomes. Failure to achieve the targets could result in less federal funding for the region. PacMtn historically has been a high achiever as it relates to the targets. During the fall retreat, the board will learn more about the measures and their importance in the system.

The **PacMtn Board approved the PY22 preliminary budget** and will advance it to the Elected Official Consortium in July for final approval. The preliminary budget is based upon initial estimates of the federal WIOA awards – which will be finalized later in the fall. PacMtn has secured nearly \$2 million dollars in additional funding that was awarded after the approval of preliminary budget and will be included in the fall modification. As reported earlier, the federal WIOA funding is down 15.5%, or \$722K, for PY22. PacMtn staff worked hard to reduce our internal budget and to reshape the contracted work to account for the shortfall. PacMtn is also working to secure an additional \$2 million in federal and local funding – which may be awarded prior to the fall budget modification process.

PY21 closed with a bang! Despite reduced funding, PacMtn partners delivered on big targets across several funds. The Community Transition Assistance Program (CTAP) achieved its service targets and allowed PacMtn to secure a second round of funding. The MyJob program has successfully transitioned to our contract partner Equus and began to regain footing lost during the pandemic. It is on track for a full recovery. The Title 1b contractor procurement and transition was a success and we officially launched the One Workforce Initiative – aimed at transforming integrated service delivery in the region. Our Food Security project continues to perform at a high level and two new similar programs launched, one in Thurston County to support community based organizations with staffing and the second in the city of Olympia that focuses on helping unhoused individuals gain work experience. Both are funded with local ARPA funding. The last program effort to highlight is from our business service contractor and partner the Thurston County Chamber of Commerce (TCCC). With support of Business and Sector Engagement Taskforce (BaSE), a board sub-committee consisting of area employers, EDCs, and service providers, TCCC was extremely successful with expanding the cohort training model to training nearly 75 people in construction pre-apprenticeship and inline boring technologies. Lessons learned from this effort were used to inform the One Workforce initiative.

The September 22nd, 2022 consolidated Board and Elected Officials meeting will serve as a fall retreat and a good portion of the time will be focused on expanding the boards understanding of its role in the public workforce system and key deliverables as they relate to the WIOA legislation. Area board consultant Doug Mau will facilitate the activities following board business and should be an engaging event. We encourage all members of both groups to attend and welcome the public as well. More to come on the agenda in the following weeks.

Stories of Impact and Meaning

We would like to spotlight a PREP/CTAP participant.

"This young man has been connected to PREP a couple of times through Work Release and recently the Chemical Dependency Program (CDP). In his navigating through the legal system he received some push back from some of his CDP councilors for how it was approached. In spite of some setbacks he continued to press forward. While doing so, he encountered some flaws in the system.

While in staffing with his CDP councilors, I was able to get them to see it as a strength instead of a negative view. They began to see him in a different light. He has successfully completed CDP as well as PREP. Once enrolled into CTAP, he was able to get support with removing barriers to move forward in picking up the pieces and putting his life back together. This would eventually provide him the confidence he needed to thrive. With his hard work and perseverance he became a leader in the eyes of his peers. In his current living space he was appointed the house manager.

During the course of the last two months I dropped the seed of becoming a peer navigator. He saw it in himself and started the process of becoming a Peer Navigator. Also, he now provides maintenance services with The Royale Life Center's properties. For the mic drop, he recently celebrated his 1 year of sobriety. This is surely worth a Spotlight!"

Elected Official Consortium Meeting Minutes
Thursday, June 16, 2022
10:00a - 10:30a



PacMtn WDC - Mike Kennedy Room and Online Via Zoom

Elected Officials Attendees: Commissioner Lisa Olsen, Commissioner Sharon Trask, Commissioner Kevin Pine, Commissioner Sean Swope

Guests: Sara Develle

Staff: William Westmoreland, Wil Yeager, Arissa De Lima, Justin Cariasini, Melody Pajaro

I. Convene: Welcome

- A. Self-Introductions & Establish Quorum - Commissioner Trask called the meeting to order at 10:05am. Quorum was established and self-introductions were conducted.
- B. Review of Today's Agenda - Agenda was reviewed with no questions.
 - Motion to Approve Agenda
 - Commissioner Olsen motioned to approve the agenda. Seconded by Commissioner Pine. Motion Carries
- C. CEO Report - William Westmoreland reviewed the CEO Report for June 2022. The full CEO report can be found on PacMtn's website at www.pacmtn.org

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- A. Action Item: Motion to Approve December 10, 2021 Consortium Minutes
 - Commissioner Olsen motioned to approve Consent Agenda; Motion was seconded by Commissioner Swope. Motion Carries.

III. Action or Discussion Items

- A. Action: Motion to Approve PY21 Budget Modification
 - Wil Yeager reviewed the PY21 Budget Modification with the Consortium
 - Motion to Approve PY21 Budget Modification
 - Commissioner Swope motioned to approve. Seconded by Commissioner Olsen. Motion Carries.
- B. Action: Confirm Nominees
 - William Westmoreland reviewed Julianne Hanner's application with the Consortium
 - Motion to confirm Nominee Julianne Hanner to the WDC Board
 - Commissioner Olsen motioned to approved. Seconded by Commissioner Pine. Motion carries.

IV. Elected Official Reflections and Queries

None

V. Discussion & Deliberation: Good of the Order & Public Comment

None.

Meeting adjourned at 10:37am

Submitted by: Arissa De Lima, WDC Board Secretary

2021-2022 Consortium Members

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Commissioner Lisa Olsen Consortium Chair-Chief Local Elected Official	Pacific
Commissioner Sharon Trask	Mason
Alternate: Commissioner Sean D Swope	Lewis
Commissioner Kevin Pine	Grays Harbor
Commissioner Carolina Mejia	Thurston

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Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2020 calendar year, or tax year beginning **07/01/2020** and ending **06/30/2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL		D Employer identification number 91-2165746
	Doing business as		E Telephone number 360-704-3568
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1570 IRVING STREET SW		
City or town, state or province, country, and ZIP or foreign postal code TUMWATER, WA 98512			G Gross receipts \$ 9,108,995
F Name and address of principal officer: William Westmoreland		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1570 IRVING STREET SW, TUMWATER, WA 98512		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: ▶ www.pacmntn.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>PacMtn develops and implements the activities set forth in the Workforce Innovation and Opportunity Act, maintains other workforce related programs to enhance the regions profitability and productivity by skilling up customers and connecting businesses with qualified applicants.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	180
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,004,666	9,107,553
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,776	1,442
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,007,442	9,108,995
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,795,918	5,261,132
	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)	3,753,662	3,200,675
	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)	820,525	772,223
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,370,105	9,234,030
19 Revenue less expenses. Subtract line 18 from line 12	-362,663	-125,035	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,211,435	1,862,261
	22 Net assets or fund balances. Subtract line 21 from line 20	1,517,205	1,293,066

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
	WILLIAM WESTMORELAND, CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 \$ 6,176,003 including grants of \$ 4,103,528) (Revenue \$ 6,176,003)

Workforce Innovation and Opportunity Act Formula funds (CFDA 17.258, 17.259, and 17.278). These federal grant programs provide training and support to individuals who have lost their jobs, have barriers to finding employment or do not have the basic skills 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 \$ 668,030 including grants of \$ 369,184) (Revenue \$ 668,030)

WIA National Emergency Grants (CFDA 17.277). This program responds to the COVID-19 crisis by providing subsidized disaster relief employment, work-based learning, training services, a unified system, and providing coordinated access to career services.

4c (Code: _____) (Expenses \$ 811,851 including grants of \$ 106,974) (Revenue \$ 682,003)

WA State Department of Social and Health Services, Divisor of Vocational Rehabilitation. This program supports Pre-Employment Transition Services for participants ages 14-21 years of age who have a IEP or 504 Plan. This program teaches the value of work and teaches how to prepare for work

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 1

(Expenses \$ 796,847 including grants of \$ 674,957) (Revenue \$ 796,847)

4e Total program service expenses **▶ 8,452,731**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 180		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		✓
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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	✓	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	✓	
8b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		✓

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► WA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
Cheryl Fambles Chief Executive Officer	40.00			✓		✓		148,336	0	19,359
Alissa Shay Member	1.00	✓						0	0	0
Bill Sullivan Member	1.00	✓						0	0	0
Peter Lahmann Member	1.00	✓						0	0	0
Jennifer Baria Member	1.00	✓						0	0	0
Jacquelin Earley Chair	1.00	✓						0	0	0
Derek Epps Member	1.00	✓						0	0	0
Grant Lehman Member	1.00	✓						0	0	0
Steve Rogers Member	1.00	✓						0	0	0
Michael Cade Member	1.00	✓						0	0	0
David Schaffert Member	1.00	✓						0	0	0
Jonathan Pleger Member	1.00	✓						0	0	0
Christina Riley Member	1.00	✓						0	0	0
Sherry Barry Member	1.00	✓						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				
Cheryl Heywood Member	1.00	✓						0	0	0	
Kelli Bloomstrom Member	1.00	✓						0	0	0	
Dana Anderson Member	1.00	✓						0	0	0	
Bob Guenther Member	1.00	✓						0	0	0	
Jason Reed Member	1.00	✓						0	0	0	
Paul Vertrees Member	1.00	✓						0	0	0	
Scott Haas Member	1.00	✓						0	0	0	
Duane Evans Member	1.00	✓						0	0	0	
Diana Murphy Member	1.00	✓						0	0	0	
1b Subtotal								148,336	0	19,359	
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								148,336	0	19,359	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) 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 8,513,731					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 593,822					
	g	Noncash contributions included in lines 1a-1f	1g \$ 0					
	h	Total. Add lines 1a-1f ▶						9,107,553
	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) ▶		1,442	0	0	1,442	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	6a						
			(i) Real	(ii) Personal				
	b	6b	Less: rental expenses					
	c	6c	Rental income or (loss)		0	0		
	d	Net rental income or (loss) ▶						
	7a	7a						
			(i) Securities	(ii) Other				
	b	7b	Less: cost or other basis and sales expenses					
	c	7c	Gain or (loss)		0	0		
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		8a				
	b	Less: direct expenses		8b				
c	Net income or (loss) from fundraising events . . . ▶							
9a	Gross income from gaming activities. See Part IV, line 19		9a					
b	Less: direct expenses		9b					
c	Net income or (loss) from gaming activities . . . ▶							
10a	10a							
b	Less: cost of goods sold		10b					
c	Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶			0				
12	Total revenue. See instructions ▶			9,108,995	0	0	1,442	

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	4,843,913	4,843,913		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	417,219	417,219		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,712	113,348	71,364	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,046,898	1,779,575	267,323	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250,534	217,144	33,390	
9 Other employee benefits	499,578	411,347	88,231	
10 Payroll taxes	218,953	188,699	30,254	
11 Fees for services (nonemployees):				
a Management				
b Legal	20,575	452	20,123	
c Accounting	26,007		26,007	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	248,934	209,550	39,384	
12 Advertising and promotion				
13 Office expenses	177,144	85,406	91,738	
14 Information technology	31,205	22,131	9,074	
15 Royalties				
16 Occupancy	193,141	124,802	68,339	
17 Travel	11,808	9,539	2,269	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,320	5,354	1,966	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,744	6,701	1,043	
23 Insurance	20,753	13,622	7,131	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEMBERSHIP DUES</u>	24,415	2,752	21,663	
b <u>COMMUNITY OUTREACH</u>	1,000	1,000	0	0
c <u>OTHER-MISC</u>	2,177	177	2,000	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,234,030	8,452,731	781,299	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	583,925	1	506,540
	2 Savings and temporary cash investments	232,165	2	233,608
	3 Pledges and grants receivable, net	1,322,853	3	1,045,202
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,285	9	40,959
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 148,235		
	b Less: accumulated depreciation	10b 112,283	41,207	10c 35,952
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,211,435	16	1,862,261	
Liabilities	17 Accounts payable and accrued expenses	431,398	17	413,851
	18 Grants payable	735,807	18	714,215
	19 Deferred revenue	350,000	19	165,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,517,205	26	1,293,066
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	694,230	27	569,195
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	694,230	32	569,195	
33 Total liabilities and net assets/fund balances	2,211,435	33	1,862,261	

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	9,108,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,234,030
3	Revenue less expenses. Subtract line 2 from line 1	3	-125,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	694,230
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 on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	569,195

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL	Employer identification number 91-2165746
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,951,165	9,597,863	10,189,153	10,004,666	9,107,553	47,850,400
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	8,951,165	9,597,863	10,189,153	10,004,666	9,107,553	47,850,400
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						47,850,400

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,951,165	9,597,863	10,189,153	10,004,666	9,107,553	47,850,400
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,244	2,120	2,735	2,776	1,442	10,317
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						47,860,717
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	17,364	6,061	11,303
d Equipment	0	95,922	71,273	24,649
e Other	0	34,949	34,949	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,952

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL

91-2165746

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.

	(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)	Sch I, Stmt 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 **11**
- 3** Enter total number of other organizations listed in the line 1 table **4**

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	AGNES BALASSA SOLUTIONS LLC 1109 MAPLE ST PORT TOWNSEND, WA 98368	27-2855799	113,294	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment & Training			
Name and address	ARBOR E&T LLC dba EQUUS WORKFORCE SOLUTIONS 9901 Linn Station Road Louisville, KY 40223	61-0875371	1,221,953	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment & Training			
Name and address	AUDITORS OFFICE THURSTON COUNTY 2000 LAKERIDGE DR SW OLYMPIA, WA 98502	91-6001375	14,260	
IRC code section	State Gov't			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment & Training			
Name and address	CAREER PATH SERVICES 10 N POST STREET SUITE 200 SPOKANE, WA 99201	91-1032846	2,462,276	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment & Training			
Name and address	ELMA SCHOOL DISTRICT 1235 MONTE-ELMA RD ELMA, WA 98541		7,350	
IRC code section	Gov't			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment & Training			
Name and address	GARDEN RAISED BOUNTY 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	31,275	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment & Training			
Name and address	GRAYS HARBOR COLLEGE 1620 EDWARD P SMITH DR ABERDEEN, WA 98520	91-0589346	54,271	
IRC code section	State Gov't			
Method of valuation				

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	MORNINGSIDE	91-0757099	21,340
-------------------------	-------------	------------	--------

PO BOX 7936
OLYMPIA, WA 98507

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	New Leaf Hyperbarics Olympia LLC	46-2730042	7,140
-------------------------	----------------------------------	------------	-------

1420 Marvin Rd NE STE C145
Lacey, WA 98516

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	Northwest Agriculture Business Center	83-0449496	56,601
-------------------------	---------------------------------------	------------	--------

PO Box 2924
Mount Vernon, WA 98273

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	SOUTH SEATTLE COLLEGE	91-0826872	75,000
-------------------------	-----------------------	------------	--------

1500 Harvard Ave
SEATTLE, WA 98122

IRC code section State Gov't

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	THE ARC OF GRAYS HARBOR	91-2010058	13,625
-------------------------	-------------------------	------------	--------

PO Box 1794
Aberdeen, WA 98520

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	THE MOORE WRIGHT GROUP	81-5157499	50,730
-------------------------	------------------------	------------	--------

2724 29TH AVE SW
TUMWATER, WA 98512

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	THURSTON COUNTY CHAMBER OF COMMERCE	91-0346205	683,009
-------------------------	-------------------------------------	------------	---------

PO BOX 1427
OLYMPIA, WA 98507

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Name and address	William Westmoreland	31-1921004	6,809
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Schedule I, Part IV, Statement 1

PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL

3809 4th Ave NW
Olympia, WA 98502

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Employment & Training

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	10,353	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	8,939	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	18,803	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,376	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,786	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,228	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,184	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	8,160	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	7,822	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	20,284	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,576	
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	9,074	

employment

Method of valuation

Desc. of Non-Cash Asst.

Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,899
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Method of valuation

Desc. of Non-Cash Asst.

Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	5,613
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Method of valuation

Desc. of Non-Cash Asst.

Type of grant	Work Experience/Participant Services to enhance skills for future employment	1	6,569
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Method of valuation

Desc. of Non-Cash Asst.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

91-2165746

PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- 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" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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	148,336	0	0	19,359	15,875	183,570	0
2								0
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL

Employer identification number

91-2165746

Form 990, Part VI, Section A, 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, Section A, Line 7b - 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, Section B, Line 11b - PRIOR TO THE FILING, THE FULL BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE FINAL VERSION OF FORM 990 AND ALL SCHEDULES. THE EXECUTIVE FINANCE COMMITTEE MEMBERS WILL BE REQUIRED TO REVIEW AND RECOMMEND APPROVAL AND ASK ANY QUESTIONS.

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 BOARD WITH UPDATES APPROVED BY THE EXECUTIVE COMMITTEE.

Form 990, Part VI, Section C, Line 19 - ALL DOCUMENTS ARE POSTED ON OUR WEBSITE, WWW.PACMTN.ORG AND DOCUMENTS CAN BE EMAILED AS REQUESTED.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	WE ARE FUNDED FOR OTHER PROGRAMS THAT ARE RELATED TO ASSISTING INDIVIDUALS WITH BARRIERS TO EMPLOYMENT TO EITHER FIND OR BE TRAINED FOR AVAILABLE JOBS. OTHER PROGRAMS PROVIDE DISASTER RELIEF EMPLOYMENT AND TRAINING AND SUPPORT TO JOB SEEKERS.	796,847	674,957	796,847
Total:		796,847	674,957	796,847

**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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL

Employer identification number

91-2165746

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	No
(1) THURSTON COUNTY 2000 LAKERIDGE DR SW, OLYMPIA, WA 98502	Political Subdivision	WA	115		N/A		✓
(2) LEWIS COUNTY 351 NW NORTH ST, CHEHALIS, WA 98532	Political Subdivision	WA	115		N/A		✓
(3) MASON COUNTY 411 N 5th St, Shelton, WA 98584	Political Subdivision	WA	115		N/A		✓
(4) PACIFIC COUNTY 300 MEMORIAL DR, SOUTH BEND, WA 98586	Political Subdivision	WA	115		N/A		✓
(5) GRAYS HARBOR COUNTY 100 W BROADWAY, MONTESANO, WA 98563	Political Subdivision	WA	115		N/A		✓
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

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?		(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	
(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	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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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).....													



MEMORANDUM

To: PacMtn Executive Finance Committee Members

From: William Westmoreland, CEO
Wil Yeager, Director Fiscal and Administrative Services

Date: June 9, 2022

Subject: PY22 Preliminary Final Budget

PY22 Preliminary Final Budget begins services for the **Program Year (PY) beginning July 1, 2022, through June 30, 2023**. The attached budget documents offer a summary of the budget expected to provide needed services for the upcoming year. This version of the budget provides us a starting point for an operational budget to begin our new program year. We do not have actual grant award amounts or final determinations of carry-in funding so revenue and expenses are based on estimates and assumptions. Some new projects are not yet fully determined or structured so funding is ear marked with details to be developed at a later date. The Final PY22 version of the budget prepared in the fall will be amended to show actual awards, carry-in funds, contract and project expenses.

The attached summary offers a breakdown of both revenues and expenses in the categories the Board is familiar with seeing.

Revenue Projections

Our revenue forecast for PY22 is **\$10,071,124**. This is **\$ 3 mil less** in total revenue than last year. There are two reasons for the decrease 1) smaller federal and consequent decrease in state WIOA formula allocations and 2) fewer new competitive grants than expiring competitive grants.

The WIOA Formula awards for PY22 are known as of this budget. They represent a decrease of **\$722,000 caused by 9.05% lower federal funding allocations and lower in-state allocations to PacMtn of 15.55%**.

Generally, with **competitive grants** we have done well on the **number awarded**, but the total **value is lower** than those that are expiring.



Additionally, this year we have budgeted a minimal amount of contract revenue expected from MyJob. Traditionally we have indicated a higher amount but have moved to a contract model and PacMtn no longer provides the services directly.

PacMtn will no longer be the provider of services for the WorkFirst Program through Commerce. Traditionally this program represented **more than \$1M** in revenue. This program is not a cost reimbursement program but a pay point contract. PacMtn has not realized a gain on the activity for the past 5 years. After much debate it has become clear PacMtn cannot sustain the losses associated with running the program and is ending the program in August 2022.

New Grants and Possible Funding

Economic Security for All funds (EcSA) STATE funding in the amount of **(\$562,444+)**, these funds are not WIOA and have lower restrictions on use. Much of this funding will flow directly to participant investments.

Economic Security for All funds (EcSA) FEDERAL funding anticipated in the amount of **(\$300,000+)**, these funds **ARE** WIOA formula funds.

Community Development Block Grant (CDBG) \$337k+ funds carried forward from PY21 offers staffing assistance for local Food Banks and Senior Food programs. This program braids PacMtn's mission with organizations that provide food programs during the pandemic by addressing critical shortfalls in staffing for these agencies.

Thurston Strong Job Champion Network funds carried forward from PY21 \$1,149,000 the model similar to the (CDBG funds). These dollars come from Thurston County's American Rescue Plan Act funding afforded to Thurston Strong. The money facilitates employment for Thurston County residents and enhances staffing and service delivery for community-based organizations significantly impacted by the pandemic.

City of Olympia Journey2Jobs in the amount of 625k+ is part of the Thurston Strong initiative. The program provides job-readiness services for the city's unhoused population. The program is designed to support the city's three primary services providers that are case managing this extremely complex group. The program invests wages and incentives for participants that range in readiness for employment, including those furthest from stability. This is a great opportunity for PacMtn to gain experience engaging this population and the primary community-based organizations that support them.



Continuing Specialty Grants Fund Work

Under contract to the Thurston County Jail PacMtn will continue provision of services for County residents in work release and in County supervision. The **PREP Program** is well received by individuals and Jail Command who recognize it as helpful to the economic, health and welfare recovery of individuals. This program is a cornerstone activity for PacMtn's Re-Entry Services body of work that builds upon and expands services provided through the opioid reduction grants.

Treatment Sales Tax (TST) is a local funding stream that works alongside federal and state funding such as Medicaid to meet mental health and substance use needs in Thurston County. Programs funded with TST aim to reduce justice involvement, emergency room use, health care costs, and public assistance.

TST is a 1/10 of 1% sales tax collected in Thurston County since 2009. In 2020, this tax generated \$6.9 million in revenue. Funds are used on a variety of services including treatment courts such as Drug Court, services at the Thurston County Correctional Facility, community programs, and programs serving youth and families. **PacMtn has received a grant of 205k** to fund an 18-month position to support incarcerated individuals transitioning out of facilities with the intention to connect them the WorkSource system. **135k** of the funding is budgeted for PY22.

Boeing has significantly reduced funding for AMP training at JBLM. We will use remaining carry-in and add the awarded \$80K and contract for provision of those services to maximize money available for training and placement of individuals in an aerospace career pathway.

PY22 brings two new funding sources available for use in the work at JBLM. First, is funding from Aerospace Joint Apprenticeship Committee (AJAC) to pay for the Airplane Mechanic Training (A&P) in the amount of **75k** half of which is budgeted in PY22. Second, our **Business Services contractor (Thurston Chamber)** has secured **112k** in funding from Lightweight Innovations for Tomorrow (LIFT) to be used to help pay for training at JBLM. This training is for occupations in the machining sector.

PY22 is 7th year of the **MyJOB partnership** with Juvenile Rehabilitation and Division Vocab Rehab. We are continuing our contract from PY21 and have available \$1.3 mil but expect to spend approximately **300K** of the funding as we start the new contract model.

In addition to the providing critical services these **competitive grants** play an important role in picking up portions of staff time, overhead and administration that helps share the burden with our WIOA Formula base grants.



Our **WIOA Formula grants reflect 49.1%** of the overall budget, higher than the last couple of years. While our competitive grants are now a lower percentage what we've experienced the last couple of years it is critical that we continue the diversification and pursuit of additional funding.

Expenses

Pursuant to the intentions of WIOA and State policy, the majority of our revenues are contracted back out to procured vendors to deliver services that adhere to the objectives of the award. In the Budget Summary these services are identified as either Direct Participant Services, Business Services & Solutions, Special Impact Projects, Misc. Contracts & Projects or Administrative Services. Our emphasis is on providing services that reach and add value for our customers- both job seekers and employers.

As noted in the Summary Chart Administrative Services decreased in this budget in total dollars. This year we remain as a percent of total expenditures around at 29% slightly down from PY21. A real reduction in administration dollars of **\$264k**. Reasons for this include:

1. **Shift in service delivery design** previously allowed the same staff costs to be dedicated to program/direct services vs. administration. In years past, some WIOA programs were allowed to continue direct services. That is no longer permitted and PacMtn now contracts for those services and those funds are sent out of the organization. All funds now retained by PacMtn are coded under an administrative line item.
2. **Decrease in staffing**, elimination of an accounting position and an LMI position in house. LMI is going out to contract and the additional work in accounting has been distributed to other employees who needed additional work. We have compensated those that have taken on additional responsibilities.
3. **Facility costs** (20% increase) for Thurston building resulted from increases for additional square footage and additional cost/per square foot.
4. **Staff salary** increases with proposed COLA.

Full Time Equivalency (FTE) changes in number and nature are reflected in the chart below.

	(FTE) Total	Direct Services	Administrative
PY22	17	1	16
PY21	31	8	23
PY20	35	19	16



For the most part the rest of the Administrative Budget is steady state. Please note these additional administrative proposed budget changes:

1. Decrease in Professional Services, Equipment, Supplies totaling 90k
2. Decrease in insurance costs 6k due to sales of cars.
3. Reduction in AmeriCorps staffing 45k
4. Note: on the budget an increased cost of 82,500 as a transfer to Unrestricted Funding. This is recorded as a cost but is not actually an expense, but PacMtn budgeting to replenish its Unrestricted Funding.

Critical Investments: New or Continuing

- **Integrated Service Delivery-\$60k:** As the service delivery model evolves, partner input play's a crucial in gain trust in the WorkSource system. This funding will be used to contract a neutral facilitator to convene partners and discuss the system design. Additionally, a funding model will be designed to support the One-Stop system (IFA).
- **PacMtn One-Stop Operator and Operations-- \$175k.** PacMtn's One Stop Operator cost 135K and there is 40k slated to support system development to continue the integrated service delivery of this region. Most of this funding is to drive system performance through communications, problem solving, project oversight and system training for the operation of the system. We additionally include funds for training and related supports.
- **Incumbent Worker Revolving Fund - \$30k:** This funding supports local employers in identified sectors providing training to upskill employees.

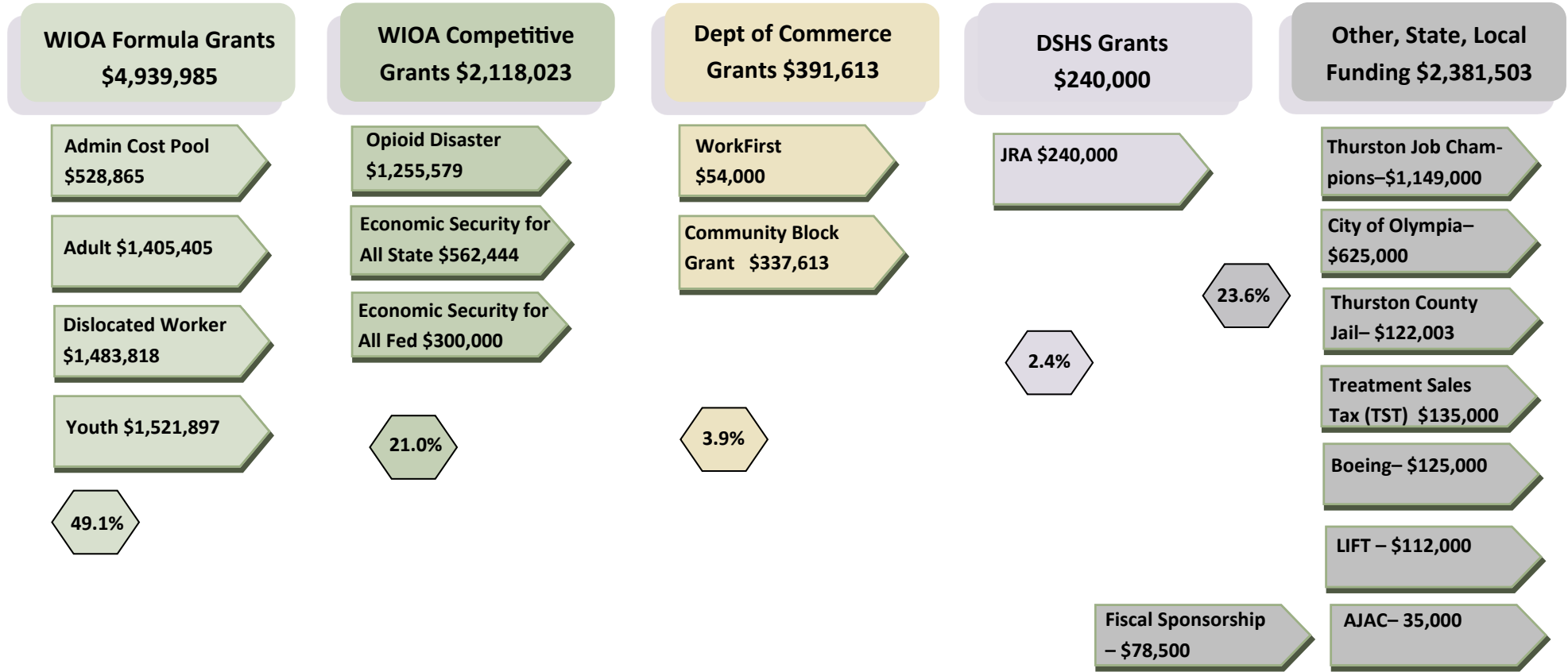
Recommending Motion to Approve

This budget reflects a progressive and thoughtful way to continue fulfilling our requirements and delivering quality workforce services in the region. We recommend a motion that:

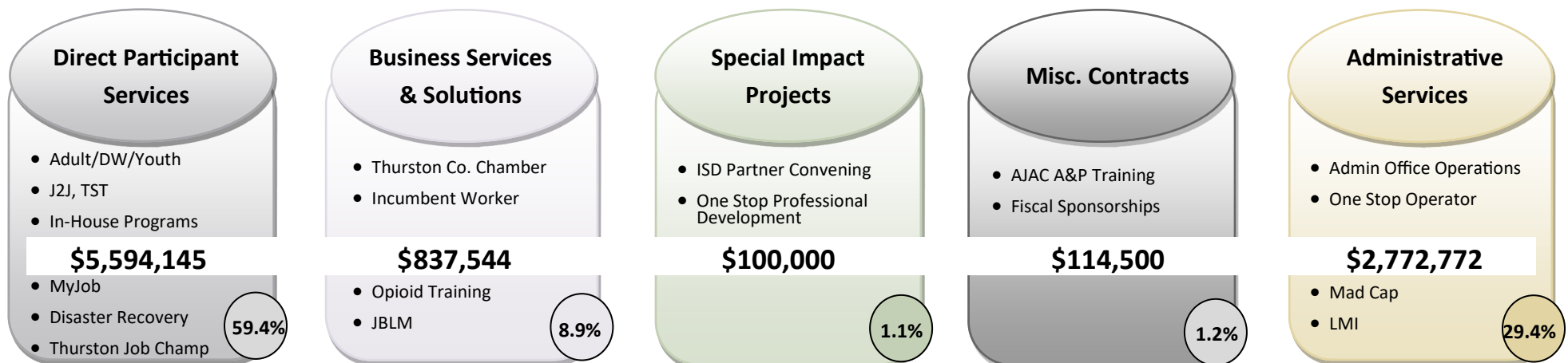
- Approves the PY22 Preliminary Final Budget, as presented or revised by the Executive Finance Committee.
- Directs staff to make final preparation for the full Board Discussion June 23 and the Elected Official review and vote July 29.



PY 22 Revenues - \$10,071,124



PY 22 Expenses - \$9,418,961



Pacific Mountain Workforce Development Council
Program Year 2022
July 1, 2022 - June 30, 2023
MOD Budget by Budget Category



	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total
Budgeted Revenues:						
<u>Workforce Innovation and Opportunity Act (WIOA) 'Formula' Grants</u>						
WIOA Admin Cost Pool (ACP)	-	-	-	-	528,865.00	528,865.00
WIOA Adult	755,886.38	125,000.00	32,666.67	6,000.00	485,851.95	1,405,405.00
WIOA Dislocated Worker	680,367.20	305,000.00	32,666.67	6,000.00	459,784.13	1,483,818.00
WIOA Youth	998,044.46	-	32,666.67	-	491,185.87	1,521,897.00
<i>Subtotal</i>	2,434,298.05	430,000.00	98,000.00	12,000.00	1,965,686.95	4,939,985.00
<u>'Competitive WIOA' Grants</u>						
Opioid Disaster NDWG (03/01/2022-09/30/23)	806,761.50	202,044.00	2,000.00	-	244,773.25	1,255,578.75
Economic Security for All (EcSA) (07/01/22-06/30/23)	410,000.00	-	-	-	152,444.00	562,444.00
Economic Security for All (EcSA) (07/01/22-06/30/23)	260,000.00	-	-	-	40,000.00	300,000.00
Opioid Reduction (8/1/18-07/31/21)	-	-	-	-	-	-
Opioid Humanitarian (01/01/19-07/31/2021)	-	-	-	-	-	-
Disaster Recovery (05/01/20-03/31/22)	-	-	-	-	-	-
Employment Recovery DWG (07/01/20-03/31/22)	-	-	-	-	-	-
Economic Security for All (EcSA) (05/30/21-03/31/23)	-	-	-	-	-	-
<i>Subtotal</i>	1,476,761.50	202,044.00	2,000.00	-	437,217.25	2,118,022.75
<u>Department of Commerce Grants</u>						
WorkFirst (Community Jobs)	24,000.00	-	-	-	30,000.00	54,000.00
Community Development Block Grant (CDBG)	296,612.95	-	-	-	41,000.00	337,612.95
Community Transition Assistance Program (CTAP)	-	-	-	-	-	-
<i>Subtotal</i>	320,612.95	-	-	-	71,000.00	391,612.95
<u>Department of Social & Health Services Grants</u>						
Juvenile Rehabilitation - My JOB	180,000.00	-	-	-	60,000.00	240,000.00
Basic Food Employment and Training (BFET) Program DSHS	-	-	-	-	-	-
<i>Subtotal</i>	180,000.00	-	-	-	60,000.00	240,000.00
<u>Other Grants</u>						
Thurston Job Champions Network	1,008,789.00	-	-	-	140,211.00	1,149,000.00
City of Olympia Journey to Jobs	526,982.00	-	-	-	98,018.00	625,000.00
Pacific County ARPA	-	-	-	-	-	-
Thurston County Jail Program (1/1/22 - 6/30/23)	9,000.00	-	-	-	113,003.00	122,003.00
Boeing	-	105,000.00	-	-	20,000.00	125,000.00
TST Community Grant	102,000.00	-	-	-	33,000.00	135,000.00
Lift (Lightweight Innovations for Tomorrow)	-	100,500.00	-	-	11,500.00	112,000.00
AJAC A&P	-	-	-	35,000.00	-	35,000.00
Fiscal Sponsorships	-	-	-	67,500.00	11,000.00	78,500.00
<i>Subtotal</i>	1,646,771.00	205,500.00	-	102,500.00	426,732.00	2,381,503.00
Total Revenue	6,058,443.50	837,544.00	100,000.00	114,500.00	2,960,636.20	10,071,123.70

	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total
Budgeted Expenditures:						
<u>Program Services</u>						
WIOA Formula						
Adult Contracted Programs	650,000.00	-	-	-	-	650,000.00
Dislocated Worker Contracted Programs	575,000.00	-	-	-	-	575,000.00
Youth Contracted Programs	925,000.00	-	-	-	-	925,000.00
Incumbent Worker Training	-	30,000.00	-	-	-	30,000.00
Business Services (Thurston Co. Chamber)	-	400,000.00	-	-	-	400,000.00
Region Wide Cohort Activity	-	-	-	-	-	-
Occupational Study	-	-	-	-	-	-
EDC Support	-	-	-	-	-	-
Title 1b closeout	-	-	-	12,000.00	-	12,000.00
One Stop Professional Development	-	-	38,000.00	-	-	38,000.00
ISD Partner Convening	-	-	60,000.00	-	-	60,000.00
<i>Subtotal</i>	2,150,000.00	430,000.00	98,000.00	12,000.00	-	2,690,000.00
<u>WIOA Competitive</u>						
Opioid Reduction (8/1/18-07/31/21)	-	-	-	-	-	-
Disaster Recovery	-	-	-	-	-	-
NDWG Economic Recovery	-	-	-	-	-	-
Opioid Disaster NDWG (03/01/2022-09/30/23)	806,761.50	202,044.00	2,000.00	-	-	1,010,805.50
EcSA State Funding	410,000.00	-	-	-	-	410,000.00
EcSA Federal Funding	260,000.00	-	-	-	-	260,000.00
<i>Subtotal</i>	1,476,761.50	202,044.00	2,000.00	-	-	1,680,805.50

	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total
Department of Commerce Grants						
<i>WorkFirst In-house Program Thurston, Mason, Lewis Co.</i>	24,000.00	-	-	-	-	24,000.00
<i>Community Development Block Grant (CDBG)</i>	296,612.95	-	-	-	-	296,612.95
<i>Community Transition Assistance Program (CTAP)</i>	-	-	-	-	-	-
<i>Subtotal</i>	320,612.95	-	-	-	-	320,612.95
Department of Social & Health Services Grants						
<i>Juvenile Rehabilitation - My JOB (7/1/21-6/30/22)</i>	-	-	-	-	-	-
<i>Basic Food Employment and Training (BFET) Program DSHS</i>	-	-	-	-	-	-
<i>Subtotal</i>	-	-	-	-	-	-
Other Grants						
<i>Thurston County Job Champions Network</i>	1,008,789.00	-	-	-	-	1,008,789.00
<i>City of Olympia Journey to Jobs</i>	526,982.00	-	-	-	-	526,982.00
<i>Pacific County ARPA</i>	-	-	-	-	-	-
<i>Thurston County Jail Program (1/1/21 - 12/31/21)</i>	9,000.00	-	-	-	-	9,000.00
<i>Boeing Grant used for A&P Training</i>	-	105,000.00	-	-	-	105,000.00
<i>TST Community Grant</i>	102,000.00	-	-	-	-	102,000.00
<i>Lift</i>	-	100,500.00	-	-	-	100,500.00
<i>AJAC A&P</i>	-	-	-	35,000.00	-	35,000.00
<i>Fiscal Sponsorships</i>	-	-	-	67,500.00	-	67,500.00
<i>Subtotal</i>	1,646,771.00	205,500.00	-	102,500.00	-	1,954,771.00
Program Expense Total	5,594,145.45	837,544.00	100,000.00	114,500.00	-	6,646,189.45

Administrative Services						
Administrative Office Operations						
Salaries					1,297,493.88	1,297,493.88
Benefits					592,092.68	592,092.68
Travel & Training					66,480.00	66,480.00
Professional Services					155,300.00	155,300.00
Facilities					237,689.00	237,689.00
Supplies & Communications					54,570.00	54,570.00
Equip/Maintenance/Rentals					10,620.00	10,620.00
Depreciation					12,182.00	12,182.00
Insurance					14,500.00	14,500.00
Memberships					18,344.00	18,344.00
Misc.					13,000.00	13,000.00
AmeriCorps					-	-
<i>Transfer to Unrestricted</i>					82,500.00	82,500.00
Admin Office Subtotal					2,554,771.55	2,554,771.55
Other Activities						
CEO Recruitment					-	-
LMI					35,000.00	35,000.00
Mad Cap (media)					48,000.00	48,000.00
Other Subtotal					83,000.00	83,000.00
One Stop Operator					135,000.00	135,000.00
One Stop Operator Subtotal					135,000.00	135,000.00
Administrative Expense Total					2,772,771.55	2,772,771.55

Total Expenditures	5,594,145.45	837,544.00	100,000.00	114,500.00	2,772,771.55	9,418,961.00
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<i>Admin Office Formula Carry Forward to PY23</i>	99,235
<i>Admin Office Carry Forward Ongoing Grants to PY23</i>	79,019
<i>Program Carry Forward Ongoing Grants to PY23</i>	284,298
Total Carry Forward to PY23	462,552

Pacific Mountain Workforce Development Council
Program Year 2022
July 1, 2022 - June 30, 2023
Mod Budget Comparison



	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total-PY22 Prelim	Total-PY21 MOD	Difference	Comments
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Budgeted Revenues:

Workforce Innovation and Opportunity Act (WIOA) 'Formula' Grants

WIOA Admin Cost Pool (ACP)	-	-	-	-	528,865.00	528,865.00	640,905.37	(112,040.37)	Statewide Decrease in Funding
WIOA Adult	755,886.38	125,000.00	32,666.67	6,000.00	485,851.95	1,405,405.00	1,641,354.00	(235,949.00)	Statewide Decrease in Funding
WIOA Dislocated Worker	680,367.20	305,000.00	32,666.67	6,000.00	459,784.13	1,483,818.00	2,084,881.00	(601,063.00)	Statewide Decrease in Funding
WIOA Youth	998,044.46	-	32,666.67	-	491,185.87	1,521,897.00	1,704,240.00	(182,343.00)	Statewide Decrease in Funding
<i>Subtotal</i>	2,434,298.05	430,000.00	98,000.00	12,000.00	1,965,686.95	4,939,985.00	6,071,380.37	(1,131,395.37)	

'Competitive WIOA' Grants

Opioid Disaster NDWG (03/01/2022-09/30/23)	806,761.50	202,044.00	2,000.00	-	244,773.25	1,255,578.75	1,500,000.00	(244,421.25)	Some Funds Spent in PY21 and Carryover to PY23
Economic Security for All (EcSA) (07/01/22-06/30/23)	410,000.00	-	-	-	152,444.00	562,444.00	-	562,444.00	New Funding
Economic Security for All (EcSA) (07/01/22-06/30/23)	260,000.00	-	-	-	40,000.00	300,000.00	-	300,000.00	New Funding
Opioid Reduction (8/1/18-07/31/21)	-	-	-	-	-	-	15,622.51	(15,622.51)	Funding Concluded
Opioid Humanitarian (01/01/19-07/31/2021)	-	-	-	-	-	-	5,216.34	(5,216.34)	Funding Concluded
Disaster Recovery (05/01/20-03/31/22)	-	-	-	-	-	-	471,091.00	(471,091.00)	Funding Concluded
Employment Recovery DWG (07/01/20-03/31/22)	-	-	-	-	-	-	1,023,000.00	(1,023,000.00)	Funding Concluded
Economic Security for All (EcSA) (05/30/21-03/31/23)	-	-	-	-	-	-	13,390.32	(13,390.32)	Funding Concluded
<i>Subtotal</i>	1,476,761.50	202,044.00	2,000.00	-	437,217.25	2,118,022.75	3,028,320.17	(910,297.42)	

Department of Commerce Grants

WorkFirst (Community Jobs)	24,000.00	-	-	-	30,000.00	54,000.00	528,961.44	(474,961.44)	Will Be Concluding Funding in August
Community Development Block Grant (CDBG)	296,612.95	-	-	-	41,000.00	337,612.95	722,500.00	(384,887.05)	Funds Carried over to new PY
Community Transition Assistance Program (CTAP)	-	-	-	-	-	-	250,000.00	(250,000.00)	Funding Concluded
<i>Subtotal</i>	320,612.95	-	-	-	71,000.00	391,612.95	1,501,461.44	(1,109,848.49)	

Department of Social & Health Services Grants

Juvenile Rehabilitation - My JOB	180,000.00	-	-	-	60,000.00	240,000.00	161,247.85	78,752.15	Moved to Contracted Model
Basic Food Employment and Training (BFET) Program DSHS	-	-	-	-	-	-	30,000.00	(30,000.00)	Not Pursuing funding
<i>Subtotal</i>	180,000.00	-	-	-	60,000.00	240,000.00	191,247.85	48,752.15	

Other Grants

Thurston Job Champions Network	1,008,789.00	-	-	-	140,211.00	1,149,000.00	1,300,000.00	(151,000.00)	Funds Spent in PY21
City of Olympia Journey to Jobs	526,982.00	-	-	-	98,018.00	625,000.00	625,000.00	-	
Pacific County ARPA	-	-	-	-	-	-	15,000.00	(15,000.00)	Program Concluded
Thurston County Jail Program (1/1/22 - 6/30/23)	9,000.00	-	-	-	113,003.00	122,003.00	122,003.00	-	Steady Funding
Boeing	-	105,000.00	-	-	20,000.00	125,000.00	219,600.00	(94,600.00)	Reduction In Grant
TST Community Grant	102,000.00	-	-	-	33,000.00	135,000.00	-	135,000.00	New Funding
Lift (Lightweight Innovations for Tomorrow)	-	100,500.00	-	-	11,500.00	112,000.00	-	112,000.00	New Funding
AJAC A&P	-	-	-	35,000.00	-	35,000.00	-	35,000.00	New Funding
Fiscal Sponsorships	-	-	-	67,500.00	11,000.00	78,500.00	-	78,500.00	New Funding
<i>Subtotal</i>	1,646,771.00	205,500.00	-	102,500.00	426,732.00	2,381,503.00	2,281,603.00	99,900.00	

Total Revenue	6,058,443.50	837,544.00	100,000.00	114,500.00	2,960,636.20	10,071,123.70	13,074,012.83	(3,002,889.13)	Decrease In Revenue
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	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total-PY22 Prelim	Total-PY21 MOD	Difference	Comments
Budgeted Expenditures:									
Program Services	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total-PY22 Prelim	Total-PY21 MOD	Difference	
<u>WIOA Formula</u>									
Adult Contracted Programs	650,000.00	-	-	-	-	650,000.00	870,000.00	(220,000.00)	Lower Funding available
Dislocated Worker Contracted Programs	575,000.00	-	-	-	-	575,000.00	870,000.00	(295,000.00)	Lower Funding available
Youth Contracted Programs	925,000.00	-	-	-	-	925,000.00	1,165,000.00	(240,000.00)	Lower Funding available
Incumbent Worker Training	-	30,000.00	-	-	-	30,000.00	50,000.00	(20,000.00)	Lower Funding available
Business Services (Thurston Co. Chamber)	-	400,000.00	-	-	-	400,000.00	400,000.00	-	
Region Wide Cohort Activity	-	-	-	-	-	-	125,000.00	(125,000.00)	Concluded Activity
Occupational Study	-	-	-	-	-	-	35,000.00	(35,000.00)	Concluded Activity
EDC Support	-	-	-	-	-	-	75,000.00	(75,000.00)	Concluded Activity
Title 1b closeout	-	-	-	12,000.00	-	12,000.00	-	12,000.00	Contract with CPS to conclude work
One Stop Professional Development	-	-	38,000.00	-	-	38,000.00	-	38,000.00	
ISD Partner Convening	-	-	60,000.00	-	-	60,000.00	-	60,000.00	
Subtotal	2,150,000.00	430,000.00	98,000.00	12,000.00	-	2,690,000.00	3,590,000.00	(900,000.00)	
<u>WIOA Competitive</u>									
Opioid Reduction (8/1/18-07/31/21)	-	-	-	-	-	-	7,979.77	(7,979.77)	Concluded Activity
Disaster Recovery	-	-	-	-	-	-	395,825.61	(395,825.61)	Concluded Activity
NDWG Economic Recovery	-	-	-	-	-	-	938,602.97	(938,602.97)	Concluded Activity
Opioid Disaster NDWG (03/01/2022-09/30/23)	806,761.50	202,044.00	2,000.00	-	-	1,010,805.50	400,000.00	610,805.50	Program Funding allocated to PY22
EcSA State Funding	410,000.00	-	-	-	-	410,000.00	-	410,000.00	
EcSA Federal Funding	260,000.00	-	-	-	-	260,000.00	-	260,000.00	
Subtotal	1,476,761.50	202,044.00	2,000.00	-	-	1,680,805.50	1,742,408.35	(61,602.85)	
<u>Department of Commerce Grants</u>									
WorkFirst In-house Program Thurston, Mason, Lewis Co.	24,000.00	-	-	-	-	24,000.00	360,000.00	(336,000.00)	Reduction in staffing allocation to program
Community Development Block Grant (CDBG)	296,612.95	-	-	-	-	296,612.95	541,875.00	(245,262.05)	Carryover of funding
Community Transition Assistance Program (CTAP)	-	-	-	-	-	-	187,000.00	(187,000.00)	New program
Subtotal	320,612.95	-	-	-	-	320,612.95	1,088,875.00	(768,262.05)	
<u>Department of Social & Health Services Grants</u>									
Juvenile Rehabilitation - My JOB (7/1/21-6/30/22)	-	-	-	-	-	-	100,000.00	(100,000.00)	Running on a subcontract
Basic Food Employment and Training (BFET) Program DSHS	-	-	-	-	-	-	15,000.00	(15,000.00)	Closed Programs
Subtotal	-	-	-	-	-	-	115,000.00	(115,000.00)	

	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total-PY22 Prelim	Total-PY21 MOD	Difference	Comments
<i>Other Grants</i>									
Thurston County Job Champions Network	1,008,789.00	-	-	-	-	1,008,789.00	450,000.00	558,789.00	
City of Olympia Journey to Jobs	526,982.00	-	-	-	-	526,982.00	155,000.00	371,982.00	
Pacific County ARPA	-	-	-	-	-	-	15,000.00	(15,000.00)	Concluded work in PY21
Thurston County Jail Program (1/1/21 - 12/31/21)	9,000.00	-	-	-	-	9,000.00	54,003.00	(45,003.00)	Tracking Salaries on project as an Admin Charge
Boeing Grant used for A&P Training	-	105,000.00	-	-	-	105,000.00	190,000.00	(85,000.00)	Changed to Calendar year budget
TST Community Grant	102,000.00	-	-	-	-	102,000.00	-	102,000.00	New Grant
Lift	-	100,500.00	-	-	-	100,500.00	-	100,500.00	New Grant
AJAC A&P	-	-	-	35,000.00	-	35,000.00	-	35,000.00	New Grant
Fiscal Sponsorships	-	-	-	67,500.00	-	67,500.00	-	67,500.00	
Subtotal	1,646,771.00	205,500.00	-	102,500.00	-	1,954,771.00	864,003.00	1,090,768.00	
Program Expense Total	5,594,145.45	837,544.00	100,000.00	114,500.00	-	6,646,189.45	7,400,286.35	(754,096.90)	

	Direct Participant Services	Business Services & Solutions	Special Impact Projects	Misc. Contracts & Projects	Administrative Services	Total-PY22 Prelim	Total-PY21 MOD	Difference	Comments
Administrative Services									
<u>Administrative Office Operations</u>									
Salaries					1,297,493.88	1,297,493.88	1,515,256.69	(217,762.81)	Reduction in staffing
Benefits					592,092.68	592,092.68	644,701.46	(52,608.78)	Reduction in staffing
Travel & Training					66,480.00	66,480.00	42,150.00	24,330.00	
Professional Services					155,300.00	155,300.00	196,950.00	(41,650.00)	
Facilities					237,689.00	237,689.00	226,587.00	11,102.00	
Supplies & Communications					54,570.00	54,570.00	75,175.00	(20,605.00)	
Equip/Maintenance/Rentals					10,620.00	10,620.00	34,348.00	(23,728.00)	
Depreciation					12,182.00	12,182.00	7,988.00	4,194.00	
Insurance					14,500.00	14,500.00	21,000.00	(6,500.00)	Sold Vehicles
Memberships					18,344.00	18,344.00	12,194.00	6,150.00	
Misc.					13,000.00	13,000.00	13,000.00	-	
AmeriCorps					-	-	45,000.00	(45,000.00)	
Transfer to Unrestricted					82,500.00	82,500.00	-	82,500.00	
Admin Office Subtotal					2,554,771.55	2,554,771.55	2,834,350.15	(279,578.60)	
<u>Other Activities</u>									
CEO Recruitment					-	-	25,000.00	(25,000.00)	
LMI					35,000.00	35,000.00	-	35,000.00	
Mad Cap (media)					48,000.00	48,000.00	-	48,000.00	
Transition Subtotal					83,000.00	83,000.00	25,000.00	58,000.00	
<u>One Stop Operator</u>									
One Stop Operator Subtotal					135,000.00	135,000.00	95,000.00	40,000.00	
Administrative Expense Total					2,772,771.55	2,772,771.55	2,954,350.15	(181,578.60)	
Total Expenditures	5,594,145.45	837,544.00	100,000.00	114,500.00	2,772,771.55	9,418,961.00	10,354,636.50	(935,675.50)	

<i>Admin Office Formula Carry Forward to PY23</i>	<i>99,235</i>	<i>364,518</i>
<i>Admin Office Carry Forward Ongoing Grants to PY23</i>	<i>79,019</i>	<i>622,210</i>
<i>Program Carry Forward Ongoing Grants to PY23</i>	<i>284,298</i>	<i>1,741,581</i>
<i>Total Carry Forward to PY23</i>	<i>462,552</i>	<i>2,728,309</i>