

# Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

- 1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
- 2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. Downloading is important as you will not be receiving a paper copy. You have 120 days to download.

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above :



#### CLAconnect.com

#### CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See <u>CLAglobal.com/disclaimer</u>. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.



CLIFTONLARSONALLEN LLP 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004

> SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL 2003 WESTERN AVENUE, 250 SEATTLE, WA 98121

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CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

May 9, 2023

Seattle-King County Workforce Development Council 2003 Western Avenue 250 Seattle, WA 98121

Seattle-King County Workforce Development Council:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

# FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

# A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

# SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2022

Form <b>8</b>	879-TE		IRS	e-file Signature Authorization for a Tax Exempt Entity	ŀ	OMB No. 1545-0047			
		For calendar ye	ear 2021, or fiscal	year beginning <u>JUL 1</u> , 2021, and ending <u>JUN 30</u>	, 20 <u>2 2</u>	2021			
Departme	nt of the Treasury			Do not send to the IRS. Keep for your records.		202 I			
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Maine UI		PMENT C		WORKFORCE	91-20	51978			
Name ar	Id title of officer or p			IE KUROSE		51570			
Numo u		-	CEO						
Part	I Type of	Return and	l Return l	nformation					
Form 53 or <b>10a</b> whiche	330 filers may ente below, and the am	er dollars and o ount on that li	cents. For all ne for the ret	this Form 8879-TE and enter the applicable amount, if any, fi other forms, enter whole dollars only. If you check the box or urn being filed with this form was blank, then leave line <b>1b</b> , <b>2</b> if you entered -0- on the return, then enter -0- on the applicable	n line 1a, 2a, 3 2b, 3b, 4b, 5b, 4	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,			
1a	Form 990 check	here Þ		otal revenue, if any (Form 990, Part VIII, column (A), line 12)					
2a	Form 990-EZ ch			otal revenue, if any (Form 990-EZ, line 9)		2b			
3a	Form 1120-POL			otal tax (Form 1120-POL, line 22)		3b			
4a -	Form 990-PF che			ax based on investment income (Form 990-PF, Part V, line		4b			
5a	Form 8868 check Form 990-T check			alance due (Form 8868, line 3c)		5b			
6a 7a	Form 990-1 check			otal tax (Form 990-T, Part III, line 4) otal tax (Form 4720, Part III, line 1)		6b			
7a 8a	Form 5227 check			MV of assets at end of tax year (Form 5227, Item D)		7b 8b			
oa 9a	Form 5330 check			ax due (Form 5330, Part II, line 19)		9b			
	Form 8038-CP c			mount of credit payment requested (Form 8038-CP, Part II		10b			
Part			gnature A	uthorization of Officer or Person Subject to Ta	ax				
of entity 2021 el comple interme acknow of any r entry to financia later tha paymer persona	<ul> <li>ectronic return and te. I further declard diate service providedgement of recercing effund. If applicable the financial institution to deban 2 business days to of taxes to receiral identification numbers of the section of the return's as my signature with a state age on the return's section. If I have</li> </ul>	d accompanyir e that the amo ider, transmitte ipt or reason f e, I authorize ti tution account if the entry to s prior to the p ve confidential mber (PIN) as r <b>LIFTONILA</b> e on the tax ye ency(ies) regula disclosure con person subject indicated with	ar 2021 elect ating charities sent screen. the U.S. Treas indicated in this account ayment (sett information my signature <b>RSONAL</b> ar 2021 elect ating charities sent screen. to tax with in this return	an officer of the above entity or I am a person subject to, (EIN) a, (EIN) a and statements, and, to the best of my knowledge and belie above is the amount shown on the copy of the electronic return is the amount shown on the copy of the electronic return originator (ERO) to send the return to the IRS and to f the transmission, (b) the reason for any delay in processing sury and its designated Financial Agent to initiate an electron the tax preparation software for payment of the federal taxes. To revoke a payment, I must contact the U.S. Treasury Fina lement) date. I also authorize the financial institutions involve necessary to answer inquiries and resolve issues related to the for the electronic return and, if applicable, the consent to electronically filed return. If I have indicated within this return that is as part of the IRS Fed/State program, I also authorize the a respect to the entity, I will enter my PIN as my signature on t that a copy of the return is being filed with a state agency(ier Pion the return's disclosure consent screen.	nd that I have a of, they are true im. I consent to o receive from to g the return or ri- ic funds withdr o wed on this r ncial Agent at 1 d in the procession he payment. I he ectronic funds v to enter my PII a copy of the ri- forementioned he tax year 202	examined a copy of the correct, and b allow my the IRS (a) an refund, and (c) the date awal (direct debit) eturn, and the I-888-353-4537 no sing of the electronic ave selected a vithdrawal. N <u>51978</u> Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN PI electronically filed arities as part of the			
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Do Not Submit This Form to the IRS Unless Requested To Do So									
lha F	or Privacy act an	a Paperwork	Reduction A	ct Notice, see instructions.		Form <b>8879-TE</b> (2021)			
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ended       SEATTLE-KING COUNTY WORKPORCE         Data basedes as       91-2051976         Data basedes as       Parabolic and the set of the stand address of province, country, and ZP or foreign postal code         Start       SEATTLE, AN 96121         Province       Parabolic and the set of province, country, and ZP or foreign postal code         Start       SEATTLE, AN 96121         F Name and address of principal officer MARIE KUROSE       High set as concentration         I Tracescent status       X 1501(3)         J Website > WWW. SEATINOVC - ORG       Marine All dores of principal officer MARIE KUROSE         K Torm formation:       Number of address of principal officer MARIE KUROSE         K Torm formation:       The description number         Y Website > WWW. SEATINOVC - ORG         A lobolic of organization:       The description number         K Torm formation:       The description number         Y Berker Start       Start The generation of the operation of sociation is one disposed of more than 25% of its net assets.         Number of individual endopy end V, line 1a)       1         S Number of individual endopy end V, line 1a)       1         S Contributions and genes fram VIII. Inter 20       1         Number of individual endopy end V, line 1a)       1         S Number of indidual and endopy end V, line 1a)       <	<u>a f</u>	or the	e 2021 calend	ar year, or tax year beginning JUL 1,2021 and ending	JUN 30, 2022	
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Briefly describe the organization's mission or most significant activities:       SEE       SCHEDULE O         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         4       Number of voluing members of the governing body (Part VI, line 1a)       3       24         4       Number of volunteers (estimate if necessary)       6       22         7       Total number of volunteers (estimate if necessary)       6       24         7       Total number of volunteers (estimate if necessary)       6       24         7       Total number of volunteers (estimate if necessary)       6       24         9       Total number of volunteers (estimate if necessary)       7a       0.         9       Program service revenue (Part VIII, column (A), line 12       7a       0.         9       Program service revenue (Part VIII, column (A), lines 5, 48, 8c, ec, 10c, and 11e)       10, 081, 561.       11, 286, 517.         10       Investment income (Part VIII, column (A), lines 5, 40, 8c, ec, 10c, and 11e)       0.       0.       0.         12       Total revenue add lines 8 through 11 fmust equal Part VIII, column (A), lines 13:       10, 081, 561.       11, 286, 517.       11, 286, 517.         13       Grants and similar amounts paid (Part K, column (A), lines 13:       0.				<b>X</b> Corporation I rust Association Uther $\blacktriangleright$ <b>L</b> Ye	ear of formation: 2000 N	State of legal domicile: WA
2       Check this box <ul> <li>If the organization discontinued its operations or disposed of more than 25% of its net assets.</li> </ul> 3       Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>4</u>	Fa			CEE COUER		
b Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         U.           B Net unrelated business taxable income from Form 990-T, Part I, line 11         Ib         Ib<	é	1	Briefly describ	e the organization's mission or most significant activities: <u>SEE SCHEL</u>		
b Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         U.           B Net unrelated business taxable income from Form 990-T, Part I, line 11         Ib         Ib<	anc					
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B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         0.         14,144,510.         16,132,138.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,8066.         0.           12         Total revenue -add lines 5, 6d, 8c, 9c, 10c, and 11e)         14,146,316.         16,132,138.           13         Grants and similar amounts paid (Part IX, column (A), lines 13)         10,081,561.         11,826,517.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)         2,399,904.         2,610,496.           17         Other expenses (Part IX, column (A), line 12)         0.         0.         0.           18         Total expenses (Part IX, column (A), line 12)         1,107,014.         785,848.           18         Total expenses. Subtract line 18 from line 12         557,837.         909,277.           19         Revenue less expenses. Subtract line 18 from line 12         2,736,336.         3,002,451.	Ac	1				
B         Contributions and grants (Part VIII, line 1h)         14,144,510.         16,132,138.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         1,806.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)         14,146,316.         16,132,138.           13         Grants and similar amounts paid (Part X, column (A), lines 13)         10,081,561.         11,826,517.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         2,399,904.         2,610,496.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         2,399,904.         2,610,496.           16         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), line 110, 11724e)         1,107,014.         785,848.           18         Total sestes (Part X, line 16)         1,557,837.         909,277.         Beginning of Current Year           20         Total assets (Part X, line 26)         2,736,336.         3,002,451.         2,736,336.         3,002,451.           21		<u>d</u>	Net unrelated			
9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)       1, 806.       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       10, 081, 561.       11, 1, 826, 517.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       10, 081, 561.       11, 826, 517.         14       Benefits paid to or for members (Part IX, column (A), lines 5.10)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       13, 588, 479.       15, 222, 861.       13, 588, 479.       15, 222, 861.         19       Revenue less expenses. Subtract line 18 from line 20       1, 507, 577.       856, 993.       14, 241, 912.       3, 861, 4444.         2.1       Total assets (Part X, line 16)       2, 736, 336.       3, 002, 451.       1,		0	Contributions	and grants (Part )/III line 1b)		
11       Other revenue (rart Viii, column (A), lines 5, 6d, 8d, 9d, 10d, and 11e)       14, 14d, 316.       16, 132, 138.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       14, 14d, 316.       16, 132, 138.         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       2, 399, 904.       2, 610, 496.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	ne			F		
11       Other revenue (rart Viii, column (A), lines 5, 6d, 8d, 9d, 10d, and 11e)       14, 14d, 316.       16, 132, 138.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       14, 14d, 316.       16, 132, 138.         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       2, 399, 904.       2, 610, 496.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	ver	1	•	F		
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       14, 146, 316.       16, 132, 138.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       10, 081, 561.       11, 826, 517.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.       0.         16       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.       0.       0.         19       Revenue less expenses (Part IX, column (A), line 11e)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	Re					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       10,081,561.       11,826,517.         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), line 5:10)       2,399,904.       2,610,496.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       0.       1,107,014.       785,848.         18       Total fundraising expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       13,588,479.       15,222,861.         19       Revenue less expenses. Subtract line 18 from line 12       557,837.       909,277.         19       Revenue less expenses. Subtract line 21 from line 20       1,505,576.       858,993.         20       Total assets (Part X, line 26)       2,736,336.       3,002,451.         21       Total liabilities (Part X, line 26)       1,505,576.       858,993.         22       Total liabilities 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 complex benefits and title       5/11/2023       5/11/2023         Sign       Marit B KUROSE, CEO       Date       P						
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2, 399, 904.       2, 610, 496.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1, 107, 014.       785, 848.       13, 588, 479.       15, 222, 861.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       13, 588, 479.       15, 222, 861.         19       Revenue less expenses. Subtract line 18 from line 12       557, 837.       909, 277.         20       Total assets (Part X, line 16)       2, 736, 336.       3, 002, 451.         21       Total assets (Part X, line 26)       2, 736, 336.       3, 002, 451.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 505, 576.       858, 993.         Part II       Signature Block       Signature Block       0.       901380103         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 t						
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2,399,904.       2,610,496.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (A), line 25)       0.       1,107,014.       785,848.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,107,014.       785,848.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       13,588,479.       15,222,861.         19       Revenue less expenses. Subtract line 18 from line 12       557,837.       909,277.         20       Total assets (Part X, line 16)       2,736,336.       3,002,451.         21       Total liabilities (Part X, line 26)       2,736,336.       3,002,451.         22       Not assets of part y, 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 comfined WedgeMalon of preparer (other than officer) is based on all information of which preparer has any knowledge.       011/12/023         Sign       MaRIE KUROSE, CEO       Type or print name and title       P111/2023       Date         Preparer       MaRIE KUROSE, CEO       05/09/21       #temployed       P01380103         Firm's name		1		F C C C C C C C C C C C C C C C C C C C		
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       0.       1,107,014.       785,848.         17 Other expenses (Part IX, column (A), line 11a 11d, 11f-24e)       1,107,014.       785,848.       13,588,479.       15,222,861.         19 Revenue less expenses. Subtract line 18 from line 12       557,837.       909,277.       Beginning of Current Year       End of Year         20 Total assets (Part X, line 16)       2,736,336.       3,002,451.       2,736,336.       3,002,451.         21 Total liabilities (Part X, line 26)       2,736,336.       3,002,451.       2,736,336.       3,002,451.         22 Net assets or fund balances. Subtract line 21 from line 20       1,505,576.       858,993.       Part II         Signature Block         Under sets of prijury, 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 Weigh alon of preparer (other than officer) is based on all information of which preparer has any knowledge.       \$11/2023         Sign       MARIE KUROSE, CEO       Date       P11/2023         Type or print name and title       05/09/23       sid-employed       P01380103         Preparer's name       CLIFTONLARSONALLEN LLP       Firm's address       10	Ś				2,399,904.	2,610,496.
10       Other expenses (Part X, column (A), lines traind, fin24e)       11, 10, 10, 10, 10, 10, 10, 10, 10, 10,	ISe	16a			0.	
10       Other expenses (Part X, column (A), lines traind, fin24e)       11, 10, 10, 10, 10, 10, 10, 10, 10, 10,	ber	b				
19       Revenue less expenses. Subtract line 18 from line 12       557,837.       909,277.         19       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       4,241,912.       3,861,444.         21       Total liabilities (Part X, line 26)       2,736,336.       3,002,451.         22       Net assets or fund balances. Subtract line 21 from line 20       1,505,576.       858,993.         Part II       Signature Block       1,505,576.       858,993.         Wet assets or fund balances. Subtract line 21 from line 20         Interset 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 Weddwin of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Marx IE KUROSE, CEO       Date         Marx IE KUROSE, CEO       Date       P11/2023         Sign Here       Print/Type preparer's name       Preparer's signature       Date         Marx IE KUROSE, CEO       Type or print name and title       P11/2023       P11/2023         Paid       Printy s name       CLIFTONLARSONALLEN LLP       Firm's cIN ▶ 41-0746749         Firm's address ▶ 10700 NORTHUP WAY, SUITE 200       Phone no.425-250-6100       Phone no.425-250-6100 <td>ш</td> <td>17</td> <td>Other expense</td> <td>es (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td>1,107,014.</td> <td>785,848.</td>	ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,107,014.	785,848.
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       4, 241, 912.       3, 861, 444.         2, 736, 336.       3, 002, 451.       1, 505, 576.       858, 993.         Part II       Signature Block       1, 505, 576.       858, 993.         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: Swedingsion of preparer (other than officer) is based on all information of which preparer has any knowledge.       5/11/2023         Sign       Mark IE KUROSE, CEO       Date       9/11/2023         Print/Type preparer's name       Preparer's signature       Date       P118         Firm's name LCLIFTONLARSONALLEN LLP       Firm's EIN ↓ 41-0746749       9/1380103         Firm's address ↓ 10700 NORTHUP WAY, SUITE 200       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes № No		18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,588,479.	15,222,861.
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: Stepdation of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       MARIE KUROSE, CEO         Type or print name and title       Date         PrintType preparer's name       Preparer's signature         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         Firm's name       CLIFTONLARSONALLEN LLP         Firm's address       10700         BELLEVUE, WA 98004       Phone no. 425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes			Revenue less	expenses. Subtract line 18 from line 12	557,837.	909,277.
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: Stepdation of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       MARIE KUROSE, CEO         Type or print name and title       Date         PrintType preparer's name       Preparer's signature         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         Firm's name       CLIFTONLARSONALLEN LLP         Firm's address       10700         BELLEVUE, WA 98004       Phone no. 425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	Ces			_	Beginning of Current Year	
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: Stepdation of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       MARIE KUROSE, CEO         Type or print name and title       Date         PrintType preparer's name       Preparer's signature         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         Firm's name       CLIFTONLARSONALLEN LLP         Firm's address       10700         BELLEVUE, WA 98004       Phone no. 425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	sets alan	20	Total assets (F	Part X, line 16)		
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: Strenghration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign	tAs					
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: Stretch ation of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of filestase.         Bate       MARIE KUROSE, CEO         Type or print name and title       Date         Print/Type preparer's name       Preparer's signature         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         Firm's name       CLIFTONLARSONALLEN LLP         Firm's address       10700 NORTHUP WAY, SUITE 200         BELLEVUE, WA 98004       Phone no. 425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	ER I				1,505,576.	858,993.
true, correct, and complete. Stephation of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARIE KUROSE, CEO Type or print name and title Print/Type preparer's name Preparer's signature ALLEN GILBERT, CPA ALLEN GILBERT, CPA 05/09/23 total and total print's estimation of the print's estimation of			_			
Sign       Signature of fillers         Here       MARIE KUROSE, CEO         Type or print name and title       Date         Paid       Print/Type preparer's name         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         Firm's name       CLIFTONLARSONALLEN LLP         Firm's address       10700 NORTHUP WAY, SUITE 200         BELLEVUE, WA 98004       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes						knowledge and belief, it is
Sign Here       MARIE KUROSE, CEO Type or print name and title       Date         Paid Preparer       Print/Type preparer's name ALLEN GILBERT, CPA       Preparer's signature ALLEN GILBERT, CPA       Date O5/09/23       PTIN if self-employed       POI380103         Preparer       Firm's name       CLIFTONLARSONALLEN LLP       Firm's EIN       41-0746749         Use Only       Firm's address       10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	true,	correc			rer has any knowledge. 5/11/2023	
Here       MARIE KUROSE, CEO Type or print name and title         Paid       Print/Type preparer's name ALLEN GILBERT, CPA       Preparer's signature ALLEN GILBERT, CPA       Date 05/09/23       Check if getf-employed       PTIN P01380103         Preparer       Firm's name Firm's name       CLIFTONLARSONALLEN LLP Firm's address       Date 05/09/23       P01380103         Firm's saddress       10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004       Firm's EIN       41-0746749         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No						
Type or print name and title         Print/Type preparer's name       Preparer's signature         ALLEN GILBERT, CPA       ALLEN GILBERT, CPA         Preparer       Firm's name         Vise Only       CLIFTONLARSONALLEN LLP         Firm's address       10700 NORTHUP WAY, SUITE 200         BELLEVUE, WA 98004       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes					Dale	
Print/Type preparer's name       Preparer's signature       Date       Check       PTIN         Print/Type preparer's name       ALLEN GILBERT, CPA       ALLEN GILBERT, CPA       05/09/23       If       P01380103         Preparer       Firm's name       CLIFTONLARSONALLEN LLP       Firm's EIN       41-0746749         Use Only       Firm's address       10700 NORTHUP WAY, SUITE 200       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	Her	е				
Paid       ALLEN GILBERT, CPA       ALLEN GILBERT, CPA       05/09/23       if       point         Preparer       Firm's name       CLIFTONLARSONALLEN LLP       Firm's EIN       41-0746749         Use Only       Firm's address       10700 NORTHUP WAY, SUITE 200       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No			,		Date Chack	PTIN
Preparer       Firm's name       CLIFTONLARSONALLEN       LLP       Firm's EIN       41-0746749         Use Only       Firm's address       10700       NORTHUP WAY, SUITE 200       Phone no. 425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	Deta					
Use Only       Firm's address       10700       NORTHUP WAY, SUITE 200         BELLEVUE, WA 98004       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No						
BELLEVUE , WA 98004       Phone no.425-250-6100         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	-					<u></u>
May the IRS discuss this return with the preparer shown above? See instructions	036	Unity	Firm's address		Dhone no 12	5-250-6100
	Mov	the !!	I BS discuss this			

	SEATTLE-KING COUNTY WORKFORCE
	<u>990 (2021) DEVELOPMENT COUNCIL 91-2051978 Page 2</u>
Par	t 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:
	TO CHAMPION A WORKFORCE AND LEARNING SYSTEM THAT ALLOWS OUR REGION TO
	BE A WORLD LEADER IN PRODUCING A VIBRANT ECONOMY AND LIFELONG EMPLOYMENT AND TRAINING OPPORTUNITIES FOR EVERY RESIDENT.
	EMPHOIMENT AND TRAINING OFFORTONITIES FOR EVERT RESIDENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
	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 \$ 14,852,573. including grants of \$ 11,826,517. ) (Revenue \$ 0. )
	IN 2021-2022, THE SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL
	(WDC) CONTINUED TO PURSUE A LONG-TERM RACIAL EQUITY VISION IN TANDEM
	WITH NEAR-TERM PANDEMIC RESPONSE AND RECOVERY. WE WORKED WITH
	BUSINESSES, LABOR, CHARITIES, SCHOOLS, AND COMMUNITY PARTNERS TO
	PRIORITIZE JOB QUALITY AND SYSTEMS CHANGE IN THE LOCAL LABOR MARKET. SOME KEY OUTCOMES IN 2021-2022 INCLUDE:
	SOME REF OUTCOMES IN 2021-2022 INCLODE:
	SERVED 417 WIOA ADULT CLIENTS, 525 WIOA DISLOCATED WORKER CLIENTS AND
	368 WIOA YOUTH CLIENTS.
	2,138 BUSINESSES SERVED DURING THE YEAR.
	THE COVID 19 DISASTER AND EMPLOYMENT INITIATIVE PROVIDED 294 CLIENTS
	WITH WORK-BASED LEARNING OPPORTUNITIES.
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
10	
44	Other program services (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses > 14,852,573.
-10	Form <b>990</b> (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)
_	2

<sup>2021.05080</sup> SEATTLE-KING COUNTY WORKF A1272941

SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

	990 (2021) DEVELOPMENT COUNCIL 91-2051	978	Р	age <b>3</b>
Par	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	<u>X</u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	7		<u> </u>
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_ <b>o</b>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а				
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(0001)
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# SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Form	990 (2021) DEVELOPMENT COUNCIL 91-205	<u>51978</u>	P	age <b>4</b>
Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	·		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
04.0	Schedule J	23	21	<u> </u>
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a			<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. <b>24b</b>		├───
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. <b>24d</b>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		x
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. <b>28b</b>		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		. 38	х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ť		
U	(gambling) winnings to prize winners?	1c	х	
12000	(ganbing) withings to prize withers:			(2021)
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	SEATTLE-KING COUNTY WORKFORCE			_
	990 (2021) DEVELOPMENT COUNCIL 91-20519	978	Pa	age <b>5</b>
Par	t 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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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# SEATTLE-KING COUNTY WORKFORCE

	<u>1990 (2021) DEVELOPMENT COUNCIL 91-2051</u>		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	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			
	JEFFREY SIKORA - (425)233-9996			
	2003 WESTERN AVE., SEATTLE, WA 98121	r	000	(000
132000	S 12-09-21	Form	990	(2021)
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SEATTLE-KING COUNTY WORKFORCE

	DEVELOPMENT	COUNCIL
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Form 990 (2			91-20
Part VII	Compensation of Officers, Directo	rs, Trustees, Key Employees, Highest Compen	sated
	Employees, and Independent Cont	tractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		I	mzu			pen	oute		,	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	rson is	s both	an	compensation	compensation	amount of
	week			uau	n ecto	i ruusi	.ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	below	ual tr	tional		n ploy	t con /ee		1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARIE KUROSE	40.00			0	×	ъъ	ш			
CEO		1		х				181,999.	0.	53,166.
(2) BRYAN PANNELL	40.00									
D. OF PERFORMANCE & SECTOR						Х		128,125.	0.	21,677.
(3) MICHAEL DAVIE	40.00									
DIRECTOR OF PROGRAMS						X		128,101.	0.	16,786.
(4) JASON PETRAIT	40.00									
D. OF FUNDING & STRATEGIC						Х		122,314.	0.	16,323.
(5) ERICKA COX	40.00									
CHIEF OF STAFF						Х		119,364.	0.	15,644.
(6) ELIZABETH BLANCHARD	40.00							115 000		40 455
WORKSOURCE SYSTEM DIRECTOR	40.00					X		117,290.	0.	48,455.
(7) JEFFREY SIKORA	40.00							110 600		01 050
PROGRAM DIRECTOR	40.00			Х				112,672.	0.	21,956.
(8) HUEY YEH	40.00							100 500		00 1
DIRECTOR OF FINANCE (THRU 10/21)	1 0 0			Х				109,628.	0.	23,551.
(9) KRISTEN FOX	1.00			37				•	0	
CHAIR	1 00	Х		Х				0.	0.	0.
(10) GINA BREUKELMAN	1.00								•	
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(11) KATIE GARROW	1.00								•	
TREASURER	1 0 0	Х		Х				0.	0.	0.
(12) JOHN BOWERS	1.00			37				•	0	
SECRETARY	1 00	Х		Х				0.	0.	0.
(13) MONTY ANDERSON BOARD MEMBER	1.00	x						0.	0.	
(14) PRINCESS AYERS-STEWART	1.00	^						U •	0.	0.
(14) PRINCESS ATERS-STEWART BOARD MEMBER	1.00	x						0.	0.	0.
(15) SHARON BIAS	1.00							0.	0.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(16) JANE BROOM DAVIDSON	1.00							<b>0</b> •		<u>.</u>
BOARD MEMBER	1.00	х						0.	0.	0.
(17) CAROLINE CHAN	1.00									
BOARD MEMBER		x						0.	0.	0.
100007 10 00 01	1	. –		· · · · ·			1			Eorm <b>990</b> (2021)

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Form 990 (2021)

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Form 9	SEATTLE-1 90 (2021) DEVELOPM				WO	RK	FO	RC	Е	91-2051	978	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)			
(A) Name and title		(B) Average hours per week	(B) (C) verage urs per (do not check more) box, unless person is					one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount o other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensa om th anizat d relat anizati	e ion ed
(18) I	JIGAYA DOMINGO	1.00											
BOARD	MEMBER		Х						0.	0.			0.
(19) A	ANGELA DUNLEAVY	1.00											
	MEMBER		Х						0.	0.			0.
	BERIT ERIKSSON	1.00											
	MEMBER		Х						0.	0.			0.
	BOOKDA GHEISAR	1.00								•			•
	MEMBER	1 0 0	Χ						0.	0.			0.
	KATE HARKESS	1.00	37						0	0			0
	MEMBER	1 00	Х						0.	0.			0.
-	JON HOLDEN	1.00	v						0	0			0
	MEMBER JUSTIN MAGOUIRK CROWE	1.00	Х						0.	0.			0.
	MEMBER	1.00	х						0.	0.			0.
	ANN MARTIN 1.00 0. 0.												
	MEMBER				0								
	SHEFALI MCDERMOTT	1.00	Δ						0.	0.			0.
	MEMBER	1.00	х						0.	0.			0.
	· · · htotal								1,019,493.	0.	21	7,5	
	otal from continuation sheets to Part VI								0.	0.	21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
	otal (add lines 1b and 1c)								1,019,493.	0.	21	7,5	
	otal number of individuals (including but n							o re				1 1 3	
	ompensation from the organization		030	11310	uac	000	<i>y</i> wii	010		boo of reportable			8
												Yes	No
<b>3</b> D	oid the organization list any <b>former</b> officer	director truste	e. k	ev e	mol	ove	e. or	hiał	hest compensated empl	ovee on			
	ne 1a? If "Yes," complete Schedule J for s										3		Х
	for any individual listed on line 1a, is the su												
	nd related organizations greater than \$150										4	Х	
	Did any person listed on line 1a receive or a												
	endered to the organization? If "Yes," con	-				-			-		5		Х
	on B. Independent Contractors	•											
	Complete this table for your five highest co ne organization. Report compensation for	•	•							· ·	tion fro	om	
(A) (B)							(0	)					
	Name and business	address	NC	ONE	2				Description of s	ervices C	Compe		n
								T					

2	<ul> <li>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</li> <li>0</li> </ul>					
	SEE PART VII, SECTION A CONTINUATION SHE	CETS	Form <b>990</b> (2021)			

SEE PART VII, SECTION A CONTINUATION SHEETS 132008 12-09-21 8

Т

### SEATTLE-KING COUNTY WORKFORCE

91-2051978 DEVELOPMENT COUNCIL Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Reportable Name and title Position Estimated (check all that apply) compensation compensation amount of hours from from related other per week the organizations compensation Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Former Officer line) (27) DR. JOHN MOSBY 1.00 BOARD MEMBER Х 0. 0. 0. (28) JASON NAKAMURA 1.00 BOARD MEMBER Х 0. 0. 0. (29) JIQUANDA NELSON 1.00 0. BOARD MEMBER Х 0. 0. (30) COS ROBERTS 1.00 BOARD MEMBER Х 0. 0. 0. (31) NORTON SWEET 1.00 Х 0. 0. 0. BOARD MEMBER (32) JOHN WELCH 1.00 BOARD MEMBER Х 0. 0. 0. Total to Part VII, Section A, line 1c

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SEATTLE-KING COUNTY WORKFORCE

						: C	OUNCIL			91-2051	978 Page 9
Ра	rt V	/111									_
			Check if Schedule O	<u>contai</u>	ins a respo	onse	or note to any line	<u>e in this Part VIII</u> ( <b>A</b> ) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded
nts nts	1		Federated campaigns								
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ts, ( Arr			Fundraising events								
, Gif Nilar			Related organizations Government grants (conti				14,775,798.				
Sin			All other contributions, gifts,								
outi		•	similar amounts not included				1,356,340.				
ntril d O		g	Noncash contributions included in			\$					
an Co		h	Total. Add lines 1a-1f				►	16,132,138.			
							Business Code				
Program Service Revenue	2	a									
Serv Nue		b c									
am Serv evenue		d									
ogra		е									
Pr		f	All other program service	reven	ue						
	3		Investment income (inclue								
	4		other similar amounts) Income from investment of								
	5		Royalties		-		Г				
	Ū				(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss		(i) Securit		(ii) Other				
		а	Gross amount from sales of assets other than inventory	7a	(I) Securi	lies					
		b	Less: cost or other basis	14							
e		~	and sales expenses	7b							
venue		с	Gain or (loss)	7c							
.Re			Net gain or (loss)				▶				
Other Rev	8	а	Gross income from fundraisi								
0			including \$ contributions reported on								
			Part IV, line 18		,	8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			nts	►				
	9	а	Gross income from gamir								
		_	Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from Gross sales of inventory,	•	•	s <u></u>					
	10	u	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ry	▶				
s							Business Code				
eou	11										
illan veni		b									
Miscellaneous Revenue		c d	All other revenue								
Σ			Total. Add lines 11a-11d				<b>&gt;</b>				
	12		Total revenue. See instructi					16,132,138.	٥.	0.	0.
13200	9 12-	-09-									Form <b>990</b> (2021)

Part IX Statement of Functional Expenses

Form 990 (2021)

# SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,826,517.	11,826,517.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	447,155.	395,583.	51,572.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,700,676.	1,584,502.	116,174.	
8	Pension plan accruals and contributions (include	, ,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	.,	
-	section 401(k) and 403(b) employer contributions)	75,876.	69,826.	6,050.	
9	Other employee benefits	220,947.	69,826. 201,252.	19,695.	
10	Payroll taxes	165,842.	151,142.	14,700.	
11	Fees for services (nonemployees):	200/0420			
	· · · · · · · · · · · · · · · · · · ·				
a L	Management	18,484.		18,484.	
b		36,750.		36,750.	
C	Accounting	50,750.			
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,	220 101	221 260	16 010	
	column (A), amount, list line 11g expenses on Sch O.)	238,181.	221,269.	16,912.	
12	Advertising and promotion	4,788.	4,788.	2 05 6	
13	Office expenses	82,846.	78,890.	3,956.	
14	Information technology				
15	Royalties	0.61 0.00			
16	Occupancy	261,098.	227,536.	33,562.	
17	Travel	17,283.	14,702.	2,581.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	39,469.	34,909.	4,560.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	36,543.		36,543.	
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 0.)				
а	DUES & MEMBERSHIPS	26,744.	21,806.	4,938.	
a b	EQUIPMENT RENTAL	23,662.	19,851.	3,811.	
		25,002+	1,0310	5,0110	
c c					
d	All other expenses				
	All other expenses	15,222,861.	14,852,573.	370,288.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1J,222,001.	±=,0J2,J/J•	570,200.	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 Figure if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (202

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Form **990** (2021)

Form 990 (2021)

SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

		Balance Sheet				91 <sup>-</sup> .	2051978 Page I
		Check if Schedule O contains a response or note	to any line in thi	s Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,294,281.	1	1,296,923
	2	Savings and temporary cash investments		<b>-</b>		2	
	3	Pledges and grants receivable, net		1,894,373.		2,475,651	
	4	Accounts receivable, net		3,344.	4	2,000	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		,		5	
	6	Loans and other receivables from other disqualifie		· · · · · · · · · · · · · · · · · · ·			
	•	under section 4958(f)(1)), and persons described in		6			
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
AS	9	Prepaid expenses and deferred charges			49,914.	9	86,870
		Land, buildings, and equipment: cost or other			- / -		
	ieu	basis. Complete Part VI of Schedule D	10a	172,360.			
	b	Less: accumulated depreciation		172,360.	0.	10c	0
	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			4,241,912.	16	3,861,444
	17	Accounts payable and accrued expenses			1,858,185.	17	2,143,875
	18	Grants payable	818,792.	18	603,840		
	19	Deferred revenue				19	204,897
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
	22	Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		,		22	
	23	Secured mortgages and notes payable to unrelate		·····		23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D	, ,		59,359.	25	49,839
	26	Total liabilities. Add lines 17 through 25		Γ	2,736,336.	26	3,002,451
		Organizations that follow FASB ASC 958, check	k here 🕨 🔀	]			
sel		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			1,505,576.	27	-113,344
	28	Net assets with donor restrictions				28	972,337
2		Organizations that do not follow FASB ASC 958					
2		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
2612	30	Paid in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
<u>ب</u>	32	Total net assets or fund balances			1,505,576.	32	858,993
_	33	Total liabilities and net assets/fund balances			4,241,912.	33	3,861,444
					•		Form <b>990</b> (202

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loigii	SEATTLE-KING COUNTY WORKFORCE				
Form	990 (2021) DEVELOPMENT COUNCIL	91	-2051978	Pa	<sub>ae</sub> 12
	t XI Reconciliation of Net Assets			1 43	<u> </u>
	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	16,132		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,222		
3	Revenue less expenses. Subtract line 2 from line 1	3	909		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,505	5,5	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-1,555	5,8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	858	3,9	93.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au			
	Act and OMB Circular A-133?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	(0001)

Form **990** (2021)

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Department of the Treasury		Co	OMB No. 1545-0047						
				Attach to Form 990 or F //Form990 for instructio			oformation.		Open to Public Inspection
Name o	of the organization			OUNTY WORKFOF			normation.	Employer	identification number
	C C		LOPMENT CO						1-2051978
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The org				For lines 1 through 12, cł					
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ı 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	_ city, and state								
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
	_		Complete Part II.)						
6	-		•	nental unit described in			. ,		
7 X	•		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
<b>o</b> [	-, ·		omplete Part II.)						
8 [	- ·			(1)(A)(vi). (Complete Part	,	ad in aanii	nation with a	land grant	
9	-		•	in section 170(b)(1)(A)(i		-		-	-
	university:		grant college of agric	ulture (see instructions).		name, city	, and state of	the college	
10	- · -	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)			•	, ,	•	
11 🗌	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section {	509(a)(2).	See section	509(a)(3).	Check the box on
_	lines 12a thro	ugh 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled I	oy its supp	ported org	anization(s), t	ypically by	giving
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
			complete Part IV, Se						
bι			-	or controlled in connect			-		•
		-		anization vested in the sa	ime perso	ns that co	ntrol or mana	ge the supp	ported
•	ĭ	.,	t complete Part IV,	g organization operated i		ion with a	and functional	lly into grate	
c		-	• • • •	). You must complete F				ily integrate	u with,
d		•	.,.	orting organization operation			-	ted organia	zation(s)
u L		-	• •	ation generally must sati				•	
		,	0	nplete Part IV, Sections					
е [				written determination from				II, Type III	
				nally integrated supportir					
fΕ	nter the number o	of supported of	organizations						
<b>g</b> P			about the supporte	d organization(s).	(iv) to the error	nization listed			
	(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	Support (See ii	istructions	
								<u> </u>	
Total									

# SEATTLE-KING COUNTY WORKFORCE

Cab	_	EVELOPMEN'		WORKFORC	E	91-205	51978 Page <b>2</b>
	edule A (Form 990) 2021 D Int II Support Schedule for			Sections 170	(h)(1)(A)(iv) and	91-203 170(b)(1)(Δ)(y	vi)
	(Complete only if you checke	-					-
	fails to qualify under the tests			-			, organization
Sec	ction A. Public Support	/	·	,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(6) 2010	(6) 2019	(0) 2020		
•	membership fees received. (Do not						
	include any "unusual grants.")	13678181	13887735.	11396046.	14144510.	16132138.	69238610.
2	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13678181.	13887735.	11396046.	14144510.	16132138.	69238610.
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.						69238610.
	ction B. Total Support					•	<u>.</u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	13678181.	13887735.	11396046.	14144510.	<u>16132138.</u>	69238610.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital	0 405			1 000		1 - 1
	assets (Explain in Part VI.)	8,495.	2,048.	2,839.	1,806.		15,188.
11	Total support. Add lines 7 through 10						69253798.
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	. —
800	organization, check this box and sto						·····
	ction C. Computation of Public		-	(f)			99.98 %
. –	Public support percentage for 2021 (I		-			14 15	00.00
15	Public support percentage from 2020 33 1/3% support test - 2021. If the						, <u>, , , , , , , , , , , , , , , , , , </u>
108	stop here. The organization qualifies						
F	33 1/3% support test - 2020. If the						······································
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	the organi	
b	10% -facts-and-circumstances test	-				7a. and line 15 is	10% or
~	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s

Schedule A (Form 990) 2021

132022 01-04-22

#### SEATTLE-KING COUNTY WORKFORCE

91-2051978 Page 3

Schedule A	(Form 990) 2021	DEVELOPMENT	COUNCIL	
Part III	Support Schedule fo	r Organizations De	escribed 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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e	<b>e)</b> 2021	(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 per- formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
ł	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								
	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support				·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e	<b>e)</b> 2021	(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								
k	• Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								-
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3	) organizatio	on,	
	check this box and stop here	•					, .	►	
Se	ction C. Computation of Publi								
15	Public support percentage for 2021 (I	ine 8, column (f), (	divided by line 13,	column (f))		15			%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16			%
Se	ction D. Computation of Inves								
	Investment income percentage for 20			ine 13, column (f))		17			%
18	Investment income percentage from			· · · · · ·		18			%
	a 33 1/3% support tests - 2021. If the						, and line 1	7 is not	
	more than 33 1/3%, check this box ar	-					,	▶	
ł	<b>33 1/3% support tests - 2020.</b> If the						າ 33 1/3%. ຂ	and	
~	line 18 is not more than 33 1/3%, che							_	
20	Private foundation. If the organization								Ξ
	23 01-04-22		···- · · , · •	, , ,				A (Form 990) 2	021

# 20130509 131839 A127294

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#### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

1

Yes No

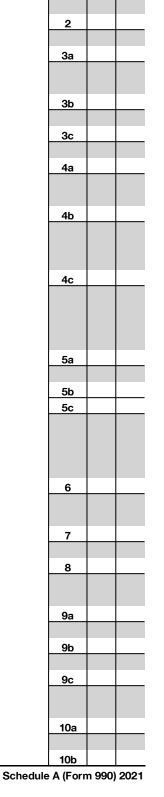
# Schedule A (Form 990) 2021 DEVI Part IV Supporting Organizations

(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

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

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Schedule A (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

DEVELOPMENT COUNCIL

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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).

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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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 sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	$\square$	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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- **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.** 

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 | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

20130509 131839 A127294

SEATTLE-KING COUNTY WORKFORCE 91-2051978 Page 6 DEVELOPMENT COUNCIL Schedule A (Form 990) 2021 **Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 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 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2021

# CENMUTE\_VINC COINTY WORKFORCE

		COUNTY WORKFORG		
	dule A (Form 990) 2021 DEVELOPMENT C		1	1-2051978 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1
Sect	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
_4	Amounts paid to acquire exempt-use assets	<b>-</b>	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	(1)	10	()
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

	SEATTLE-KING COUNTY WORKFORCE	
Schodulo A	A (Form 990) 2021 DEVELOPMENT COUNCIL 91-205	1978 Page 8
		- J J Page 8
Part VI		ine 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV	/. Section C.
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, li	ne 1e <sup>.</sup> Part V
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information	no ro, r arc v,
	Que trate allo and early Section E, lines 2, 3, and 6. Also complete this part for any auditional mormation	1.
	(See instructions.)	

Schedule A (Form 990) 2021

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Schedule B (Form 990)	<ul> <li>Schedule of Contributors</li> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	OMB No. 1545-0047					
	SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL	Employer identification numb					
Organization type (chec		1 2001970					
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the General Rule or a Special Rule.						
	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.					
General Rule							
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributo						
Special Rules							
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ing the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on ( EZ, line 1. Complete Parts I and II.	and that received from any one					
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, s ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I n (b) instead of the contributor name and address), II, and III.	scientific,					
year, contribution is checked, ent	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an <i>exclusively</i> religion complete any of the parts unless the <b>General Rule</b> applies to this organization because	more than \$1,000. If this box bus, charitable, etc.,					

purpose. Don't complete any of the parts unless the General Rule applies to this organi.	zation because it received	nonexclus
religious, charitable, etc., contributions totaling \$5,000 or more during the year	►	\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

SEATTLE-KING COUNTY WORKFORCE

Schedule B (Form 990) (2021)

Name of organization

Page	2

<b>F</b>	1.1	· · · · · · · · · · · · · · · · · · ·
Employer	identification	numper

91-2051978

DEVEL	OPMENT COUNCIL	91-2051978					
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	KING COUNTY 401 5TH AVENUE, STE 800 SEATTLE, WA 98104	\$ <u>830,111.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	EMPLOYMENT SECURITY DEPARTMENT PO BOX 9046 OLYMPIA, WA 98507	\$ <u>12,341,260.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	OFFICE OF FAMILY ASSISTANCE 330 C STREET SW, 3RD FLOOR WASHINGTON, DC 20201	\$ <u>761,516.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll On Noncash October (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990) (2021)

123452 11-11-21

	B (Form 990) (2021)		Page <b>3</b>
	rganization LE-KING COUNTY WORKFORCE		Employer identification number
	DPMENT COUNCIL		91-2051978
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule	B (Form 990) (2021)			Page 4				
	organization			Employer identification number				
	LE-KING COUNTY WORKFORCE	]						
DEVEL Part III	OPMENT COUNCIL Exclusively religious, charitable, etc., contributi	one to organizations described in se	raction 501(c)(7) (8) or (10)	91-2051978				
r ar t m	from any one contributor. Complete columns (a)	through (e) and the following line en	try. For organizations					
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. or	nce.) 🕨 🥵				
(a) No.		•	( )					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I		., -						
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
			[					
		(e) Transfer of gif	t					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				
			ſ					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
		· · -						
		(e) Transfer of gif	t					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, ,,							
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Schedule B (Form 990) (2021)

# 20130509 131839 A127294

			al Financial Statements anization answered "Yes" on Form 990,	OMB No. 1545-0047
(For	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informat	ion. Open to Public Inspection
Nam	e of the organization			Employer identification number
D		DEVELOPMENT COUNCII		91-2051978
Pa		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or	ACCOUNTS. Complete if the
	organization		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5			writing that the assets held in donor advised	funds
	are the organizatio	n's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring
De	impermissible priva			
			ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1		servation easements held by the organization		
		of land for public use (for example, recreat	,	historically important land area
		f natural habitat	Preservation of a	certified historic structure
2		of open space	ied conservation contribution in the form of	a conconvision accompant on the last
2	day of the tax year	<b>o o</b> .		Held at the End of the Tax Year
а				
b				
c	-		ucture included in (a)	
d			fter 7/25/06, and not on a historic structure	
	listed in the Nation	nal Register		2d
3			eased, extinguished, or terminated by the or	
	year 🕨			
4		where property subject to conservation eas		
5		tion have a written policy regarding the per		
~		orcement of the conservation easements it		
6		r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
7	Amount of expens	es incurred in monitoring inspecting hand	ling of violations, and enforcing conservation	n easements during the year
•	► \$			n casements daning the year
8		vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)	(4)(B)(ii)?		Yes No
9			on easements in its revenue and expense sta	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statement	ts that describes the
	organization's acc	ounting for conservation easements.		
Pa			Art, Historical Treasures, or Othe	er Similar Assets.
		the organization answered "Yes" on Form		
1a	U U		8, not to report in its revenue statement and	
			lic exhibition, education, or research in furth	lerance of public
h	· •		icial statements that describes these items. 8, to report in its revenue statement and bal	ance sheet works of
, D	-		exhibition, education, or research in further	
		ng amounts relating to these items:		
	•	0		▶\$
2			asures, or other similar assets for financial g	
	•	unts required to be reported under FASB A	· · ·	
а	Revenue included	on Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in	Form 990, Part X		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
13205	1 10-28-21		26	
			26	

20130509 131839 A127294

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		MENT COUNC		orioal Tra	2011722	r Otha		91-20			age <b>2</b>
									o (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	c any of the	following that	: make s	ignificant	use of its			
_	collection items (check all that apply):										
a	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o								7		٦
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete it the	e organizatio	on answered	Yes" on	1 Form 990	J, Part IV,	line 9, or		
			lion for	oontribution	o or other oor	oto pot	included				
1a	Is the organization an agent, trustee, custodi								Yes		No
L	on Form 990, Part X?							∟	_ res		
a	If "Yes," explain the arrangement in Part XIII	and complete the to	liowing t	able:					Amoun	+	
-	Designing belongs						10		Amoun		
C L	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F		,					∟	Yes		_ No
Pa	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										<u> </u>
		(a) Current year	1	Prior year	(c) Two year			vears back	(e) Fou	r vears	hack
10	Paginning of year balance	(u) ourrent your	(3)	nor your	(0) 100 you	10 Duok	( <b>u</b> ) 11100	youro buok	(0) 1 001	youro	buok
	Beginning of year balance										
	Contributions										
C L	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	•	g, column (a	)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с		%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ar	nd administer	ed for th	ne organiz	ation	1	Y	N
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		. <u> </u>
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Pa	<b>t VI</b> Land, Buildings, and Equipm			/ line 11 - C	Сал Башин 000	Devt V	line 10				
	Complete if the organization answere										
	Description of property	(a) Cost or c		. ,	t or other	• • •	ccumulat		<b>(d)</b> Boo	k valu	e
		basis (investr	nent)	basis	(other)	de	preciation				
	Land										
	Buildings										
	Leasehold improvements				0.000		1 0 0 0				
	Equipment			17	2,360.		172,3	60.			0.
	Other										
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)						0.
								Schedule	D (Forn	n <b>990</b> )	2021

Schedule D (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

DEVELOPMENT COUNCIL

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

~ ~ ~

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability
(b) Book value
(1) Federal income taxes

(2) DEFERRED RENT	49,839.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	49,839.

Total. (Column (b) must equal Form 390, Part X, Col. (b) line 23.)

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

<u>1.</u>

	SEATTLE-KING COUNTY WORKFO	DRCE		
	dule D (Form 990) 2021 DEVELOPMENT COUNCIL			2051978 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	а		
1	Total revenue, gains, and other support per audited financial statements		1	16,132,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			16,132,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			16,132,138.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a		
1	Total expenses and losses per audited financial statements		1	15,222,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	<b>2</b> c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			15,222,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	15,222,861.
Pa	t XIII Supplemental Information.			

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

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THE COUNCIL IS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

132054 10-28-21

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Form s.gov/Form990 form		nation.		Open to Public Inspection
Name of the organization SEATTLE-K. DEVELOPMEI		WORKFORCE					Employer identification numb $91 - 2051978$
Part I General Information on Grants ar	nd Assistance						
<b>1</b> Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes
2 Describe in Part IV the organization's pro						/ " = 000 = 1	
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "	res" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AEROSPACE MACHINIST JOINT TRAINING COMMITTEE - PO BOX 80727 - SEATTLE, WA 98108	26-3339867	501 (C) (3)	65,765.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
APPLIED INFERENCE .618 N. 170TH SHORELINE, WA 98133	57-4240082		43,320.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
ASIAN COUNSELING & REFERRAL SERVICE – 3639 MARTIN LUTHER KING VR. WAY SOUTH – SEATTLE, WA 98108	91-0916176		1,139,408.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
BERK CONSULTING, INC. 2200 6TH AVENUE, SUITE 1000 SEATTLE, WA 98121	91-1467862		7,428.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
BUILD2LEAD - JIMMY BROWN 517 N. 45TH ST. PACOMA, WA 98407	84-5112432	501 (C) (3)	20,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
CHMURA ECONOMICS & ANALYTICS 1309 E. CARY STREET, SUITE 200 RICHMOND, VA 23219	54-1923150		14,329.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	0	4 - 1-1 -					

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

Schedule I (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

Schedule I (Form 990) DEVELOPMENT COUNCIL

91-2051978 Page 1	1
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMPUTING FOR ALL									
1311 108TH AVE NE									
BELLEVUE, WA 98004	47-2699685	501 (C) (3)	15,044.	0	N/A	N/A	EMPLOYMENT AND TRAINING		
,				<b>·</b> ·					
COURSERA, INC.									
DEPT LA 22448									
PASADENA, CA 91185-2448	45-3560292		120,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		
EMPLOYMENT SECURITY			, , , , , , , , , , , , , , , , , , , ,						
DEPARTMENT/HUMAN RESOURCE - ATTN:									
TREASURY UNIT									
P.O. BOX 9046 - OLYMPIA, WA	91-1762161		364,533.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		
EMSI									
ECONOMIC MODELING LLC									
232 N ALMON STREET - MOSCOW, ID									
83843	27-1605272		54,023.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		
HARBORVIEW MEDICAL CENTER									
325 NINTH AVE. MS # 359751				_					
SEATTLE, WA 98104	91-1631806		17,592.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		
HIGHLINE COLLEGE									
P.O. BOX 98000 MS99-281									
DES MOINES, WA 98198-9800	47-5658785		148,588.	0	N/A	N/A	EMPLOYMENT AND TRAINING		
DES MOINES, WA JOIDO JOOO	4/ 5050/05		140,000.	0.	N/A	N/A	EMPLOTMENT AND TRAINING		
HIGHLINE SCHOOLS FOUNDATION									
15675 AMBAUM BLVD SW									
BURIEN, WA 98166	91-2020506	501 (C) (3)	18,432.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		
/							-		
INCOMMAND INC									
5504 ENGLEWOOD HI DR.									
YAKIMA, WA 98908	91-1643146		25,834.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		
INDEPENDENT AUTOMOTIVE TECHNICIAN									
APPRENTICE - 7403 LAKEWOOD DR W #7									
- LAKEWOOD, WA 98499-7951	83-4379935		18,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING		

Schedule I (Form 990)

# SEATTLE-KING COUNTY WORKFORCE

Schedule I (Form 990) DEVELOPMENT COUNCIL Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II) 91-2051978 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING COUNTY BOYS AND GIRLS CLUB							
220 WEST MERCER ST. STE. 410							
SEATTLE, WA 98119	91-0532600	501 (C) (3)	221,374.	0	N/A	N/A	EMPLOYMENT AND TRAINING
CING COUNTY EMPLOYMENT & EDUCATION			, , , ,				
RESOURCES - C/O KC FINANCE, A/R							
201 S JACKSON ST RM 720							
MS KSC-ES-720 - SEATTLE, WA 98104	91-2051978		1,109,514.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
,							
NEIGHBORHOOD HOUSE							
1225 SOUTH WELLER STREET, SUITE 510							
SEATTLE, WA 98144	91-0568305	501 (C) (3)	904,976.	Ο.	N/A	N/A	EMPLOYMENT AND TRAINING
PACIFIC ASSOCIATES							
1833 N. 105TH ST., STE. 305							
SEATTLE, WA 98133-8973	90-0660268		2,000,334.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
PUGET SOUND EDUCATION SERVICE							
DISTRICT - 800 OAKESDALE AVENUE SW							
- RENTON, WA 98057	91-0851413		21,324.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
SAFEFUTURES YOUTH CENTER							
5337 35TH AVE SW							
SEATTLE, WA 98126	91-1949779		65,232.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
SEATTLE GOOD BUSINESS NETWORK							
1143 MARTIN LUTHER KING JUNIOR WAY,			0.5. 604			- /-	L
SEATTLE, WA 98122	27-2172491	501 (C) (3)	25,681.	υ.	N/A	N/A	EMPLOYMENT AND TRAINING
SEATTLE GOODWILL INDUSTRIES							
700 DEARBORN PL SOUTH, ATTN: AR	01 0569700	E01 (C) (2)	220.260	^	NT / 7	NT / 7	ENDLOYMENT AND TRATING
SEATTLE, WA 98144	91-0568708	DOT (C) (3)	220,269.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
SEATTLE JOBS INITIATIVE							
200 12TH AVE SOUTH, SUITE 160 SEATTLE, WA 98144-2712	47 0000191	501 (C) (3)	464,879.	0	N/A	N/A	EMPLOYMENT AND TRAINING

Schedule I (Form 990)

# SEATTLE-KING COUNTY WORKFORCE

Schedule I (Form 990) DEVELOPMENT COUNCIL

91-2051978	Page 1
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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSCC BUSINESS & FINANCE							
ATTN: ACCOUNTS PAYABLE							
1500 HARVARD AVE - SEATTLE, WA							
98122	91-0826872		85,673.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
STRATEGIES 360, INC. PO BOX 84851							
SEATTLE, WA 98124-6151	91-1304555		72,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
THE ORGANIZATION FOR PROSTITUTION SURVIVORS - PO BOX 22635 -							
SEATTLE, WA 98122	45-5153408	501 (C) (3)	54,648.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
TRAC ASSOCIATES, INC. 1511 THIRD AVENUE, SUITE 701							
SEATTLE, WA 98101	91-1247183		2,864,571.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
UNIVERSITY OF WASHINGTON GRANT & CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE - CHICAGO,							
IL 60693	91-6001537		36,422.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE STE 200 -	01.0555054		110.000		- / -		
SEATTLE, WA 98122	91-0575954	501 (C) (3)	110,909.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
WELD SEATTLE PO BOX 77570							
SEATTLE, WA 98177	81-3922645	501 (C) (3)	75,685.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
YOUR MONEY MATTERS PO BOX 52							
AUBURN, WA 98071-0052	82-3618832	501 (C) (3)	16,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
YWCA 1118 5TH AVE							
SEATTLE, WA 98101	91-0482890	501 (C) (3)	1,270,881.	0.	N/A	N/A	EMPLOYMENT AND TRAINING

Schedule I (Form 990)

# SEATTLE-KING COUNTY WORKFORCE

 Schedule I (Form 990)
 DEVELOPMENT
 COUNCIL

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIEF SEATTLE CLUB 410 2ND AVENUE EXTENSION SOUTH SEATTLE, WA 98104	91-0852503	501 (C) (3)	71,702.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
COMMUNITY PASSAGEWAYS PO BOX 28685 SEATTLE, WA 98118	81-3806946	501 (C) (3)	55,698.	0.	N/A	N/A	EMPLOYMENT AND TRAINING

Schedule I (Form 990)

91-2051978

Page 1

#### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE COUNCIL HAS DEVELOPED MONITORING POLICIES AND PROCEDURES TO MAKE SURE

ALL SUB-RECIPIENTS COMPLY WITH APPLICABLE FUNDING REQUIREMENTS. AN ANNUAL

QUALITY ASSURANCE MONITORING OF SUB-RECIPIENTS INCLUDES AN ON-SITE FISCAL

REVIEW, REVIEW OF INDEPENDENT AUDITS REPORTS, AND PROGRAM COMPLIANCE

REVIEW. SUB-RECIPIENTS MUST PROVIDE DOCUMENTATION OF EXPENDITURES AND

#### REPORTING OF TRAINING OUTCOMES.

91-2051978 Page 2

(Form 990)       For cartain Officers, Directors, Trustees, Key Employees, and Highest Domensation answerd Yate' on Form 990, Part IV, Ine 23.	SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
Complete if the organization answered "Yes" on Form 990, Part IV, Line 23.     Construction: Do that the organization or any sequence of the organization.     Approved by the board or correpresation committee or any sequence of the organizat	(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
Description         Description         Openation         Openation           Name of the organization         SEATTLE-KING COUNTY WORKFORCE         Employer identification number 91-2051978           Part I         Questions Regarding Compensation         91-2051978           ************************************					20		ł
Name of the organization         SEATTLE KING COUNCT WORKPORCE         Employer identification number 91-2051978           Part I         Question Regarding Compensation         91-2051978           Part I         Question Regarding Compensation         91-2051978           Image: State of the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part II to provide any relevant information regarding these items.         Yes         No           Part I         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part II to provide any relevant information regarding these items.         Yes         No           Discretionary spending account         Personal asea of personal residence Personal services (such as maid, chauffeur, chef)         Ib           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 abov? If 'No," complete Part II to explain         1b           2         Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but splain in Part III.         2         2           3         Indicate which, if any, of the following the organization used to establish compensation committee         2         2           4         During the year, did any person listed on Form 990, Part VII, Section A, line	Depar	tment of the Treasury	Attach to Form 990.		•		ic
DBVELOPMENT         COUNCIL         91-2051978           Part I         Questions Regarding Compensation         Yes         No           a         Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Schon A, lin a T.a. Complete Part III to provide any relevant information regarding these lems.         Yes         No           First-class or charter travel         Pousing allowance or residence for personal use         Part VII, Schon AI, lin a T.a. Complete Part III to provide any relevant information regarding these lems.         Image: Compensation and gross up payments         Personal services (such as maid, chaufteur, cheft)           b         If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expresses described abox? If 'No.'' complete Part III to explain         1b           2         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, thue xplain in Part III.         Compensation committee         2         1b           3         Indicate which, if any, of the following the granization used to establish the compensation committee         2         2           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 related organization?         4s         X	Intern	al Revenue Service		<u> </u>			
Part I       Questions Regarding Compensation         In       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.       Image: Compensation Committee         Indicate which, if any, of the following the organization used to establish the compensation of the organization is a compensation of the Compensation of the Compensation Committee       Image: Compensation Committee         Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       Compensation Committee         Compensation Committee       With engloyment Contract       Indicate which, if any, of the following the CEO/Executive Director, but explain in Part III.       Compensation Committee         Compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Vite X         Indicate which, if any, of the following the organization used to establish the compensation committee       Vite any of the savemance payment or a neited organization       2         Compensation committee       With the amployment contract       Compensation committee       Vite any of the CEO/Executive Dintertor, but explain in Part III.	Nam	ie of the organization					mber
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.       Image: Complete Part III to provide any relevant information regarding these items.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Tax indemnification and gross-up payments       Image: Complete Part III to provide any relevant information regarding payment or reinbursement or provision of all of the expanses described above? If 'NA', complete Part III to provide any and/, chardfreur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expanses described above? If 'NA', complete Part III to provide any analytic payment or reinbursement or provision of all of the expanses incurred by all directors, trustees, and officers, including the organization used to establish the complemation of the organization to establish compensation committee       1b         2       Indicate which, if any, of the following the organization is used to a related organization to establish compensation committee       Withen employment contract       2         3       Indicate which, if any esson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to assisted on Form 990, Part VII, Section A, line 1a, with respect to the filing organizati	Da			91-2	202197	0	
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, Companions       Image: Section A, line 1a, Companions         Image: First-Stass or charter travel       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Tavel for companions       Payments for business use of personal residence         Taveless or charter travel       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimburse substantiation port or reimburse generase incurred by at lited organization's         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to estabilish compensation committee       Writen employment contract	Га		s negarating compensation			Vee	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complexity of the companions in the provide any relevant information regarding these items.         Image: Travel for companions includes the complexity of the complexity of the companions includes the complexity of the companion of all of the expenses described abov? If 'No,' complete Part III to explain includes the complexity of the complexity	10	Chook the oppropri	ate hav (ca) if the arganization provided any of the following to ar for a person listed on Form	000		Yes	NO
First class or charter travel       Housing allowance or residence for personal use         Travel for companions       Payments for business use of personal residence         Tak idemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       Compensation of the CEO/Executive Director, but explain in Part III.         Compensation or mittee       Within employment contract       2         I Indicate which, if any, of the following the organization used to establish the compensation committee       Within employment contract         I Compensation committee       Outring the explored consultant       Compensation any environmente         I organization       Form 990 of other organizations       Approval by the board or compensation committee         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee       Ate         5 For persons lis	Id			990,			
Travel for companions       Payments for business use of personal residence         Tax indermification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract         Compensation committee       Written employment contract         Approval by the board or compensation committee       4a         X       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?         6       Participate in or receive payment from an equity-based compensation arrangement?         H "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.				nal use			
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding payment or establish compensation or the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Y Independent compensation consultant       Compensation survey or study       3 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:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       5a </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the organization uses for methods used by a related organization to establish compensation committee       Written employment contract         3       Indicate wile prevention committee       Written employment contract         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:       4a       X         4       During the year, old any person an equity-based compensation arrangement?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       0n/y section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       <							
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's GEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       Compensation committee         Image organization or a related organization:       X 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:       A Receive a severance payment from an equity-based compensation arrangement?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       X de         5       Participate in or receive payment from an equity-based compensation arrangement?       4a       X de         4       The organization?       5a       X de       X         6       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation to the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       2         5       Independent compensation:       Compensation survey or study       5         6       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:       4a       X         4       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the exensus listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         7       The organization?       5a       <							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation to the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       2         5       Independent compensation:       Compensation survey or study       5         6       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:       4a       X         4       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the exensus listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         7       The organization?       5a       <	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to estabilish the compensation of the organization to estabilish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to estabilish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       2         2       Independent compensation consultant       Compensation survey or study         3       Form 990 of other organizations       X 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:       4a       X         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:       4a       X         4       During the year, did any person sand provide the applicable amounts for each item in Part III.       5a       X         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:       5a		•			1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Ceo/Executive Director. Check any boxes for methods used by a related organization to establish compensation survey or study         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:       Image: Ceo/Executive Director Payment?	2						
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         X       Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X 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:       4a       X         b       Participate in or receive payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         d       During the search is the persons and provide the applicable amounts for each item in Part III.       5b       X         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:       5a       X         a       The organization?       5a		-			2		
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. <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation committee</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment form a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment form an equity-based compensation arrangement?</li> <li>If "Yes" on me form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Part eritaled organization?</li> <li>Part eritated o</li></ul>		,					
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         X Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X 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:       4a       X         B Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         C Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         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:       5a       X         B Any related organization?       5a       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         G 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:       5a       X         a The organization? </td <td>3</td> <td>Indicate which, if ar</td> <td>ny, of the following the organization used to establish the compensation of the organization's</td> <td>3</td> <td></td> <td></td> <td></td>	3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3			
Compensation committee       Written employment contract         Compensation committee       Ompensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       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:       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:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       At         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:       Sa       X         6       Ax       Sb       X         7       X       Apy related organization?       Ga       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes,		CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0hy 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:       5a       X         a       The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         b		establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
Form 990 of other organizations       Image: 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:       4a       X         9       Participate in or receive payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       6       X         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:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6       Sb       X         6       Ay related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X         6       X       6b       X         7       X       8       X         8		Compensation	n committee Written employment contract				
<ul> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any rel</li></ul>		X Independent c	compensation consultant Compensation survey or study				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a The organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       X       6b       X       6b <td></td> <td>Form 990 of o</td> <td>ther organizations X Approval by the board or compensation c</td> <td>committee</td> <td></td> <td></td> <td></td>		Form 990 of o	ther organizations X Approval by the board or compensation c	committee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a The organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       X       6b       X       6b <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 6a or 5b, describe in Part III.       6a       X         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:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         b Any related organization?       7       X       6b       X       6b       X </td <td>4</td> <td>During the year, did</td> <td>any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing</td> <td></td> <td></td> <td></td> <td></td>	4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X		organization or a re	lated organization:				
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       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:       5a       X         b       Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	а	Receive a severanc	e payment or change-of-control payment?		<u>4a</u>		
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of 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.       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:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       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:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       X		-	· · · · · · · · · · · · · · · · · · ·		4b		
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?         b       Any related organization?         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?         b       Any related organization?         contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         b       Any related organization?         f"Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," d	С	-			4c		
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>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.</li> <li>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</li> <li>8 X</li> </ul>		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>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.</li> <li>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</li> <li>8 X</li> </ul>							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	_						
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	5			חר			
b       Any related organization?         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?         b       Any related organization?         contingent on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	_	•			<b>F</b> -		v
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?         b       Any related organization?         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         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							
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>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</li> <li>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</li> <li>8 X</li> </ul>	D				00		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	6			20			
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	0			ЛТ			
b       Any related organization?         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         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	а	-	-		62		x
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         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							
<ul> <li>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</li> <li>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</li> <li>8</li> </ul>	~						
not described on lines 5 and 6? If "Yes," describe in Part III7X8Were 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 III7X8X	7			3			
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	•				7		X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8						
	-				8		X
	9						
Regulations section 53.4958-6(c)?					9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2021	LHA					n <b>990</b> )	2021

132111 11-02-21

# SEATTLE-KING COUNTY WORKFORCE

Schedule J (Form 990) 2021 DEVELOPMENT COUNCIL

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIE KUROSE	(i)	181,999.	0.	0.	10,939.	42,227.	235,165.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH BLANCHARD	(i)	117,290.	0.	0.	10,201.	38,254.	165,745.	0.
WORKSOURCE SYSTEM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 2

91-2051978

#### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

91-2051978

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Part III Supplemental Information

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Form 990)       Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990 or Form 990-EZ.						
Name of the organizatior	SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL		identification number 051978				
FORM 990, PAI							
TO CHAMPION A	A WORKFORCE AND LEARNING SYSTEM THAT ALLOWS OUT	R REGI	ON TO				
BE A WORLD LI	EADER IN PRODUCING A VIBRANT ECONOMY AND LIFEL	ONG					
EMPLOYMENT AN	ND TRAINING OPPORTUNITIES FOR EVERY RESIDENT.						
FORM 990, PAI	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:					
STARTED A P	LLOT PROGRAM PROVIDING A \$500 MONTHLY STIPEND	TO HELI	P				
PARTICIPANTS	NAVIGATE THE BENEFITS CLIFF AND ACHIEVE SELF-	SUFFIC	IENCY.				
A JOB PLACEN	MENT RATE OF 82% WITH A MEDIAN STARTING WAGE O	F \$22.	25 PER				
HOUR.							
331 EMPLOYM	ENT RELATED WORKSHOPS WERE PROVIDED TO 2,701 C	LIENTS	АТ				
WORKSOURCE CO	ONNECTION SITES.						
A COMPLETE RI	SPORT ON THE WORKFORCE DEVELOPMENT COUNCILS AC	HIEVEM	ENTS IN				
SERVING THE	COMMUNITY CAN BE FOUND IN OUR ANNUAL REPORT AT	:					
HTTPS://WWW.S	SEAKINGWDC.ORG/ANNUAL-REPORT-PY21.						
FORM 990, PAI	RT VI, SECTION B, LINE 11B:						
MANAGEMENT AN	ND BOARD OF DIRECTORS WILL REVIEW FORM 990 PRI	OR TO	SUBMISSION				
OF FORM 990.							
FORM 990, PAR	RT VI, SECTION B, LINE 12C:						
EMPLOYEES, CO	ONTRACTORS, AND CONSULTANTS ARE INFORMED OF TH	E CONF	LICT OF				

INTEREST POLICY AND SHALL HAVE A DUTY TO DISCLOSE TO MANAGEMENT ANY

VIOLATION OF THIS POLICY.

 BEFORE
 ANY
 MATTER
 IS
 BROUGHT
 BEFORE
 ANY
 COMMITTEE
 OF
 THE
 WDC
 FOR
 ACTION,
 AN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21
 Schedule O (Form 990) 2021

Schedule (Form 990) 2021

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		Tayor
Name of the organization	Employer identification number	
	DEVELOPMENT COUNCIL	91-2051978

INDIVIDUAL WHO BELIEVES THEY MAY HAVE A CONFLICT OF INTEREST MUST ANNOUNCE

THAT FACT TO THE VOTING BODY AND EXCUSE THEMSELVES FROM ANY FURTHER

DISCUSSION AND/OR VOTE ON THE MATTER IN QUESTION.

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

THE ORGANIZATION DETERMINES MANAGEMENT'S COMPENSATION BASED ON COMPENSATION

STUDY PERFORMED BY OUTSIDE CONSULTANTS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2021

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form99	d "Yes" on Form 990, Part IV, I .ttach to Form 990.	ine 33, 34, 35b, 36	5, or 37.	-	O	AB No. 1545 <b>202</b> pen to P Inspecti	ublic on
Name of the organizati	on SEATTLE-KING DEVELOPMENT C	COUNTY WORKFORCE OUNCIL					eridentific		umber
Part I Identification	on of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
	<b>(a)</b> ess, and EIN (if applicable) disregarded entity	(b) Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	r (d) Total incor	(e) ne End-of-year		Direct c	<b>(f)</b> ontrolling ntity	9
		-							
		-							
	on of Polated Tay-Exempt Organi	zations. Complete if the organizatio	on answered "Ves" on Form 990	) Part IV line 34 b		or more relate	d tax-aver	mot	
organization	e, address, and EIN elated 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 con entit	trolling	Section S contra ent	<b>g)</b> 512(b)(13) rolled iity?
CITY OF SEATTLE PO BOX 94749 SEATTLE, WA 9812	4	CITY GOVERNMENT	WASHINGTON			N/A		Yes	No X
KING COUNTY 401 5TH AVENUE, S SEATTLE, WA 9810		COUNTY GOVERNMENT	WASHINGTON		N/A	N/A			x
		_							
		-							

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

Schedule R (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

DEVELOPMENT COUNCIL Schedule R (Form 990) 2021

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

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 Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No	

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Schedule R (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

Schedule R (Form 990) 2021 DEVELOPMENT COUNCIL

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations liste	ed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)		_	Σ
c Gift, grant, or capital contribution from related organization(s)		2	
d Loans or loan guarantees to or for related organization(s)			Σ
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			Σ
g Sale of assets to related organization(s)			Σ
h Purchase of assets from related organization(s)			Σ
i Exchange of assets with related organization(s)	<u>1i</u>		Σ
j Lease of facilities, equipment, or other assets to related organization(s)			2
k Lease of facilities, equipment, or other assets from related organization(s)			Σ
	11		Σ
m Performance of services or membership or fundraising solicitations by related organization(s)	<u>1r</u>	<u>۱</u>	Σ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Σ
o Sharing of paid employees with related organization(s)			Σ
p Reimbursement paid to related organization(s) for expenses	1p	,	2
q Reimbursement paid by related organization(s) for expenses			Σ
r Other transfer of cash or property to related organization(s)	1r		Σ
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
_(3)			
<u>(4)</u>			
(5)			
_(6)			

### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Schedule R (Form 990) 2021

# 91-2051978 Page 4

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)	(b)	(c)	(d)	(e Are	<del>)</del> )	(f)	(g)	()	ו)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile		Are partne	all rs sec.	Share of		Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera		ercentage
of entity		(state or foreign country)		partnei 501(i org		total income	end-of-year assets		tions?	of Schedule K-1	partne	er? C	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	10	
											$\vdash$	+	

Schedule R (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

	SEATTLE-KING COUNTY WORKFOR	
Schedule R	(Form 990) 2021 DEVELOPMENT COUNCIL	91-2051978 Page 5
Part VII	Supplemental Information	
	Provide additional information for responses to questions on Schedule R. See in	structions.
132165 11-17-2	21	Schedule R (Form 990) 2021

45 2021.05080 SEATTLE-KING COUNTY WORKF A1272941

20130509 131839 A127294

			** PUBLIC DISCLOSURE COPY	* *			
	•	00	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047		
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code				
		••	Do not enter social security numbers on this form as it n				
Depa	rtment o	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection		
A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022							
	heck if		f organization	-	entification number		
<b>D</b> a	pplicabl	a.	TLE-KING COUNTY WORKFORCE	B Employer de			
	Addre		LOPMENT COUNCIL				
	_chang Name			91-205	1978		
	_ chang ∣Initial		usiness as r and street (or P.O. box if mail is not delivered to street address) Room				
	_return ]Final	2003	WESTERN AVENUE 250	suite E Telephone nur 425-23			
	lreturn⊥ termir	, 			16,132,138.		
_	ated JAmen		own, state or province, country, and ZIP or foreign postal code TLE , WA 98121	G Gross receipts \$			
	_return ∃Applic			H(a) Is this a grou			
	_ tion pendi		nd address of principal officer: MARIE KUROSE	for subordin			
	-		AS C ABOVE	-	ates included? Yes No		
		empt status: [			ch a list. See instructions		
			SEAKINGWDC.ORG		nption number		
				Year of formation: 200	0 M State of legal domicile: WA		
Pa	rt I	Summary					
<b>n</b>	1	Briefly describ	be the organization's mission or most significant activities: SEE SCHI	EDULE O			
nce							
Governance	2	Check this bo	x <b>&gt;</b> if the organization discontinued its operations or disposed of	more than 25% of its ne	et assets.		
INC	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3 24		
	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)		4 24		
Activities &			of individuals employed in calendar year 2021 (Part V, line 2a)		5 22		
itie			of volunteers (estimate if necessary)		6 24		
Ϋ́			d business revenue from Part VIII, column (C), line 12		7a 0.		
A			business taxable income from Form 990-T, Part I, line 11		7b 0.		
		Net unrelated		Prior Year	Current Year		
	0	Contributiono	and grants (Part ) (III line 1b)	14,144,51			
ne			and grants (Part VIII, line 1h)		0. $0.$ $0.$		
Revenue		•	ice revenue (Part VIII, line 2g)		0. 0.		
Be			come (Part VIII, column (A), lines 3, 4, and 7d)				
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,146,31	<u>6. 16,132,138.</u>		
			milar amounts paid (Part IX, column (A), lines 1-3)	10,081,56			
			to or for members (Part IX, column (A), line 4)		0. 0.		
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,399,90			
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0. 0.		
kpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 🕨0 .				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,107,01			
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,588,47	9. 15,222,861.		
	19	Revenue less	expenses. Subtract line 18 from line 12	557,83	7. 909,277.		
or				Beginning of Current Y	ear End of Year		
t Assets or d Balances	20	Total assets (I	Part X, line 16)	4,241,91			
Ass Ba	21	,	s (Part X, line 26)	2,736,33			
-Net			fund balances. Subtract line 21 from line 20	1,505,57			
	rt II	Signature					
		-	I declare that I have examined this return, including accompanying schedules and si	atements and to the hest of	of my knowledge and belief, it is		
			<sup>19</sup> DC Mation of preparer (other than officer) is based on all information of which pre				
<u>ii uo</u> ,	COILC			5/11/2	2023		
0.	_		e of efficies	Date			
Sigr				Duto			
Her	е		E KUROSE, CEO				
		, <u>,</u>		Data -			
		Print/Type pre		Date Chec			
Paid			ILBERT, CPA ALLEN GILBERT, CPA	05/10/23 self-			
Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-							
Use	Only	Firm's address	$_{\bullet}$ 10700 NORTHUP WAY, SUITE 200				
			BELLEVUE, WA 98004	Phone no.	.425-250-6100		
May	the II	RS discuss thi	s return with the preparer shown above? See instructions		X Yes No		
	01 12-0		For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2021)		

	SEATTLE-KING COUNTY WORKFORCE
	<u>990 (2021) DEVELOPMENT COUNCIL 91-2051978 Page 2</u>
Par	t 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:
	TO CHAMPION A WORKFORCE AND LEARNING SYSTEM THAT ALLOWS OUR REGION TO
	BE A WORLD LEADER IN PRODUCING A VIBRANT ECONOMY AND LIFELONG EMPLOYMENT AND TRAINING OPPORTUNITIES FOR EVERY RESIDENT.
	EMPLOIMENT AND TRAINING OFFORTUNITIES FOR EVERT RESIDENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
	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 \$ 14,852,573. including grants of \$ 11,826,517. ) (Revenue \$ 0. )
	IN 2021-2022, THE SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL
	(WDC) CONTINUED TO PURSUE A LONG-TERM RACIAL EQUITY VISION IN TANDEM
	WITH NEAR-TERM PANDEMIC RESPONSE AND RECOVERY. WE WORKED WITH
	BUSINESSES, LABOR, CHARITIES, SCHOOLS, AND COMMUNITY PARTNERS TO
	PRIORITIZE JOB QUALITY AND SYSTEMS CHANGE IN THE LOCAL LABOR MARKET. SOME KEY OUTCOMES IN 2021-2022 INCLUDE:
	SOME REF OUTCOMES IN 2021-2022 INCLODE:
	SERVED 417 WIOA ADULT CLIENTS, 525 WIOA DISLOCATED WORKER CLIENTS AND
	368 WIOA YOUTH CLIENTS.
	2,138 BUSINESSES SERVED DURING THE YEAR.
	THE COVID 19 DISASTER AND EMPLOYMENT INITIATIVE PROVIDED 294 CLIENTS
	WITH WORK-BASED LEARNING OPPORTUNITIES.
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
44	Other program services (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses > 14,852,573.
-10	Form <b>990</b> (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)
_	2

2021.05080 SEATTLE-KING COUNTY WORKF A1272941

SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Form		L-2051978	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate	es for		
	public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election	ı in effect		
	during the tax year? If "Yes," complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessmen			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rig			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule	e D, Part I <b>6</b>		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III			X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation service			
	If "Yes," complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V			X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX	, or X,		
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sched	·	x	
ь	Part VI		<u></u>	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its tota			x
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its tot			- 23
C				x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported			- 23
u				x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>		x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b		·····		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10			
	or more? If "Yes," complete Schedule F, Parts I and IV			x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	1c and 8a? If "Yes," complete Schedule G, Part II			x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		X	
132003	3 12-09-21	Form	1 <b>990</b>	(2021)

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Form 990 (2021)

# SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اہ	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>^</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
e-	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0-		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	30	17	L
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22		162	140
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 2 2 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
132004	4 12-09-21		990	(2021)
				/

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	SEATTLE-KING COUNTY WORKFORCE	01 005			_
_	990 (2021) DEVELOPMENT COUNCIL	91-2051	.978	P	age <b>5</b>
Par	t 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 22	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x
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 A	ccounts (FBAR)			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
			50 5c		
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				x
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	•			1
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b			7b		<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the ensurement of the sector state the sector busic time and a section (2000)		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
 a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		1
11	Section 501(c)(12) organizations. Enter:		-		
 а		11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
b		446			
10-	/	10412	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				1
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	-		
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
	5		-	000	(2021)

# SEATTLE-KING COUNTY WORKFORCE

	<u>1990 (2021) DEVELOPMENT COUNCIL 91-2051</u>		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	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			
	JEFFREY SIKORA - (425)233-9996			
	2003 WESTERN AVE., SEATTLE, WA 98121	r	000	(000
132000	5 12-09-21 <b>C</b>	Form	990	(2021)
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2021.05080 SEATTLE-KING COUNTY WORKF A1272941

SEATTLE-KING COUNTY WORKFORCE

	DEVELOPMENT	COUNCIL
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Form 990 (2			91-20
Part VII	Compensation of Officers, Directo	rs, Trustees, Key Employees, Highest Compen	sated
	Employees, and Independent Cont	tractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Incurs for related organizations below line)         non topology and and below line)         non topology and and below line)         non topology and and below line)         organizations below and related organizations below line)         organizations below and related organizations below line)         organizations below and related organizations           (1) MARIE KUROSE         40.00         x         181,999.         0.         53,166           (2) BRYAN PANNELL (2) BRYAN PANNELL (3) MICHARL DAVIE         40.00         x         128,101.         0.         16,786           (3) MICHARL DAVIE         40.00         x         122,314.         0.         16,323           (5) ERICKA COX         40.00         x         119,364.         0.         15,644           (6) ELIZABETH BLANCHARD         40.00         x         112,672.         0.         21,956           (7) JEPFREY SIKORA         40.00         x         112,672.         0.         23,551           (7) JEPFREY BLIRECTOR         1.00         x         0.         0.         0.           (10) OTIN BREUKELMANN         1.00         x         0.         0.         0.           (11) OTIN BREUKELMANN         1.00         x         0.         0.         0.           (11) OTIN BREUKELMANN         1.00         x			<u>, ga</u>	πza	uon	0011	pen	out			
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Weak (list any hours for related organizations below line)         Toth and any below line)         Toth any below any below line)         Toth any below any below any below line)         Toth any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any below any belo		hours per	box	, unles	ss per	rson is	s both	an	compensation	compensation	amount of
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(2)       BEYAN FANNELL       40.00       X       128,125.       0.       21,677         (3)       MICHAEL DAVIE       40.00       X       128,125.       0.       16,786         (4)       JASON PERRAIT       40.00       X       128,101.       0.       16,786         (4)       JASON PERRAIT       40.00       X       122,314.       0.       16,323         (5)       ERICKA COX       40.00       X       119,364.       0.       15,644         (6)       ELIZABETH BLANCHARD       40.00       X       117,290.       0.       48,455         (7)       JEFFEY SIKORA       40.00       X       112,672.       0.       21,956         (7)       JEFFEY SIKORA       40.00       X       112,672.       0.       21,956         (7)       JEFFEY SIKORA       40.00       X       109,628.       0.       23,551         (9)       KRISTEN FOX       1.00       X       X       0.       0.       0.         (10)       GIABEUVELMAN       1.00       X       X       0.       0.       0.         (9)       KRISTEN FOX       1.00       X       X       0.       0.       0.		40.00			v				181 000	0	53 166
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(3) MICHAEL DAVIE       40.00         DIRECTOR OF PRORAMS       X       128,101.       0.       16,786         (4) JASON FETRATT       40.00       X       122,314.       0.       16,786         (5) ERICKA COX       40.00       X       119,364.       0.       16,786         (5) ERICKA COX       40.00       X       119,364.       0.       15,644         (6) ELIZABETH BLANCHARD       40.00       X       117,290.       0.       48,455         (7) JEFFREY SIGNA       40.00       X       112,672.       0.       21,956         (7) JEFFREY SIGNA       40.00       X       109,628.       0.       23,551         (9) KRISTEN FOX       1.00       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.         VICE CHAIR       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.         (10) GINA BREUKELMAN       1.00       X       X       0.       0.       0.       0.		40.00					x		128 125.	0.	21 677.
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(4) JASON PETRAIT       40.00       x       122,314.       0.       16,323         (5) ERICKA COX       40.00       x       119,364.       0.       15,644         (6) ELIZABETH BLANCHARD       40.00       x       117,290.       0.       48,455         (7) JEFFREY SIKORA       40.00       x       112,672.       0.       21,956         (7) JEFFREY SIKORA       40.00       x       112,672.       0.       21,956         (8) HUEY YEH       40.00       x       109,628.       0.       23,551         (9) KRISTEN FOX       1.00       x       0.       0.       0.         (10) GINA BREUKELMAN       1.00       x       0.       0.       0.         (11) KATIE GARROW       1.00       x       0.       0.       0.         (12) JOHN BOWERS       1.00       x       0.       0.       0.         (13) MONTY ANDERSON       1.00       x       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (14) PRINCESS AYERS-STEWART       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0. </td <td> ,</td> <td>10100</td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td>128.101.</td> <td>0.</td> <td>16.786.</td>	,	10100					x		128.101.	0.	16.786.
D. OF FUNDING & STRATEGIC         X         122,314.         0.         16,323           (5) ERICKA COX         40.00         X         119,364.         0.         15,323           CHIEF OF STAFF         40.00         X         119,364.         0.         15,644           (6) ELIZABETH BLANCHARD         40.00         X         117,290.         0.         48,455           (7) JEFFREY SIKORA         40.00         X         112,672.         0.         21,956           (8) HUEY YEH         40.00         X         109,628.         0.         23,551           (9) KRISTEN FOX         1.00         X         0.         0.         0.           (10) GINA BREUKELMAN         1.00         X         0.         0.         0.           (11) KATIE GARROW         1.00         X         0.         0.         0.         0.           (12) JOHN BOWERS         1.00         X         0.         0.         0.         0.         0.           (13) MONTY ANDERSON         1.00         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.		40.00									
(5) ERICKA COX       40.00       X       119,364.       0.       15,644         (6) ELIZABETH BLANCHARD       40.00       X       117,290.       0.       48,455         (7) JEFFREY SIKORA       40.00       X       112,672.       0.       21,956         (7) JEFFREY SIKORA       40.00       X       112,672.       0.       21,956         (8) HUEY YEH       40.00       X       109,628.       0.       23,551         (9) REISTEN FOX       1.00       X       0.       0.       0.         CHAIR       X       0.       0.       0.       0.       0.         (10) GINA BREUKELMAN       1.00       X       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	D. OF FUNDING & STRATEGIC						x		122,314.	0.	16,323.
(6)         ELIZABETH BLANCHARD         40.00         X         117,290.         0.         48,455           (7)         JEFFREY SIKORA         40.00         X         112,672.         0.         21,956           (8)         HUEY YEH         40.00         X         109,628.         0.         23,551           (9)         KRISTEN FOX         1.00         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           (11)         KATIE GARROW         1.00         X         X         0.         0.         0.           (12)         JOH BOWERS         1.00         X         X         0.         0.         0.           (13)         MONTY ANDERSON         1.00         X         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X	(5) ERICKA COX	40.00									
(6)         ELIZABETH BLANCHARD         40.00         X         117,290.         0.         48,455           (7)         JEFFREY SIKORA         40.00         X         112,672.         0.         21,956           (8)         HUEY YEH         40.00         X         109,628.         0.         23,551           (9)         KRISTEN FOX         1.00         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           (11)         KATIE GARROW         1.00         X         X         0.         0.         0.           (12)         JOHN BOWERS         1.00         X         X         0.         0.         0.           (13)         MONTY ANDERSON         1.00         X         X         0.         0.         0.           (14)         PRINCESS AYERS-STEWART         1.00         0.         0.         0.         0.           DOARD MEMBER         X         0. </td <td>CHIEF OF STAFF</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td>119,364.</td> <td>0.</td> <td>15,644.</td>	CHIEF OF STAFF						x		119,364.	0.	15,644.
(7) JEFFREY SIKORA       40.00       X       112,672.       0.21,956         (8) HUEY YEH       40.00       X       109,628.       0.23,551         (9) KRISTEN FOX       1.00       X       0.0,0.       0.0         (10) GINA BREUKELMAN       1.00       X       0.0,0.       0.0         VICE CHAIR       X       X       0.0,0.       0.0         (11) KATIE GARROW       1.00       X       0.0,0.       0.0         (12) JOHN BOWERS       1.00       X       0.0,0.       0.0         SECRETARY       X       X       0.0,0.       0.0         (13) MONTY ANDERSON       1.00       X       0.0,0.       0.0         BOARD MEMBER       X       0.0,0.       0.0       0.0         (14) PRINCESS AYERS-STEWART       1.00       0.0       0.0       0.0         BOARD MEMBER       X       0.0,0.       0.0       0.0         (16) JANE BROOM DAVIDSON       1.00       0.0       0.0       0.0         BOARD MEMBER       X       0.0,0.       0.0       0.0         (16) JANE BROOM DAVIDSON       1.00       0.0       0.0       0.0         BOARD MEMBER       X       0.0       0.0 </td <td>(6) ELIZABETH BLANCHARD</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) ELIZABETH BLANCHARD	40.00									
PROGRAM DIRECTOR         X         112,672.         0.         21,956           (8) HUEY YEH         40.00         X         109,628.         0.         23,551           (9) KRISTEN FOX         1.00         X         X         0.         0.         23,551           (10) GINA BREUKELMAN         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           (11) KATIE GARROW         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (11) KATIE GARROW         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (12) JOHN BOWERS         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (13) MONTY ANDERSON         1.00         X         0.         0.         0.         0.	WORKSOURCE SYSTEM DIRECTOR						Х		117,290.	0.	48,455.
(8) HUEY YEH       40.00       X       109,628.       0.23,551         (9) KRISTEN FOX       1.00       X       X       0.0.0       0.0         (10) GINA BREUKELMAN       1.00       X       X       0.0.0       0.0         VICE CHAIR       X       X       0.0.0       0.0       0.0         (11) GINA BREUKELMAN       1.00       X       X       0.0.0       0.0         (11) KATIE GARROW       1.00       X       X       0.0.0       0.0         (12) JOHN BOWERS       1.00       X       X       0.0.0       0.0         SECRETARY       X       X       0.0.0       0.0       0.0         (13) MONTY ANDERSON       1.00       X       0.0.0       0.0       0.0         BOARD MEMBER       X       X       0.0.0       0.0       0.0         (14) PRINCESS AYERS-STEWART       1.00       X       0.0.0       0.0       0.0         BOARD MEMBER       X       0.0.0       0.0       0.0       0.0       0.0         (16) JANE BROOM DAVIDSON       1.00       X       0.0.0       0.0       0.0       0.0         BOARD MEMBER       X       0.0.0       0.0       0.0 <td>(7) JEFFREY SIKORA</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) JEFFREY SIKORA	40.00									
DIRECTOR OF FINANCE (THRU 10/21)         X         109,628.         0.         23,551           (9) KRISTEN FOX         1.00         X         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           (10) GINA BREUKELMAN         1.00         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.         0.           (11) KATIE GARGW         1.00         X         X         0.         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	PROGRAM DIRECTOR				Х				112,672.	0.	21,956.
(9) KRISTEN FOX       1.00       X       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (10) GINA BREUKELMAN       1.00       X       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (11) KATIE GARROW       1.00       X       X       0.       0.       0.       0.         (12) JOHN BOWERS       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	(8) HUEY YEH	40.00									
CHAIR         X         X         X         0.         0.         0.           (10) GINA BREUKELMAN         1.00         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           (11) KATIE GARROW         1.00         X         X         0.         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           (12) JOHN BOWERS         1.00         X         X         0.         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.					Х				109,628.	0.	23,551.
(10) GINA BREUKELMAN       1.00       X       X       X       0.0.0.00         VICE CHAIR       X       X       X       0.0.0.00       0.0.00         (11) KATIE GARROW       1.00       X       X       0.0.0.00       0.0.00         TREASURER       X       X       0.0.0.00       0.0.00       0.0.00         (12) JOHN BOWERS       1.00       X       X       0.0.00       0.00         SECRETARY       X       X       0.0.00       0.00       0.00         (13) MONTY ANDERSON       1.00       X       0.0.00       0.00       0.00         BOARD MEMBER       X       0.0.00       0.00       0.00       0.00       0.00         (14) PRINCESS AYERS-STEWART       1.00       X       0.0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.0.00       0.00       0.00       0.00       0.00       0.00         (15) SHARON BIAS       1.00       X       0.0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.0.00       0.00       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.00	(9) KRISTEN FOX	1.00									-
VICE CHAIRXXX0.0.0.(11) KATIE GARROW1.00XXX0.0.0.TREASURERXXX0.0.0.0.(12) JOHN BOWERS1.00XXX0.0.0.SECRETARYXXX0.0.0.0.(13) MONTY ANDERSON1.00XX0.0.0.BOARD MEMBERX0.0.0.0.0.(14) PRINCESS AYERS-STEWART1.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(15) SHARON BIAS1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(16) JANE BROOM DAVIDSON1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.			Х		Х				0.	0.	0.
(11) KATIE GARROW       1.00       X       X       X       0.0.0.00       0.00         TREASURER       1.00       X       X       0.0.0.00       0.00       0.00         (12) JOHN BOWERS       1.00       X       X       0.0.00       0.00       0.00         SECRETARY       X       X       0.0.00       0.00       0.00       0.00         (13) MONTY ANDERSON       1.00       X       X       0.0.00       0.00       0.00         BOARD MEMBER       X       0.00       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.00       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.00       0.00       0.00       0.00       0.00         (16) JANE BROOM DAVIDSON       1.00       X       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.00       0.00       0.00       0.00       0.00         BOARD MEMBER       X       0.00       0.00       0.00       0.00       0.00	(10) GINA BREUKELMAN	1.00									
TREASURER         X         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	VICE CHAIR		Х		Х				0.	0.	0.
(12) JOHN BOWERS1.00XXX0.0.0SECRETARY1.00XX0.0.0.0.(13) MONTY ANDERSON1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(14) PRINCESS AYERS-STEWART1.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(15) SHARON BIAS1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(16) JANE BROOM DAVIDSON1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.	(11) KATIE GARROW	1.00									
SECRETARYXXX0.0.0.(13) MONTY ANDERSON1.001.000.0.0.0.BOARD MEMBERX0.0.0.0.0.(14) PRINCESS AYERS-STEWART1.00X0.0.0.BOARD MEMBERX0.0.0.0.(15) SHARON BIAS1.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) JANE BROOM DAVIDSON1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) CAROLINE CHAN1.00X0.0.0.BOARD MEMBERX0.0.0.0.	TREASURER		Х		Х				0.	0.	0.
(13) MONTY ANDERSON1.00X0.0.0BOARD MEMBERX1.00X0.0.0.(14) PRINCESS AYERS-STEWART1.00X0.0.0.BOARD MEMBERX0.0.0.0.(15) SHARON BIAS1.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) JANE BROOM DAVIDSON1.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.	(12) JOHN BOWERS	1.00									
BOARD MEMBERX0.0.0(14) PRINCESS AYERS-STEWART1.00X0.0.BOARD MEMBERX0.0.0.(15) SHARON BIAS1.00X0.0.BOARD MEMBERX0.0.0.(16) JANE BROOM DAVIDSON1.000.0.BOARD MEMBERX0.0.0.(16) JANE BROOM DAVIDSON1.000.0.BOARD MEMBERX0.0.0.BOARD MEMBERX0.0.0.BOARD MEMBERX0.0.0.	SECRETARY		Х		Х				0.	0.	0.
(14) PRINCESS AYERS-STEWART1.00X0.0.BOARD MEMBERX0.0.0.0.(15) SHARON BIAS1.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) JANE BROOM DAVIDSON1.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.	(13) MONTY ANDERSON	1.00									
BOARD MEMBERX0.0.0(15) SHARON BIAS1.00X0.0.0BOARD MEMBERX0.0.0.0(16) JANE BROOM DAVIDSON1.00X0.0.0BOARD MEMBERX0.0.0.0(17) CAROLINE CHAN1.00X0.0.0BOARD MEMBERX0.0.0.0	BOARD MEMBER		Х						0.	0.	0.
(15) SHARON BIAS1.00X0.0.0BOARD MEMBERX0.0.0.0(16) JANE BROOM DAVIDSON1.00X0.0.0BOARD MEMBERX0.0.0.0(17) CAROLINE CHAN1.00X0.0.0.BOARD MEMBERX0.0.0.0	(14) PRINCESS AYERS-STEWART	1.00									_
BOARD MEMBERX0.0.0(16) JANE BROOM DAVIDSON1.00BOARD MEMBERX.0.0.0.(17) CAROLINE CHAN1.00X.0.0.0.BOARD MEMBERX.0.0.0.0.			Х						0.	0.	0.
(16) JANE BROOM DAVIDSON1.000.0.0.BOARD MEMBERX0.0.0.0.(17) CAROLINE CHAN1.00X0.0.0.BOARD MEMBERX0.0.0.0.		1.00									
BOARD MEMBERX0.0.0(17) CAROLINE CHAN1.00X0.0.0BOARD MEMBERX0.0.0.0			х						0.	0.	0.
(17) CAROLINE CHAN 1.00 X 0. 0. 0		1.00									<u> </u>
BOARD MEMBER D. O. O. O.			X						0.	0.	0.
		1.00								<u>^</u>	<u>^</u>
	BOARD MEMBER		Х						0.	0.	0.

132007 12-09-21

Form 990 (2021)

Form 990 (2021) SEATTLE –				WO	RK	(FO	RC	Е	91-2051	978	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees. Kev Emr	olov	ees.	and	l Hie	ahes	t Co	ompensated Employee	s (continued)			<u> </u>
(A) Name and title	(B) Average hours per week (list any hours for related	(do box	not ch , unles cer an	(C) Position t check more than one less person is both an and a director/trustee)			one an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	an com fr	(F) stimate nount other pensa om the anizat	of tion e
	organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			d relati anizati	
(18) LIGAYA DOMINGO	1.00								•			~
BOARD MEMBER	1 00	Х						0.	0.			0.
(19) ANGELA DUNLEAVY	1.00								•			•
BOARD MEMBER		Х						0.	0.			0.
(20) BERIT ERIKSSON	1.00								-			
BOARD MEMBER		Х						0.	0.			0.
(21) BOOKDA GHEISAR	1.00								-			
BOARD MEMBER		Х						0.	0.			0.
(22) KATE HARKESS	1.00								•			•
BOARD MEMBER	1 00	Х				-		0.	0.			0.
(23) JON HOLDEN	1.00							•	0			~
BOARD MEMBER	1 00	Х				-		0.	0.			0.
(24) JUSTIN MAGOUIRK CROWE	1.00							•	0			~
BOARD MEMBER	1 00	Х				-		0.	0.			0.
(25) ANN MARTIN	1.00							•	0			~
BOARD MEMBER	1 00	Х						0.	0.			0.
(26) SHEFALI MCDERMOTT	1.00	37						0	0			^
BOARD MEMBER		Х						0.	0.	01		0.
1b Subtotal								1,019,493.	0.		7,5	
c Total from continuation sheets to Part V								0. 1,019,493.	0.	21	7 5	0.
d Total (add lines 1b and 1c)									0.		7,5	20.
2 Total number of individuals (including but r	not limited to the	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	8 No
3 Did the organization list any former officer	, director, truste	ee, k	ey e	mpl	oye	e, or	higł	nest compensated empl	oyee on		Tes	NO
line 1a? If "Yes," complete Schedule J for s	such individual									3		<u>X</u>
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	ne organization			
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," cor	nplete Schedule	e J fo	or su	ich p	oers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	•	•							· ·	tion fro	om	
(A)	,			-				(B)		(0	C)	
Name and business	address	NC	ONE	3				Description of s	ervices C	compe		n

Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 🕨 0		
SEE PART VII, SECTION A CONTINUATION SHI	EETS	Form <b>990</b> (2021)

SEE PART VII, SECTION A CONTINUATION SHEETS 132008 12-09-21 8

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2021.05080 SEATTLE-KING COUNTY WORKF A1272941

#### SEATTLE-KING COUNTY WORKFORCE

91-2051978 DEVELOPMENT COUNCIL Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Reportable Name and title Position Estimated (check all that apply) compensation compensation amount of hours from from related other per week the organizations compensation Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Former Officer line) (27) DR. JOHN MOSBY 1.00 BOARD MEMBER Х 0. 0. 0. (28) JASON NAKAMURA 1.00 BOARD MEMBER Х 0. 0. 0. (29) JIQUANDA NELSON 1.00 0. BOARD MEMBER Х 0. 0. (30) COS ROBERTS 1.00 BOARD MEMBER Х 0. 0. 0. (31) NORTON SWEET 1.00 Х 0. 0. 0. BOARD MEMBER (32) JOHN WELCH 1.00 BOARD MEMBER Х 0. 0. 0. Total to Part VII, Section A, line 1c

132201 04-01-21

SEATTLE-KING COUNTY WORKFORCE

Forn	n 990	) (2			ENT C	OUNCIL			91-2051	978 Page <b>9</b>
Pa	rt V		Statement of Re	evenue						
			Check if Schedule O	contains a r	esponse	or note to any line	e in this Part VIII	(B)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
t ts	1 :	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
و م م			Fundraising events		1c					
ar fit			Related organizations		1d					
s, s		е	Government grants (contr	ributions)	1e	14,775,798.				
rsion	1	f	All other contributions, gifts,	grants, and						
the			similar amounts not included	d above 📖	1f	1,356,340.				
o tri D		g	Noncash contributions included in	lines 1a-1f	1g \$					
an Co		h	Total. Add lines 1a-1f			►	16,132,138.			
						Business Code				
e	2 8	а								
ervi		b								
am Serv evenue		С								
Jev	•	d								
Program Service Revenue		е								
Δ.			All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (inclue							
	4		other similar amounts) Income from investment of							
	5		Royalties	-	-	1				
	5		noyalles		Real	(ii) Personal				
	6	2	Gross rents		Tiour					
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss			►				
			Gross amount from sales of		curities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
e			and sales expenses	7b						
/enue		с	Gain or (loss)	7c						
Be		d	Net gain or (loss)			►				
Other Rev	8 8	а	Gross income from fundraisi	ing events (n	ot					
₫			including \$		of					
			contributions reported on	i line 1c). Se	e					
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from	-		<b>▶</b>				
	9 8	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from							
	10 8	а	Gross sales of inventory,							
		L-	and allowances							
			Less: cost of goods sold Net income or (loss) from			-				
		C		Sales UI IIIV	entory	Business Code				
sno	11 :	а								
nec		b								
ella sver		č								
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				16,132,138.	0.	٥.	٥.

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132009 12-09-21

2021.05080 SEATTLE-KING COUNTY WORKF A1272941

Form **990** (2021)

Part IX Statement of Functional Expenses

Form 990 (2021)

### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,826,517.	11,826,517.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	447,155.	395,583.	51,572.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,700,676.	1,584,502.	116,174.	
8	Pension plan accruals and contributions (include	, ,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	.,	
-	section 401(k) and 403(b) employer contributions)	75,876.	69,826.	6,050.	
9	Other employee benefits	220,947.	69,826. 201,252.	19,695.	
10	Payroll taxes	165,842.	151,142.	14,700.	
11	Fees for services (nonemployees):	200/0420			
	· · · · · · · · · · · · · · · · · · ·				
a L	Management	18,484.		18,484.	
b		36,750.		36,750.	
C	Accounting	50,750.			
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,	220 101	221 260	16 010	
	column (A), amount, list line 11g expenses on Sch O.)	238,181.	221,269.	16,912.	
12	Advertising and promotion	4,788.	4,788.	2 05 6	
13	Office expenses	82,846.	78,890.	3,956.	
14	Information technology				
15	Royalties	0.61 0.00			
16	Occupancy	261,098.	227,536.	33,562.	
17	Travel	17,283.	14,702.	2,581.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	39,469.	34,909.	4,560.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	36,543.		36,543.	
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 0.)				
а	DUES & MEMBERSHIPS	26,744.	21,806.	4,938.	
a b	EQUIPMENT RENTAL	23,662.	19,851.	3,811.	
		25,002+	1,0310	5,0110	
c c					
d	All other expenses				
	All other expenses	15,222,861.	14,852,573.	370,288.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1J,222,001.	±=,0J2,J/J•	570,200.	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 Figure if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (202

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132010 12-09-21

Form 990 (2021)

Form 990 (2021)

SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

		Balance Sheet				91 <sup>-</sup> .	2051978 Page I
		Check if Schedule O contains a response or note	to any line in thi	s Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,294,281.	1	1,296,923
	2	Savings and temporary cash investments		<b>-</b>		2	
	3	Pledges and grants receivable, net			1,894,373.		2,475,651
Assets	4	Accounts receivable, net			3,344.	4	2,000
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		,		5	
	6	Loans and other receivables from other disqualifie		· · · · · · · · · · · · · · · · · · ·			
	•	under section 4958(f)(1)), and persons described in				6	
	7	Notes and loans receivable, net				7	
Set	8	Inventories for sale or use				8	
AS	9	Prepaid expenses and deferred charges			49,914.	9	86,870
		Land, buildings, and equipment: cost or other			- / -		
	ieu	basis. Complete Part VI of Schedule D	10a	172,360.			
	b	Less: accumulated depreciation		172,360.	0.	10c	0
	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			4,241,912.	16	3,861,444
	17	Accounts payable and accrued expenses			1,858,185.	17	2,143,875
	18	Grants payable			818,792.	18	603,840
	19	Deferred revenue		19	204,897		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Pa			21		
	22	Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		,		22	
	23	Secured mortgages and notes payable to unrelate		·····		23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D	, ,		59,359.	25	49,839
	26	Total liabilities. Add lines 17 through 25		Γ	2,736,336.	26	3,002,451
		Organizations that follow FASB ASC 958, check	k here 🕨 🔀	]			
sel		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			1,505,576.	27	-113,344
	28	Net assets with donor restrictions				28	972,337
2		Organizations that do not follow FASB ASC 958					
2		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
2612	30	Paid in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
<u>ب</u>	32	Total net assets or fund balances			1,505,576.	32	858,993
_	33	Total liabilities and net assets/fund balances			4,241,912.	33	3,861,444
					•		Form <b>990</b> (202

132011 12-09-21

1 T 2 T 3 R 4 N 5 N 6 D 7 Ir 8 P	XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         otal revenue (must equal Part VIII, column (A), line 12)         otal expenses (must equal Part IX, column (A), line 25)         levenue less expenses. Subtract line 2 from line 1         let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         let unrealized gains (losses) on investments         lonated services and use of facilities         nivestment expenses         rior period adjustments         ther changes in net assets or fund balances (explain on Schedule O)         let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, olumn (B))	1 2 3 4 5 6 7 8 9	16,132 15,222 909 1,505	2,80 9,2' 5,5'	<u>61.</u> 77.
2 T 3 R 4 N 5 N 6 D 7 Ir 8 P	otal revenue (must equal Part VIII, column (A), line 12) otal expenses (must equal Part IX, column (A), line 25) levenue less expenses. Subtract line 2 from line 1 let assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) let unrealized gains (losses) on investments lonated services and use of facilities investment expenses rior period adjustments other changes in net assets or fund balances (explain on Schedule O) let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1 2 3 4 5 6 7 8	16,132 15,222 909 1,509	2,80 9,2' 5,5'	<u>61.</u> 77.
2 T 3 R 4 N 5 N 6 D 7 Ir 8 P	otal expenses (must equal Part IX, column (A), line 25)         levenue less expenses. Subtract line 2 from line 1         let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         let unrealized gains (losses) on investments         ionated services and use of facilities         ivestment expenses         rior period adjustments         other changes in net assets or fund balances (explain on Schedule O)         let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	2 3 4 5 6 7 8	15,222 909 1,509	2,80 9,2' 5,5'	<u>61.</u> 77.
2 T 3 R 4 N 5 N 6 D 7 Ir 8 P	otal expenses (must equal Part IX, column (A), line 25)         levenue less expenses. Subtract line 2 from line 1         let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         let unrealized gains (losses) on investments         ionated services and use of facilities         ivestment expenses         rior period adjustments         other changes in net assets or fund balances (explain on Schedule O)         let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	2 3 4 5 6 7 8	15,222 909 1,509	2,80 9,2' 5,5'	<u>61.</u> 77.
<ul> <li>3 R</li> <li>4 N</li> <li>5 N</li> <li>6 D</li> <li>7 Ir</li> <li>8 P</li> </ul>	evenue less expenses. Subtract line 2 from line 1         let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         let unrealized gains (losses) on investments         lonated services and use of facilities         ionated services and use of facilities         ivestment expenses         rior period adjustments         ther changes in net assets or fund balances (explain on Schedule O)         let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	3 4 5 6 7 8	909 1,509	9,2' 5,5'	77.
4 N 5 N 6 D 7 Ir 8 P	let assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) let unrealized gains (losses) on investments ionated services and use of facilities investment expenses rior period adjustments ther changes in net assets or fund balances (explain on Schedule O) let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	4 5 6 7 8	1,505	5,5	
5 N 6 D 7 Ir 8 P	let unrealized gains (losses) on investments ionated services and use of facilities investment expenses irior period adjustments ither changes in net assets or fund balances (explain on Schedule O) let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	5 6 7 8			<u>76.</u>
6 D 7 Ir 8 P	Investment expenses	6 7 8	-1,555	5,8	
7 Ir 8 P	nvestment expenses rior period adjustments other changes in net assets or fund balances (explain on Schedule O) let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	7 8	-1,55	5,8	
<b>8</b> P	rior period adjustments other changes in net assets or fund balances (explain on Schedule O) let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	8	-1,555	5,8	
	other changes in net assets or fund balances (explain on Schedule O) let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		-1,55	5,8	
9 0	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9			
• •					0.
<b>10</b> N	olumn (B))				
C		10	858	3,9	<u>93.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1 A	ccounting method used to prepare the Form 990: 📃 Cash 🛛 🖾 Accrual 📃 Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
<b>2a</b> W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
S	eparate basis, consolidated basis, or both:				
[	Separate basis Consolidated basis Both consolidated and separate basis				
b V	/ere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
C	onsolidated basis, or both:				
[	X Separate basis Consolidated basis Both consolidated and separate basis				
c lf	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	the organization changed either its oversight process or selection process during the tax year, explain on Sch				
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	ct and OMB Circular A-133?	-	3a	x	
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x	

Form **990** (2021)

132012 12-09-21

(Form	·		Public Char omplete if the organ 494	OMB No. 1545-0047								
	nt of the Treasury evenue Service			Attach to Form 990 or F //Form990 for instructio			oformation.		Open to Public Inspection			
Name o	of the organization			OUNTY WORKFOF			normation.	Employer	identification number			
	C C		LOPMENT CO						1-2051978			
Part	I Reason			(All organizations must c	omplete th	nis part.) S	ee instructior					
The org				For lines 1 through 12, cl								
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ı 990).)							
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 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)											
	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 <u>X</u>	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
<b>o</b> [	-, ·		omplete Part II.)									
8 [	- ·			(1)(A)(vi). (Complete Part	,	ad in aanii	nation with a	land grant				
9	-		•	in section 170(b)(1)(A)(i		-		-	-			
	university:		grant college of agric	ulture (see instructions).		name, city	, and state of	the college				
10	- · -	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from			
				t to certain exceptions; a								
				(less section 511 tax) fro					-			
			mplete Part III.)			•	, ,	•				
11 🗌	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section {	509(a)(2).	See section	509(a)(3).	Check the box on			
_	lines 12a thro	ugh 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.				
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled I	oy its supp	ported org	anization(s), t	ypically by	giving			
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting			
			complete Part IV, Se									
bι			-	or controlled in connect			-		•			
		-		anization vested in the sa	ime perso	ns that co	ntrol or mana	ge the supp	ported			
•	ĭ	.,	t complete Part IV,	g organization operated i		ion with a	and functional	lly into grate				
c		-	• • • •	). You must complete F				ily integrate	u with,			
d		•	.,.	orting organization operation			-	ted organia	zation(s)			
u L		-	• •	ation generally must sati				•				
		,	0	nplete Part IV, Sections								
е [				written determination from				II, Type III				
				nally integrated supportir								
fΕ	nter the number o	of supported of	organizations									
<b>g</b> P			about the supporte	d organization(s).	(iv) to the error	nization listed						
	(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o support (see ir		(vi) Amount of other support (see instructions)			
	organization			above (see instructions))	Yes	No	Support (See ii	istructions				
									<u> </u>			
Total												

# SEATTLE-KING COUNTY WORKFORCE

Cab	_	EVELOPMEN'		WORKFORC	E	91-205	51978 Page <b>2</b>
	edule A (Form 990) 2021 D Int II Support Schedule for			Sections 170	(h)(1)(A)(iv) and	91-203 170(b)(1)(Δ)(y	vi)
	(Complete only if you checke	-					-
	fails to qualify under the tests			-			, organization
Sec	ction A. Public Support	/	·	,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(6) 2010	(6) 2013	(0) 2020		
•	membership fees received. (Do not						
	include any "unusual grants.")	13678181	13887735.	11396046.	14144510.	16132138.	69238610.
2	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13678181.	13887735.	11396046.	14144510.	16132138.	69238610.
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.						69238610.
	ction B. Total Support					•	<u>.</u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	13678181.	13887735.	11396046.	14144510.	<u>16132138.</u>	69238610.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital	0 405			1 000		1 - 1
	assets (Explain in Part VI.)	8,495.	2,048.	2,839.	1,806.		15,188.
11	Total support. Add lines 7 through 10						69253798.
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	. —
800	organization, check this box and sto						·····
	ction C. Computation of Public		-	(f)			99.98 %
. –	Public support percentage for 2021 (I		-			14 15	00.00
15	Public support percentage from 2020 33 1/3% support test - 2021. If the						, <u>, , , , , , , , , , , , , , , , , , </u>
108	stop here. The organization qualifies						
F	33 1/3% support test - 2020. If the						······································
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	the organi	
b	10% -facts-and-circumstances test	-				7a. and line 15 is	10% or
~	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s

Schedule A (Form 990) 2021

132022 01-04-22

15 2021.05080 SEATTLE-KING COUNTY WORKF A1272941

#### SEATTLE-KING COUNTY WORKFORCE

91-2051978 Page 3

Schedule A (Form 990) 2021	DEVELOPMENT	COUNCIL	
Part III Support Schedule fo	r Organizations De	escribed 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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
Ł	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								
	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support			L.				L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total	
9	Amounts from line 6								
	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								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	organizatic	on,	
	check this box and stop here				-		•	►[	
See	ction C. Computation of Publi								
15	Public support percentage for 2021 (I	line 8, column (f), d	divided by line 13,	column (f))		15			%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16			%
See	ction D. Computation of Inves								
	Investment income percentage for 20			ine 13. column (f))		17			%
18	Investment income percentage from		- · · · · · · · · · · ·			18			%
	<b>33 1/3% support tests - 2021.</b> If the						and line 17	7 is not	
	more than 33 1/3%, check this box a	-						▶□	
٢	33 1/3% support tests - 2020. If the						33 1/3% a	► ∟ ind	
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization								╡
	23 01-04-22	A GIG HUL CHECK &			113 DUX ANU SEE III				021
10204									

### 08580510 131839 A127294

#### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

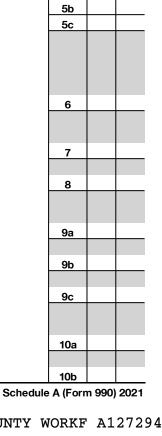
#### Schedule A (Form 990) 2021 DEVI Part IV Supporting Organizations

(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

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

132024 01-04-21



Dout IV Supporting Organizations

Schedule A (Form 990) 2021

# SEATTLE-KING COUNTY WORKFORCE

DEVELOPMENT COUNCIL

Yes No

No

Yes

3

2a

2b

3a

1 4	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.	I	
Sec	ction 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).

Section D. All Type in Supporting Organizations				
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 p			

	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 on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

supporte	ed organizatio	ons plaved in th	his regard.		
Section E.	Type III Fi	Inctionally	Integrated	Supporting	Organizations

ly integrated oupporting organiz	

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

The organization supported a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instructions	s).
	The organization supported a governmental entity.	The organization supported a governmental entity. Describe in Part VI how	The organization supported a governmental entity. Describe in Part VI how you supported a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- **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.** 

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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

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SEATTLE-KING COUNTY WORKFORCE 91-2051978 Page 6 DEVELOPMENT COUNCIL Schedule A (Form 990) 2021 **Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 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 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2021

132026 01-04-22

# SEATTLE-KING COUNTY WORKFORCE

		COUNTY WORKFOR		
	dule A (Form 990) 2021 DEVELOPMENT C		1	1-2051978 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
_4	Amounts paid to acquire exempt-use assets	<b>D</b>	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	(1)	10	()
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020 Excess from 2021			

Schedule A (Form 990) 2021

132027 01-04-22

	SE	ATTLE-KING COUN	TY WORKFORCE		
Schedule A	(Form 990) 2021 DE'	VELOPMENT COUNC	TL	91-2051978	Page 8
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b	<b>Dn.</b> Provide the explanations , 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, and 3; Part IV, Section E, lin	e required by Part II, line 10; Par 11a, 11b, and 11c; Part IV, Sec es 1c, 2a, 2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section /, line 1; Part V, Section B, line 1e; Par	C,
	(See instructions.)	,			

Schedule A (Form 990) 2021

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Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury	<ul> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	2021
Internal Revenue Service Name of the organization		Employer identification numb
•	SEATTLE-KING COUNTY WORKFORCE	
	DEVELOPMENT COUNCIL	91-2051978
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizatio	n is covered by the General Rule or a Special Rule.	

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule I	3 (Form 990) (2021)		Page <b>2</b>
SEATT	rganization LE-KING COUNTY WORKFORCE OPMENT COUNCIL		Employer identification number 91-2051978
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
1		\$830,1	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		\$ 12,341,2	60.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		\$761,5	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution

noncash contributions.) Schedule B (Form 990) (2021)

(Complete Part II for

Person Payroll Noncash

123452 11-11-21

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\$

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	B (Form 990) (2021)		Page <b>3</b>
	rganization LE-KING COUNTY WORKFORCE		Employer identification number
	DPMENT COUNCIL		91-2051978
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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2021.05080 SEATTLE-KING COUNTY WORKF A1272941

Schedule	B (Form 990) (2021)			Page <b>4</b>			
Name of c	organization			Employer identification number			
	LE-KING COUNTY WORKFORCE	2					
	OPMENT COUNCIL			91-2051978			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through <b>(e) and</b> the following line er charitable, etc., contributions of <b>\$1,000 o</b>	ntry. For organizations				
(a) No.		space is needed.					
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(a) Transfer of gi					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Des	cription of how gift is held			
		(e) Transfer of gi	 ft				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			

Schedule B (Form 990) (2021)

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25 2021.05080 SEATTLE-KING COUNTY WORKF A1272941

	SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,				
(For	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informat	ion. Open to Public Inspection	
Nam	e of the organization			Employer identification number	
D		DEVELOPMENT COUNCII		91-2051978	
Pa		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or	ACCOUNTS. Complete if the	
	organization		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised	funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?	Yes No	
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring	
De	impermissible priva				
			ganization answered "Yes" on Form 990, Pa	rt IV, line 7.	
1		servation easements held by the organization			
		of land for public use (for example, recreat	,	historically important land area	
		f natural habitat	Preservation of a	certified historic structure	
2		of open space	ied conservation contribution in the form of	a conconvision accompant on the last	
2	day of the tax year	<b>o o</b> .		Held at the End of the Tax Year	
а					
b					
c	-		ucture included in (a)		
d			fter 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3			eased, extinguished, or terminated by the or		
	year 🕨				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per			
~		orcement of the conservation easements it			
6		r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year	
7	Amount of expens	es incurred in monitoring inspecting hand	ling of violations, and enforcing conservation	n easements during the year	
•	► \$			n casements daning the year	
8		vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?		Yes No	
9			on easements in its revenue and expense sta		
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statement	ts that describes the	
	organization's acc	ounting for conservation easements.			
Pa			Art, Historical Treasures, or Othe	er Similar Assets.	
		the organization answered "Yes" on Form			
1a	U U		8, not to report in its revenue statement and		
			lic exhibition, education, or research in furth	lerance of public	
h	· •		icial statements that describes these items. 8, to report in its revenue statement and bal	ance sheet works of	
5	-		exhibition, education, or research in further		
		ng amounts relating to these items:			
	•	0		▶\$	
2			asures, or other similar assets for financial g		
	•	unts required to be reported under FASB A	· · ·		
а	Revenue included	on Form 990, Part VIII, line 1	-	▶ \$	
b	Assets included in	Form 990, Part X			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021	
13205	1 10-28-21		26		
			26		

08580510 131839 A127294

2021.05080 SEATTLE-KING COUNTY WORKF A1272941

		-KING COUN		ORKFOR	CE					_	-
		MENT COUNC		orio al Tra		Other	Cimila	91-20	5197	8 Pa	age <b>2</b>
	t III Organizations Maintaining C								o (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	c any of the f	following that	make si	gnificant i	use of its			
_	collection items (check all that apply):										
a	Public exhibition	-			hange progra	im					
b	Scholarly research	e		Other							
c											
4								se in Part	XIII.		
5	During the year, did the organization solicit o								7		1.
Par	to be sold to raise funds rather than to be ma <b>TIV</b> Escrow and Custodial Arran	amamed as part of t	ne organ		n enswored "	Voo" on	Eorm 000				No
	reported an amount on Form 990, Pa			e organizatio	ii answereu	165 011	F0111 990	, raitiv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custodi		liary for	contribution	s or other ass	ets not i	ncluded				
ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII									L	_ 110
			nowing t						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •	······			1
Par											
	• ·	(a) Current year		Prior year	(c) Two year			/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 10	a. column (a	)) held as:				•		
а	Board designated or quasi-endowment	•	%		0						
b	Permanent endowment	%									
c		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	ed for th	e organiza	ation			
	by:	5					5			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k value	e
	-	basis (investr	ment)	basis	(other)	dep	oreciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			17	2,360.	1	L72,3	60.			0.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	0c.)						0.
								Schedule	D (Forn	n <b>990</b> )	2021

Schedule D (Form 990) 2021

### SEATTLE-KING COUNTY WORKFORCE

Part VII	Inv	estments	- Other Sec	curities.			
	-				 	 -	_

DEVELOPMENT COUNCIL

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

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

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

 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (2) DEFERRED RENT

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 900, Part Y, col. (P) line 25)	49.839.

Total. (Column (b) must equal Form 990, Part X, col. (b) line 25.)

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

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	SEATTLE-KING COUNTY WORKFO	RCE		
	dule D (Form 990) 2021 DEVELOPMENT COUNCIL			2051978 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	16,132,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		-
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			16,132,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4</b> a		
b	Other (Describe in Part XIII.)	4b		-
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			16,132,138.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	-	es per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			15 000 011
1	Total expenses and losses per audited financial statements		1	15,222,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			15,222,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			15,222,861.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THE COUNCIL IS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

132054 10-28-21

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Foru s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization SEATTLE-K. DEVELOPMEI		WORKFORCE	<u> </u>				Employer identification numb $91-2051978$
Part I General Information on Grants ar	nd Assistance						
<b>1</b> Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes
2 Describe in Part IV the organization's pro						/ " = 000 = 1	
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "	res" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AEROSPACE MACHINIST JOINT TRAINING COMMITTEE - PO BOX 80727 - SEATTLE, WA 98108	26-3339867	501 (C) (3)	65,765.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
APPLIED INFERENCE .618 N. 170TH SHORELINE, WA 98133	57-4240082		43,320.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
ASIAN COUNSELING & REFERRAL SERVICE – 3639 MARTIN LUTHER KING VR. WAY SOUTH – SEATTLE, WA 98108	91-0916176		1,139,408.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
BERK CONSULTING, INC. 2200 6TH AVENUE, SUITE 1000 SEATTLE, WA 98121	91-1467862		7,428.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
BUILD2LEAD - JIMMY BROWN 517 N. 45TH ST. PACOMA, WA 98407	84-5112432	501 (C) (3)	20,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
CHMURA ECONOMICS & ANALYTICS 1309 E. CARY STREET, SUITE 200 RICHMOND, VA 23219	54-1923150		14,329.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	0	4 - 1-1 -					

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

## SEATTLE-KING COUNTY WORKFORCE

Schedule I (Form 990) DEVELOPMENT COUNCIL

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPUTING FOR ALL							
1311 108TH AVE NE							
BELLEVUE, WA 98004	47-2699685	501 (C) (3)	15,044.	0	N/A	N/A	EMPLOYMENT AND TRAINING
,				<b>·</b> ·			
COURSERA, INC.							
DEPT LA 22448							
PASADENA, CA 91185-2448	45-3560292		120,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
EMPLOYMENT SECURITY			,				
DEPARTMENT/HUMAN RESOURCE - ATTN:							
TREASURY UNIT							
P.O. BOX 9046 - OLYMPIA, WA	91-1762161		364,533.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
EMSI							
ECONOMIC MODELING LLC							
232 N ALMON STREET - MOSCOW, ID							
83843	27-1605272		54,023.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
HARBORVIEW MEDICAL CENTER							
325 NINTH AVE. MS # 359751				_			
SEATTLE, WA 98104	91-1631806		17,592.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
HIGHLINE COLLEGE							
P.O. BOX 98000 MS99-281							
DES MOINES, WA 98198-9800	47-5658785		148,588.	0	N/A	N/A	EMPLOYMENT AND TRAINING
DES MOINES, WA JOIDO JOOO	4/ 5050/05		140,000.	0.	N/A	N/A	EMPLOTMENT AND TRAINING
HIGHLINE SCHOOLS FOUNDATION							
15675 AMBAUM BLVD SW							
BURIEN, WA 98166	91-2020506	501 (C) (3)	18,432.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
/							-
INCOMMAND INC							
5504 ENGLEWOOD HI DR.							
YAKIMA, WA 98908	91-1643146		25,834.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
INDEPENDENT AUTOMOTIVE TECHNICIAN							
APPRENTICE - 7403 LAKEWOOD DR W #7							
- LAKEWOOD, WA 98499-7951	83-4379935		18,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING

## SEATTLE-KING COUNTY WORKFORCE

Schedule I (Form 990) DEVELOPMENT COUNCIL Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II) 91-2051978 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING COUNTY BOYS AND GIRLS CLUB							
220 WEST MERCER ST. STE. 410							
SEATTLE, WA 98119	91-0532600	501 (C) (3)	221,374.	0	N/A	N/A	EMPLOYMENT AND TRAINING
CING COUNTY EMPLOYMENT & EDUCATION			, , , ,	<b>`</b> ``			
RESOURCES - C/O KC FINANCE, A/R							
201 S JACKSON ST RM 720							
MS KSC-ES-720 - SEATTLE, WA 98104	91-2051978		1,109,514.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
,							
NEIGHBORHOOD HOUSE							
1225 SOUTH WELLER STREET, SUITE 510							
SEATTLE, WA 98144	91-0568305	501 (C) (3)	904,976.	Ο.	N/A	N/A	EMPLOYMENT AND TRAINING
PACIFIC ASSOCIATES							
1833 N. 105TH ST., STE. 305							
SEATTLE, WA 98133-8973	90-0660268		2,000,334.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
PUGET SOUND EDUCATION SERVICE							
DISTRICT - 800 OAKESDALE AVENUE SW							
- RENTON, WA 98057	91-0851413		21,324.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
SAFEFUTURES YOUTH CENTER							
5337 35TH AVE SW							
SEATTLE, WA 98126	91-1949779		65,232.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
SEATTLE GOOD BUSINESS NETWORK							
1143 MARTIN LUTHER KING JUNIOR WAY,			0.5. 604			- /-	L
SEATTLE, WA 98122	27-2172491	501 (C) (3)	25,681.	υ.	N/A	N/A	EMPLOYMENT AND TRAINING
SEATTLE GOODWILL INDUSTRIES							
700 DEARBORN PL SOUTH, ATTN: AR	01 0569700	E01 (C) (2)	220.260	^	NT / 7	NT / 7	ENDLOYMENT AND TRATING
SEATTLE, WA 98144	91-0568708	DOT (C) (3)	220,269.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
SEATTLE JOBS INITIATIVE							
200 12TH AVE SOUTH, SUITE 160 SEATTLE, WA 98144-2712	47 0000191	501 (C) (3)	464,879.	0	N/A	N/A	EMPLOYMENT AND TRAINING

## SEATTLE-KING COUNTY WORKFORCE

Schedule I (Form 990) DEVELOPMENT COUNCIL

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSCC BUSINESS & FINANCE							
ATTN: ACCOUNTS PAYABLE							
1500 HARVARD AVE - SEATTLE, WA							
98122	91-0826872		85,673.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
STRATEGIES 360, INC. PO BOX 84851							
SEATTLE, WA 98124-6151	91-1304555		72,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
THE ORGANIZATION FOR PROSTITUTION SURVIVORS - PO BOX 22635 -							
SEATTLE, WA 98122	45-5153408	501 (C) (3)	54,648.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
TRAC ASSOCIATES, INC. 1511 THIRD AVENUE, SUITE 701							
SEATTLE, WA 98101	91-1247183		2,864,571.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
UNIVERSITY OF WASHINGTON GRANT & CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE - CHICAGO,							
IL 60693	91-6001537		36,422.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE STE 200 -	01.0555054		110.000		- / -		
SEATTLE, WA 98122	91-0575954	501 (C) (3)	110,909.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
WELD SEATTLE PO BOX 77570							
SEATTLE, WA 98177	81-3922645	501 (C) (3)	75,685.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
YOUR MONEY MATTERS PO BOX 52							
AUBURN, WA 98071-0052	82-3618832	501 (C) (3)	16,000.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
YWCA 1118 5TH AVE							
SEATTLE, WA 98101	91-0482890	501 (C) (3)	1,270,881.	0.	N/A	N/A	EMPLOYMENT AND TRAINING

## SEATTLE-KING COUNTY WORKFORCE

 Schedule I (Form 990)
 DEVELOPMENT
 COUNCIL

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIEF SEATTLE CLUB 410 2ND AVENUE EXTENSION SOUTH SEATTLE, WA 98104	91-0852503	501 (C) (3)	71,702.	0.	N/A	N/A	EMPLOYMENT AND TRAINING
COMMUNITY PASSAGEWAYS PO BOX 28685 SEATTLE, WA 98118	81-3806946	501 (C) (3)	55,698.	0.	N/A	N/A	EMPLOYMENT AND TRAINING

Schedule I (Form 990)

91-2051978

Page 1

### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE COUNCIL HAS DEVELOPED MONITORING POLICIES AND PROCEDURES TO MAKE SURE

ALL SUB-RECIPIENTS COMPLY WITH APPLICABLE FUNDING REQUIREMENTS. AN ANNUAL

QUALITY ASSURANCE MONITORING OF SUB-RECIPIENTS INCLUDES AN ON-SITE FISCAL

REVIEW, REVIEW OF INDEPENDENT AUDITS REPORTS, AND PROGRAM COMPLIANCE

REVIEW. SUB-RECIPIENTS MUST PROVIDE DOCUMENTATION OF EXPENDITURES AND

### REPORTING OF TRAINING OUTCOMES.

91-2051978 Page 2

SCI	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		l
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic
Interna	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		mber
De	rt I Question	DEVELOPMENT COUNCIL	91-2	205197	8	
Pa		s Regarding Compensation				
4-			000		Yes	No
٦a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions Payments for business use of personal re eation and gross-up payments Health or social club dues or initiation fee				
		spending account				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
b	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			····· <u>-</u>		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	5			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	·	ther organizations $\overline{X}$ Approval by the board or compensation of	committee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
						X
		ation?				X
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
						X
b		ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n <b>990</b> )	2021

132111 11-02-21

### SEATTLE-KING COUNTY WORKFORCE

Schedule J (Form 990) 2021 DEVELOPMENT COUNCIL

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIE KUROSE	(i)	181,999.	0.	0.	10,939.	42,227.	235,165.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH BLANCHARD	(i)	117,290.	0.	0.	10,201.	38,254.	165,745.	0.
WORKSOURCE SYSTEM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 2

91-2051978

### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

91-2051978

Page 3

Part III Supplemental Information

Schedule J (Form 990) 2021

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

SCHEDULE O (Form 990)       Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for the latest information.	·EZ	OMB No. 1545-0047
Name of the organization SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL		identification number 051978
		051570
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
TO CHAMPION A WORKFORCE AND LEARNING SYSTEM THAT ALLOWS OUT	R REGI	ON TO
BE A WORLD LEADER IN PRODUCING A VIBRANT ECONOMY AND LIFEL	ONG	
EMPLOYMENT AND TRAINING OPPORTUNITIES FOR EVERY RESIDENT.		
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
STARTED A PILOT PROGRAM PROVIDING A \$500 MONTHLY STIPEND	TO HEL	P
PARTICIPANTS NAVIGATE THE BENEFITS CLIFF AND ACHIEVE SELF-	SUFFIC	IENCY.
A JOB PLACEMENT RATE OF 82% WITH A MEDIAN STARTING WAGE O	F \$22.	25 PER
HOUR.		
331 EMPLOYMENT RELATED WORKSHOPS WERE PROVIDED TO 2,701 C	LIENTS	АТ
WORKSOURCE CONNECTION SITES.		
A COMPLETE REPORT ON THE WORKFORCE DEVELOPMENT COUNCILS AC	HIEVEM	ENTS IN
SERVING THE COMMUNITY CAN BE FOUND IN OUR ANNUAL REPORT AT	:	
HTTPS://WWW.SEAKINGWDC.ORG/ANNUAL-REPORT-PY21.		
FORM 990, PART VI, SECTION B, LINE 11B:		
MANAGEMENT AND BOARD OF DIRECTORS WILL REVIEW FORM 990 PRIC	OR TO	SUBMISSION
OF FORM 990.		
FORM 990, PART VI, SECTION B, LINE 12C:		
EMPLOYEES, CONTRACTORS, AND CONSULTANTS ARE INFORMED OF THE	E CONF	LICT OF

INTEREST POLICY AND SHALL HAVE A DUTY TO DISCLOSE TO MANAGEMENT ANY

VIOLATION OF THIS POLICY.

 BEFORE
 ANY
 MATTER
 IS
 BROUGHT
 BEFORE
 ANY
 COMMITTEE
 OF
 THE
 WDC
 FOR
 ACTION
 AN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

132211 11-11-21

Schedule (Corm 990) 2021

Page **2** 

	l age i	
Name of the organization	SEATTLE-KING COUNTY WORKFORCE	Employer identification number
	DEVELOPMENT COUNCIL	91-2051978

INDIVIDUAL WHO BELIEVES THEY MAY HAVE A CONFLICT OF INTEREST MUST ANNOUNCE

THAT FACT TO THE VOTING BODY AND EXCUSE THEMSELVES FROM ANY FURTHER

DISCUSSION AND/OR VOTE ON THE MATTER IN QUESTION.

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

THE ORGANIZATION DETERMINES MANAGEMENT'S COMPENSATION BASED ON COMPENSATION

STUDY PERFORMED BY OUTSIDE CONSULTANTS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2021

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service										
Name of the organization	on SEATTLE-KING DEVELOPMENT C						ridentifica 20519'		Imber	
Part I Identification	on of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total incor	(e) ne End-of-year		ts Direct contr entity		ntrolling	
		-								
		-								
	on of Related Tax-Exempt Organiz	rations Complete if the organization	n answered "Ves" on Form 990	) Part IV line 34 h		or more related	tax-evem	unt		
organization	(a) e, address, and EIN elated 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 cont entity	trolling	(c Section 5 contr enti	olled	
CITY OF SEATTLE PO BOX 94749 SEATTLE, WA 98124	4	CITY GOVERNMENT	WASHINGTON			N/A		162	X	
KING COUNTY 401 5TH AVENUE, ST SEATTLE, WA 9810		COUNTY GOVERNMENT	WASHINGTON		N/A	N/A			x	
		_								
		-								

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

### SEATTLE-KING COUNTY WORKFORCE

DEVELOPMENT COUNCIL Schedule R (Form 990) 2021

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

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 Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	Share of total Share of F		Sec 512(I contr ent	i) ction b)(13) rolled tity?
		country)				400010		Yes	No

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### SEATTLE-KING COUNTY WORKFORCE

Schedule R (Form 990) 2021 DEVELOPMENT COUNCIL

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)			X	
c Gift, grant, or capital contribution from related organization(s)		X		
d Loans or loan guarantees to or for related organization(s)			X	
e Loans or loan guarantees by related organization(s)			X	
f Dividends from related organization(s)	1f		x	
g Sale of assets to related organization(s)			X	
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)			x	
I 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)				
• 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			X	
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				

(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
_(3)			
<u>(4)</u>			
(5)			
_(6)			

### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Schedule R (Form 990) 2021

### 91-2051978 Page 4

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)	(b)	(c)	(d)	(€ Are	e)	(f)	(g)	()	ו)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile		Are partne	all rs sec.	Share of		Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera		ercentage
of entity		(state or foreign country)		partnei 501(i org		total income	end-of-year assets		tions?	of Schedule K-1	partne	er? 0'	wnership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	

## SEATTLE-KING COUNTY WORKFORCE

	SEATTLE-KING COUNT		01 0051050
Schedule R	(Form 990) 2021 DEVELOPMENT COUNCI	L	91-2051978 Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on So	chedule B. See instructions.	
100/05			Sobodulo D (Cours 000) 000
132165 11-17-2			Schedule R (Form 990) 2021

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