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Form	<b>JJU</b>

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2019

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

Department of the Treasury

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

**Open to Public** 

Inter	nai Revei	nue Service	Go to www.irs.gov/Fo			51 1110	innation.		Inspection
Α	For the	e 2019 calen	dar year, or tax year beginning	07/01	, 2019, and end	ling	<u>06/3</u> 0	)	,20 20
в	Check i	f applicable:	C Name of organization SEATTLE-KIN	G COUNTY	WORKFORCE DEVELO	PMEN	T COUNCI	D Emplo	oyer identification number
	Address	s change	Doing business as						91-2051978
	Name c	hange	Number and street (or P.O. box if mail is	s not delivered	to street address)	Room/	/suite	E Teleph	ione number
	Initial re	eturn	2003 Western Ave Suite 250						206-448-0474
	Final ret	urn/terminated	City or town, state or province, country	, and ZIP or for	eign postal code				
	Amende	ed return	Seattle, WA, 98121					<b>G</b> Gross	receipts \$ 11,398,885
	Applicat	tion pending	F Name and address of principal officer:	Seattle-King	County Workforce Dev	/elopn	H(a) Is this a grou	up return fo	r subordinates? 🗌 Yes 🗹 No
			2003 Western Avenue Ste 250, Sea	attle, WA 981	21		.,		es included? 🗌 Yes 🗌 No
I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) ( ) ◄	(insert no.)	4947(a)(1) or 527	7	If "No," attach	a list. (se	ee instructions)
J			www.seakingwdc.org				H(c) Group ex	emption	number 🕨
к	Form of	organization: 🗸		Other ►	L Year of for	mation:	2000	M State	of legal domicile: WA
Ρ	art I	Summa	•						
	1	Briefly des	cribe the organization's mission o	r most sign	ificant activities: WDC	WOR	KS TO PRO	VIDE A	WORLD CLASS
ce		WORKFOR	CE TRAINING AND DEVELOPMEN	SYSTEM F	OR THE RESIDENTS AI	ND EM	PLOYERS C	F KING	COUNTY.
nar									
Activities & Governance	2		box $\blacktriangleright$ if the organization disc			ed of r	nore than 2	5% of	its net assets.
ő	3		voting members of the governing					3	27
<del>ک</del> ہ	4		independent voting members of	•	• • • •	'		4	27
itie	5		per of individuals employed in cale		,			5	20
Ę	6		per of volunteers (estimate if nece			• •		6	0
Ă	7a		ated business revenue from Part					7a	0
	b	Net unrelat	ted business taxable income from	Form 990-	T, line 39			7b	0
	_						Prior Year		Current Year
e	8		ons and grants (Part VIII, line 1h) .				13,88	37,735	11,396,046
Revenue	9	-	ervice revenue (Part VIII, line 2g)					0	0
Rev	10		t income (Part VIII, column (A), line		,			0	0
_	11		nue (Part VIII, column (A), lines 5,					2,047	2,839
	12	-	ue-add lines 8 through 11 (must			_		39,782	11,398,885
	13		similar amounts paid (Part IX, co				9,93	89,827	8,484,635
	14		aid to or for members (Part IX, col		,			0	0
ses	15		her compensation, employee bene	•			2,40	01,007	2,417,104
Expenses	16a		al fundraising fees (Part IX, colum		-			0	0
Ц.	b		aising expenses (Part IX, column						
	17	-	enses (Part IX, column (A), lines 11					59,111	669,802
	18		nses. Add lines 13–17 (must equa					9,945	11,571,541
	19	Revenue le	ess expenses. Subtract line 18 fro	m line 12		-		79,837	-172,656
Net Assets or Fund Balances		<b>.</b>				Begi	nning of Curre		End of Year
ssel Bala	20		ts (Part X, line 16)					92,031	3,369,370
let A Ind F	21		ties (Part X, line 26)					71,636	2,421,631
Z J	22	Net assets	or fund balances. Subtract line 2	1 from line 2	20		1,12	20,395	947,739

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Huey Yeh, Director of Finance Type or print name and title			Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN
Use Only	Firm's name ► Firm's address ►	·		Firm's		
May the IRS	discuss this return with the preparer	shown above? (see instructions)				. 🗌 Yes 🗌 No
For Donomuo	rk Daduation Act Nation and the concre	to instructions	-+ NI- ++0001/			Earm <b>990</b> (2010)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2019) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEATTLE KING COUNTY WORKFORCE DEVELOPMENT COUNCIL WORKS TO PROVIDE A WORLD CLASS WORKFORCE
	TRAINING AND DEVELOPMENT SYSTEM FOR THE RESIDENTS AND EMPLOYERS OF KING COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 10,322,850 including grants of \$ 8,484,635 ) (Revenue \$ 11,396,046 )
	The WDC oversees the WorkSource Career Resources and Services in Seattle-King County, where any jobseeker can find free
	resources. Many also qualify for more intensive assistance, including job training and career counseling. Funding from the WDC
	supports job training for eligible jobseekers through WorkSource Seattle-King County. The WDC also maintains close connections
	with local community and technical colleges to open pathways to training. People with limited English skills, older workers, the homeless, low-income workers and others have barriers to employment that WDC programs address.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )         Total program service expenses ▶ 10,322,850

Form 99	0 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		v
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9	2	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u> く く く く く く く く く く く く く く く く く く く</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	~	

Form 990 (2019)
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a		24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	· · · ·		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1127Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable110			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	~	

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 1c
 ✓

 Form
 990 (2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued)       Ver       Note:         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax       2a       2a         bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       V         bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       V         bit the organization have unrelated business grass income of \$1,000 or more during the search of the organization have an unrelated business grass income of \$1,000 or more during the search of the organization have unrelated business grass income of \$1,000 or more during the search of the organization have an unrelated business grass income of \$1,000 or more during the search of the organization have an unrelated business of the organization have an unrelated business of the organization at the the organization have the shelt transaction at any time during the tax part?       5a       ✓         bit dray taxable party notify the organization that it was or is a party to a prohibited bas chartable contributions or gifts were not tax deductible?       5b       ✓         constant as exceeding a part in the form 806-17.       5b       ✓       5c       ✓         did any taxable party notify the organization that it was or is a party to a prohibited bas chartable contributions or gifts were not tax deductible?       5c       ✓         for the organization nake a maxing coss receipts that are normally grass retures provided?       <	Form 99	D (2019)		F	Page 5
2a       the number of employees reported on Form W-3. Transmittal of Wage and Tax       2a       20         b       If at least one is reported on line 2a, dd the organization lite all required foeral employment tax returns?       2b       ✓         Note: If the sum of lines 1a and 2a is greater than 230, you may be required to e-file fees instructions)       3a       ✓         B       Dt the organization have unrelated builess greas income of \$1,000 or more a signature or there authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account?)       3a       ✓         B       If "Yes," has it filed a form 990-T for this year?       14       4a       ✓         B       If "Yes," has it filed a form 990-T for this year?       3a       ✓         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account?       5a       ✓         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account?       5a       ✓         So and the organization have were not tax dehuctible as chartariate contributions?       5a       ✓         See instructions for fina requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account?       5a       ✓         So and services provided to the organization file form 8886-T?       5a       ✓       5a       ✓         See instructions solid any contr	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this returns?       20       20         Note: If the sum of lines 1 and 2 as ig reater than 250, you may be required to e-file (see instructions).       20       20         30       Ditt the organization have unrelated builts as grass income of \$1,000 or mone during the year?       20       20         41       TYes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or Schedule 0       30         42       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a finencial account in a foreign county year, is a bank account, or other financial accounts (FBAR).         58       Battable path, notify the organization that it was or is a party to a prohibited tax shelter transaction 1 any time during the tax year?       5a       ✓         50       Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 7       5c       5a       ✓         51       D'Yes, "to line 5a or 5b, did the organization file form 8866-T7       5a       ✓       5a       ✓         50       D'Section organization new aroung organization shells as charitable contributions or grastized new and up arous receipts that account?       5a       ✓         61       D'Yes, "did the organization file form 8282?       Ta constructure for the value of the goods as contribution and partly to goods and services provided?				Yes	No
Statements, filed for the calendar year ending with or within the year covered by this returns?       20       20         Note: If the sum of lines 1 and 2 as ig reater than 250, you may be required to e-file (see instructions).       20       20         30       Ditt the organization have unrelated builts as grass income of \$1,000 or mone during the year?       20       20         41       TYes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or Schedule 0       30         42       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a finencial account in a foreign county year, is a bank account, or other financial accounts (FBAR).         58       Battable path, notify the organization that it was or is a party to a prohibited tax shelter transaction 1 any time during the tax year?       5a       ✓         50       Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 7       5c       5a       ✓         51       D'Yes, "to line 5a or 5b, did the organization file form 8866-T7       5a       ✓       5a       ✓         50       D'Section organization new aroung organization shells as charitable contributions or grastized new and up arous receipts that account?       5a       ✓         61       D'Yes, "did the organization file form 8282?       Ta constructure for the value of the goods as contribution and partly to goods and services provided?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       ✓         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 bark account, securities account, or other financial account)?       3a       ✓         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?       4a       ✓         4b       If "Yes," enter the name of the foreign country &       bit any taxable party notify the organization that the vascet(n at any time during the tax year?       5a       ✓         5b       Obst en organization a party to a prohibited tax sheller transaction at any time during the tax year?       5b       ✓         5c       Cale       ✓       5a       ✓         6b       Does the organization nave root tax deductible as charitable contributions?       5b       ✓         7       Organization shall may receive deductible contributions under section 170(c).       6b       6a       ✓         7       Organization nave press 20 (57 made party as a contribution and party for goods and services provided to the payor?       To					
b       if "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation on Schedule 0.       3b         if a At any time during the calendary year, did the organization have an interest in, or a signature or other subbrily over, a financial accountly is under a bank account, securities account, or other financial accounts (FBAR).       if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a       Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         5a       Does the organization nadue wine event tax deductible as charitable contributions?       5c         6b       If "Yes," did the organization induct wine every solicitation an express statement that such contributions or diffs were not tax deductible?       6b         7       Organization solut any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor?       7c         7       Organization notify the donor of the value of the goods or services provided?       7d         7       Organization needve a payment in excess of 57 made parity as a contribution and party for goods and services provided?       7d         7       Did the organization needve any during, thereity or indirectly, to an personal benefit contract?       7e	3a		3a		~
4a A ray time during the calendar year, did the organization have an interest in, or a signature or other submit year, a fanancial account it, breight country >       4a       ✓         b If "Yes," enter the name of the foreign country >       See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       ✓         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5b       ✓         c T "Yes," did the organization in a two erron tax deductible as charter thransaction at any time during the tax year?       5c       C         c Does the organization natury to earn that were not tax deductible as charter transaction at any time during the tax year?       5c       C         c Organization solicit any contributions that were not tax deductible?       C       Sa       ✓         d If "Yes," did the organization nature error tax deductible?       C       Sa       ✓         d If "Yes," did the organization nature erases of \$75 made party as a contribution and party for goods and services provided to the payor?       To       To       To         d If "Yes," did the organization nature or therwise dispose of tangible personal property for which it was ore therwise dispose of tangible personal property for which it was ore the approximation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       To         f If "Yes," did the organization maxima and cons, boats, anjalan	b		3b		
a francial account; in a foreign country (such as a bank account, securities account, or other financial account)? b ff 'es, "enter the name of the foreign country } See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR); b Did any taxable party notify the organization that it was or is a part to a prohibited tax shefter transaction? c If 'Yes," to line 5 aor 5b, did the organization fast was or is a part to a prohibited tax shefter transaction? c If 'Yes," to line 5 aor 5b, did the organization index and gross receipts that are normally greater than \$100,000, and did the 6 a v ff 'Yes," to line 5 aor 5b, did the organization index were not tax deductible as charitable contributions? 7 Organization shat may receive deductible contributions use that end that such contributions or 7 gifts were not tax deductible contributions under section 170(c). 8 If 'Yes," did the organization neceive a payment in excess of 575 made partial account y for goods and services provided to the payor? 8 If 'Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive a payment in excess of 575 made party, and the organization file form 8282? 9 If 'Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive a pay premiums, directly or indirectly, on a presonal benefit contract? 9 If the organization receive a contribution of axi, boats, apirectly or indirectly, on a presonal benefit contract? 9 If the organization receive a contribution of axised funds. Did a donor advised fund maintained by the 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 9 Sponsoring organization make any taxable distributions under section 4966? 9 Jo Did the sponsoring organization make any taxable distributions under section 4966? 9 Jo Did the sponsoring organization make any taxable distributions under section 4966? 9 Jo Did the sponsoring organization make any taxable distributions	-				
b       If "Yes," enter the name of the foreign county ▶         See instructions for fling 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?         5b       Did any taxable party notify the organization file form 8886-17         5c       Did any taxable party notify the organization file form 8886-17         5c       Did any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         7 Organization sheat any receive deductible contributions under section 170(c).       Bit "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?         7 Did the organization notify the donor of the value of the goods or services provided to the payor?       To         7 Did the organization notify the donor of the value of the goods or services provided?       To         7 Did the organization notify the donor of the value of the goods or services provided?       To         7 Did the organization colleves any function (receive any function), and party for which it was required to file form 8252?       To         7 Did the organization colleves any taxibe dispose of tangible personal benefit contract?       To         7 Did the organization colleves any taxibe dispose of tangible personal benefit contract?       To         7 Did the organization make a contribu	iu		4a		~
See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         C mode the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or diffs were not tax deductible as charitable contributions and partly for goods and services provided to the payor?       6b         7 Organization subtation receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7d         7 Bif Yes, "indicate the number of Forms 8282 filed during the year       7d         7 Did the organization neceive any memus, directly or indirectly, to ay premiums on a personal benefit contract?       7f         7 If Yes, "indicate the number of Forms 8282 filed during the year       7d       7d         7 Bid the organization neceive any funds, directly or indirectly, to ay premiums on a personal benefit contract?       7f         7 If Yes, "indicate the number of Forms 8282 filed during the year       7d       7d         7 Bid the organization neceive a payment in excess of \$75 made partly, aid the organization file a form 1084?       7f         7 If Yes, "indicate the number of Forms 8282 filed during the year	b				
55       Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5a       ✓         b       Did any taxable party notify the organization file from 8886-17       5b       ✓         60       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nolude with every solicitation an express statement that such contributions?       5a       ✓         61       Tryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible acharitable contribution and partly for goods and services provided?       7a       7a         7       Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7b       7c         7       Did the organization notify the donor of the value of the goods or services provided?       7c       7c         7       Tif 'Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         7       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7d       7d         7       If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7d       7d       7d       7d       7d       7d       7d       7d       7d	-	· · · · · · · · · · · · · · · · · · ·			
b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       55       ✓         c) ff "Yes" to line 5a or 5b, did the organization file Form 8886-T?       56       56         c) 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?       56       ✓         b) H "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       68       ✓         7       Organization solicit any contributions under section 170(c).       70       73       73         7       Organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       70       70         c) Did the organization neelwe as pay funds, directly or indirectly, to pay premiums on a personal benefit contract?       71       76         c) Did the organization receive a ontribution of qualified intellectual property, did the organization files are shown or form 8282 filed during the year       70       73       73         70       Sponsoring organizations maintaining door advised funds.       Did the organization file a Form 10847?       71       74       73         71       Section 501(c)(70 granizations included on Part VIII, line 12       10a       10a       10a       10a       1	5a		5a		~
c       If "Yes" to line 5a or 5b, did the organization file Form 8868-T?       5c         6a       Does the organization solicit any contributions that were not tax deductible as charitable contributions?       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       ✓         7       Organization solicit any contributions that were not tax deductible contributions under section 170(c).       7a       7a         7       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       7b         7       Did the organization exceive and like excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       7c         7       Trequired to file Form 8282?       required to file Form 8282?       7a       7c         7       If 'Yes," indicat the number of Forms 8282 filed during the year       7d       7d <td></td> <td></td> <td></td> <td></td> <td></td>					
6a       ✓         6b       ✓         6c       ✓         7ce					•
organization solicit any contributions that were not tax deductible as charitable contributions?       6a       ✓         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6a       ✓         7       Organizations that may receive deductible contributions under section 170(c).       a       0d the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7a         6       T/2       7d       7b       7c       7b       7c         7       Did the organization notify the donor of the value of the goods or services provided?       7c	-	-			
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         C Organization tax deductible?	Va		6a		~
gifts were not tax deductible? 6b   7 Organizations that may receive deductible contributions under section 170(c).   a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   b If "Yes," did the organization notify the donor of the value of the goods or services provided?   c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   d If "Yes," indicate the number of Forms 8282 filed during the year   d If "Yes," hat the organization numbers of Forms 8282 filed during the year   f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   f To dit the organization number of qualified intellectual property, did the organization file a form 1098-C?   f To the sponsoring organization make any taxable distributions under section 4966?   9 Sponsoring organization make any taxable distributions under section 4966?   9 Section 501(c)(7) organizations. Enter:   10 Section 501(c)(7) organizations. Enter:   11 Section 501(c)(7) organizations. Enter:   12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   12 Section 501(c)(2) organizations. Enter:   13 Section 501(c)(2) organizations included on Part VIII, line 12.   14 Section 501(c)(2) organizations included on erganization filing Form 990 in lieu of Form 1041?   12 Section 4947(a)(1) non-exempt cha	h				
7       Organizations that may receive deductible contributions under section 170(c).       Image: Contribution of Contributions and partly for goods and services provided to the payor?       7a         b       If "ves," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         c       Did the organization neutry, the state state of the goods or services provided?       7c         d       If "ves," indicate the number of Forms 8282 filed during the year       7d         c       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f         f       Did the organization receive a contribution of qualified intellectual property, did the organization face from 08826?       7h         g       If the organization receive a contribution of auxibast, aiplanes, or other whicks, did the organization face from 08826?       7h         g       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         g       Sponsoring organizations. Enter:       10a       10a         l       Section 501(c)(7) organizations. Enter:       11a       10b         l       Section 501(c)(20) qualified nonprofit	~		6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b If "Ves," did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization colley and the payor?       7c         d If "Ves," indicate the number of Forms 8282 filed during the year       2d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f If the organization receive any funds, directly or indirectly, or a personal benefit contract?       7f         f If the organization receive any funds, directly or indirectly, or a personal benefit contract?       7f         f If the organization receive a contribution of qualified intellectual property, did the organization file Form 8898 as required?         f If the organization make as taxable durds. Did a donor advised fund maintained by the sponsoring organization make a distribution s under section 4966?       9a         9 Did the sponsoring organization make a distribution s under section 4966?       9a         10 A the sponsoring organization make a distribution such are constribution to a constribution for 90 line of form 1041?       10a         11 B       10a       10b         12 Section 501(c)(12) organization make a distribution such or paid to other sources against amounts due or received from them.)       11a         12 Section 501(c)(12) organization make a distribution s	7				
and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c         c       Did the organization notify the donor of the value of the goods or services provided?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7f         g       If the organization make any taxable distributions under section 49667       7h       8         Sponsoring organizations maintaining donor advised funds.       8       9a       9a         Did the sponsoring organization make a distribution to a donor, donor adviser, or related person?       9a       9b       9a         Did the sponsoring organizations. Enter:       10a       10b       11a       10a         l       Gross income from members or shareholders       11b       10b       11b       12a         l       Gross income from members or shareholders       11					
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         e       Did the organization receive any funds, directly or indirectly, to pay premiums on aerosnal benefit contract?       7t         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7t         f       If the organization nationing donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       7d         s       Sponsoring organizations maintaining donor advised funds.       9         Did the sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organizations maintaining donor advised funds.       9         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).       11b         section 501(c)(12) organizations. Enter:       11b       12a	ŭ		7a		
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07       7h         8       Sponsoring organizations maintaining donor advised funds.       7g         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         1       Section 501(c)(7) organizations. Enter:       11a         a       Gross income from other sources (Do not net amounts due or ganization file a Form 1041?       12a         1       Section 501(c)(2) organizations is received or accrued during the year.       12b         13       Section 501(c)(2) organizations. Enter:       11a         14       12a       12b         15       <	b				
required to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         f Ibid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g         f If the organization exceive at contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organizations make any taxable distributions under section 4966?       9a         9b       9b         10 the sponsoring organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         12 Section 501(c)(12) organizations. Enter:       12b         13 Section 501(c)(12) organizations. Enter:       11b         14 Section 501(c)(12) organizations. Enter:       12b         13 Section 501(c)(12) organizations. Enter:       12b         14 B					
d       If "Yes," indicate the number of Forms 8282 filed during the year	Ŭ		7c		
<ul> <li>bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>f the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 1098-C?</li> <li>8 Sponsoring organization maintaining donor advised funds.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>bid the sponsoring organization make any taxable distributions under section 4966?</li> <li>9a</li> <li>9b</li> <li>9c and the sponsoring organization make any taxable distributions under section 4966?</li> <li>9a</li> <li>9b</li> <li>9b</li> <li>9c and the sponsoring organizations. Enter:</li> <li>a linitiation fees and capital contributions included on Part VIII, line 12</li> <li>10a</li> <li>11b</li> <li>12a</li> <li>9c and the organization advised from them.)</li> <li>11a</li> <li>11b</li> <li>12a</li> <li>12b</li> <li>11b</li> <li>12a</li> <li>12a</li> <li>12b</li> <li>13 Section 501(c)(2) organizations. Enter:</li> <li>a lorions from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>12a</li> <li>13 Section 501(c)(2) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>13a</li> <li>14a</li> <li>15 License the instructions for additional information the organization must report on Schedule O.</li> <li>14a</li> <li>14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payments for indoor tanning services during the tax year?</li> <li>14a</li> <li>14b</li> <li>14b</li> <li>14c rest, "has it filed a Form</li></ul>	Ь				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 899 as required?       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         Sponsoring organization have excess business holdings at any time during the year?       9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       the sponsoring organizations maintaining donor advised funds.       10a       10a         9       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       11a       12a         13       Section 501(c)(11) on-exempt charitable trusts. Is the organization file or Form 1041?       11z         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       11b       12a         14       moments due or received from them.)       12b       13a       13a         15       Section 501(c)(2		· · · · · · · · · · · · · · · · · · ·	7e		
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 make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         10       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(12) organizations. Enter:       11b         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14b       If "Yes," has it filed a Form 720 to report these payments					
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 organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       11b       12a         12       Bross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a					
<ul> <li>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?</li> <li>Sponsoring organization maintaining donor advised funds.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Bection 501(c)(7) organizations. Enter: <ul> <li>Initiation fees and capital contributions included on Part VIII, line 12</li> <li>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>Gross income from members or shareholders</li> <li>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> </ul> </li> <li>12a Section 501(c)(2) organizations. Enter: <ul> <li>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?</li> <li>If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.</li> <li>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?</li> <li>Ita is the organization and file Form 720, Schedule N.</li> </ul> </li> <li>16 v</li> </ul>	-				
<ul> <li>sponsoring organization have excess business holdings at any time during the year?</li> <li>Sponsoring organizations maintaining donor advised funds.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> <li>Section 501(c)(7) organizations. Enter: <ul> <li>Initiation fees and capital contributions included on Part VIII, line 12</li> <li>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>Gross income from members or shareholders</li> <li>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?</li> <li>Ital</li> <li>I</li></ul></li></ul>					
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10 Section 501(c)(12) organizations. Enter:   a 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.)   11 Ithe   12a Section 501(c)(29) qualified nonprofit health plans in more than one state?   13 Section 501(c)(29) qualified nonprofit health plans in more than one state?   14a Ithe organization is licensed to issue qualified health plans   13b Ithe organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   14a Ithe organization receive any payments for indoor taning services during the tax year?   14a Ithe   15 Ithe   15 Ithe   16 Ithe organization an educational institution subject to the section 4968 excise tax on net investment income?	0		8		
<ul> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li></ul>	٩		Ŭ		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year .       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves on hand       13b         c       Enter the amount of reserves on hand       13b         c       If			<b>9</b> a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         b       Gross income from members or shareholders       11a       11b       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organ					
<ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li></ul>			30		
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         vote: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13b       13c       14a       v         b       If we grainization receive any payments for indoor tanning services during the tax year?       14a       v         b       If we graini					
11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       14a         Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b         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?       14b       15         ls the organization an educational institution subject to the section 4968 excise tax on net investment income?		· · · · · · · · · · · · · · · · · · ·			
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       ✓         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       ✓         16       If "Yes," see instructions and file Form 4720, Schedule N.       16       ✓					
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year .       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       ✓         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       15         15       Is the organization and file Form 4720, Schedule N.       15       is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       ✓					
against amounts due or received from them.)       111       111       111       111         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       ✓         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       ✓         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       ✓         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       ✓	_				
<ul> <li>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</li> <li>12a</li> <li>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</li></ul>	D				
<ul> <li>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</li></ul>	122		122		
<ul> <li>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li></ul>			120		
<ul> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>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</li> <li>c Enter the amount of reserves on hand</li> <li>d 13b</li> <li>13c</li> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>14b</li> <li>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?</li> <li>d If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> </ul>					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: the instruction of the organization of the organization of the organization is licensed to issue qualified health plans       Image: the instruction of the organization of the organization of the organization receives on hand       Image: the instruction of the organization of the organization receives any payments for indoor tanning services during the tax year?       Image: the instruction of the organization of the organization receives any payments for indoor tanning services during the tax year?       Image: the instruction of the organization of the organization of the organization receives any payments for indoor tanning services during the tax year?       Image: the instruction of the organization of the organization of 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?       Image: the organization of the organization and file Form 4720, Schedule N.         16       Image: the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: the organization of the organization and the organization subject to the section 4968 excise tax on net investment income?			120		
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       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       ✓	a		154		
<ul> <li>the organization is licensed to issue qualified health plans</li> <li>Enter the amount of reserves on hand</li> <li>Enter the amount of reserves on hand</li> <li>If a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If a Did 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?</li> <li>If a Did the organization and file Form 4720, Schedule N.</li> <li>If the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> </ul>	h				
<ul> <li>c Enter the amount of reserves on hand</li></ul>	D				
<ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li></ul>	~				
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.</li> <li>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?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> </ul>			140		.1
<ul> <li>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?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 ✓</li> </ul>					
<ul> <li>excess parachute payment(s) during the year?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16</li> </ul>			14D		
If "Yes," see 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?	15		4 5		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 🖌			15		V
	16		10		
	10		10		•

Page 5

Form 99	90 (2019)		I	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		~
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 2 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.	7	Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 2	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	-		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6		<b>v</b> <b>v</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C		
10-	Did the exception have lead chanters, branches, or effiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the propriet is a such arrangements?			
Secti	organization's exempt status with respect to such arrangements?	16b		
<u>3ecu</u> 17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and r Huev Yeh, (425)495-3357	ecords		

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

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

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

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

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

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours per week					or/trust	tee)	compensation from the	compensation from related	of other compensation
	(list any	oro	Inst	Officer	Kej	emj	Former	organization	organizations	from the
	hours for related	Individual or director	ituti	cer	/ em	hest	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee on				related organizations
	below dotted line)	uste	tru		lee	lper				
		ð	stee			Highest compensated employee				
Marie Kurose	40.00					<u>u</u>				
CEO	0.00			~				174,605	0	55,791
Marcelle Wellington	40.00									
CAO	0.00			~				151,962	0	38,921
Min Song	40.00									
Interim COO	0.00			~				109,493	0	21,774
Princess Ayers- Stewart	1.00									
Director	0.00	~						0	0	0
Gina Breukelman	3.00									
Vice Chair	0.00	~						0	0	0
Jane Broom Davidson	1.00									
Director	0.00	~						0	0	0
Daryl Campbell	1.00									
Director	0.00	~						0	0	0
Todd Dunnington	1.00									
Director	0.00	~						0	0	0
Kristen Fox	3.00									
Chairman	0.00	~						0	0	0
Myra Gregorian	1.00									
Director	0.00	~						0	0	0
Steve Johnson	1.00									
Director	0.00	~						0	0	0
Angela Stowell	1.00									
Director	0.00	~						0	0	0
Michaela Littman	1.00									
Director	0.00	~						0	0	0
Theo Martin	1.00								_	_
Director	0.00	~						0	0	

Form **990** (2019)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office office or directo	unles	Pos neck ss pe	erson	e than or is both or/trust Highest compensated	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Shefali McDermott	1.00	-								
Direcctor	0.00	~						0	0	0
Tom Peterson	1.00	-								
Director	0.00	~						0	0	0
Cos Roberts	1.00	-								
Director	0.00	~						0	0	0
Monty Anderson	1.00	ļ								
Director	0.00	~						0	0	0
Ligaya Domingo	1.00									
Director	0.00	~						0	0	0
Berit Eriksson	1.00									
Director	0.00	~						0	0	0
Katie Garrow	3.00									
Treasurer	0.00	~						0	0	0
Jon Holden	1.00									
Director	0.00	~						0	0	0
John Welch	1.00									
Director	0.00	~						0	0	0
John Bowers	3.00									
Secretary	0.00	~						0	0	0
Ann Martin	1.00									
Director	0.00	~						0	0	0
Anne Goranson	1.00									
Director	0.00	~						0	0	0
Shouan Pan	1.00									
Director	0.00	~						0	0	0
Brian McGowan	1.00									
Director	0.00	~						0	0	0

Part VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (c	contin	nued
					C)							
(A)	(B)	(do n	ot of		ition	e than (		(D)	(E)		(F)	
Name and title	Average					is both		Reportable	Reportable	Estima		ount
	hours per week	office	er and		lirect	or/trus	ŕ	compensation from the	compensation from related	-	f other censati	on
	(list any	Indi or c	Inst	Officer	Key	Hig	Former	organization	organizations		om the	
	hours for related	vidu	ituti	cer	em	bloye	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organi related c	zation	
	organizations	tor tr	onal		Key employee	con					nyaniza	alions
	below dotted line)	Individual trustee or director	Institutional trustee		ee	Iper						
	dotted inte)	, ë	stee			Highest compensated employee						
Sharon Bias	1.00					<u>م</u>						
Director	0.00	~						0	0			C
Bookda Gheisar	1.00											
Director	0.00	~						0	0			C
		-										
	+	-										
	+	-										
		1										
		1										
		-										
							Ļ					
1b Subtotal								436,060	0		11	6,486
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								436,060	0		11	4 104
2 Total number of individuals (including bu									•	l	- 110	6,486
reportable compensation from the organ		1 10 11	1030	5 113	leu	above	5) 🗤	8		UI		
											Yes	No
3 Did the organization list any former	officer, dire	ector,	tru	iste	e, k	key e	mpl	loyee, or highes	st compensated			
employee on line 1a? If "Yes," complete							· ·		•	3		~
4 For any individual listed on line 1a, is the	e sum of re	portal	ble	con	npe	nsatic	on a	nd other compe	nsation from the			

## Section B. Independent Contractors

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

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
None			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization $\blacktriangleright$	0	

4

5

V

V

Part VIII Statement of Revenue Check if Schedule O contain

Part	: VIII	Statement of Revenue	~~~ ~~ ~~ ~ ~ ~ ~ ~ ~	u line in this De			
		Check if Schedule O contains a respo	rise or note to ar	(A)	(B)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
àrar oun	b	Membership dues 1b	-				
s, G Ame	С	Fundraising events					
Sift: ar /	d	Related organizations 1d					
s, C imil	e	Government grants (contributions) <b>1e</b>	10,943,197				
tion r Si	f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	452.940				
but	q	Noncash contributions included in	452,849				
ntri d O	g		\$ 0				
an	h	<b>Total.</b> Add lines 1a–1f		11,396,046			
			Business Code	1			
Program Service Revenue	2a						
erv	b						
ו Si enנ	С						
jram Ser Revenue	d						
eo.	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividend other similar amounts)					
	4	Income from investment of tax-exempt b					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
0	h	other than inventory <b>7a</b>					
venue	a	Less: cost or other basis and sales expenses . <b>7b</b>					
	с		0 0				
Ŗ		Net gain or (loss)					
Other Re		Gross income from fundraising					
Ð		events (not including \$0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising ev	ents 🕨				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activit					
	10a						
		returns and allowances <b>10</b> a	a				
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inven					
sn			Business Code				
Miscellaneous Revenue	11a	Miscellaneous Revenues	900099	2,839	2,839	0	0
scellaneo Revenue	b						
Sce	С А	All other revenue					
Mis	d e	All other revenue		0 2,839	0	0	0
	12	Total revenue. See instructions		2,839	2,839	0	0
				11,570,005	2,037	U	

### Part IX Statement of Functional Expenses -----

	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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	8,484,635	8,484,635		
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	910,403	595,372	315,031	
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	986,796	623,700	363,096	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	519,905	303,147	216,758	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
С					
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	204,926	85,323	119,603	
12	Advertising and promotion				
13	Office expenses	9,430	3,303	6,127	
14	Information technology				
15	Royalties				
16	Occupancy	221,700	137,675	84,025	
17		30,846	16,205	14,641	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,964	0	3,964	
23	Insurance	27,565	0	27,565	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Staff training & council meeting	35,948	9,702	26,246	
b	Due & memberships	29,044	1,545	27,499	
С	Equipment rental	28,192	15,068	13,124	
d	Telephone	33,231	20,008	13,223	
е	All other expenses	44,956	27,167	17,789	
25	Total functional expenses. Add lines 1 through 24e	11,571,541	10,322,850	1,248,691	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

	n 990 (2)	•			Page II
P	art X		+ Y		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		∟ (B) End of year
	1	Cash-non-interest-bearing	1,119,100	1	1,534,212
	2	Savings and temporary cash investments		2	3,850
	3	Pledges and grants receivable, net	1,923,486	3	1,772,843
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	42,343	9	55,327
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 172,360			
	b	Less: accumulated depreciation 10b 169,222	7,102	10c	3,138
	11	Investments-publicly traded securities	.,	11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,092,031	16	3,369,370
	17	Accounts payable and accrued expenses	1,724,380	17	1,542,229
	18	Grants payable		18	
	19	Deferred revenue		19	606,781
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	3,850
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	247,256	25	268,771
	26	Total liabilities. Add lines 17 through 25	1,971,636	26	2,421,631
nces		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	56,283	27	39,204
Ö	28	Net assets with donor restrictions	1,064,112	28	908,535
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
, or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	1,120,395	32	947,739
ž	33	Total liabilities and net assets/fund balances	3,092,031	33	3,369,370

Form **990** (2019)

	0 (2019)					ige <b>1</b> 2
Part						_
	Check if Schedule O contains a response or note to any line in this Part XI	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			11,39	
2	Total expenses (must equal Part IX, column (A), line 25)	2			11,57	1,541
3	Revenue less expenses. Subtract line 2 from line 1	3			-17	2,650
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			1,12	0,39
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				C
9	Other changes in net assets or fund balances (explain on Schedule O)	9				(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			94	7,739
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explair	n in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					~
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	npileo	d or			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a 🗌			
	separate basis, consolidated basis, or both:					
	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 ov	ersiah	nt of			
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Apran				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	th in the			
	Single Audit Act and OMB Circular A-133?			3a	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un					
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3ь	~	

Form **990** (2019)

SCH	EDUI	LE /	4
(Form	990 o	r 99	)-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

91-2051978

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

Name of the organization	1
SEATTLE-KING COUR	NTY WORKFORCE DEVELOPMENT COUNCIL

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

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

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
  - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
  - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
  - Enter the number of supported organizations . . . . . . f
  - Provide the following information about the supported organization(s)

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

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

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,400,673	14,409,117	13,678,181	13,887,735	11,396,046	66,771,752
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	13,400,673	14,409,117	13,678,181	13,887,735	11,396,046	66,771,752
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						66,771,752
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	13,400,673	14,409,117	13,678,181	13,887,735	11,396,046	66,771,752
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-2,872	557	8,495	2,048	2,839	11,067
11	Total support. Add lines 7 through 10						66,782,819
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			=	ear as a sectio	
	on C. Computation of Public Suppor	•		1		44	00.00.0/
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch					14 15	<u>99.98 %</u> 99.99 %
15 16a	33 <sup>1</sup> / <sub>3</sub> % support test-2019. If the organi						
	box and <b>stop here.</b> The organization qua						
b							
17a	<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organization Explain in Part VI how the organization in supported organization	tion meets the fact	e "facts-and-c s-and-circums	vircumstances" stances" test.	' test, check t The organizati	this box and <b>s</b> on qualifies as	a publicly ■
18	Private foundation. If the organization di						
	instructions						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
<b>b</b>							
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_							
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Socti	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	<b>(a)</b> 2015	(b) 2010	(0) 2017	<b>(u)</b> 2018	(e) 2019	
	4						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				C(1) 1		
14	First five years. If the Form 990 is for th	•					
<u></u>	organization, check this box and <b>stop he</b>						🕨
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc				(f)		
17	Investment income percentage for 2019 (			•	( ))		%
18	Investment income percentage from <b>2018</b>						%
19a	$33^{1}/_{3}\%$ support tests - 2019. If the organi						
-	17 is not more than $33^{1}/_{3}\%$ , check this box	-	-	-		-	
b	$33^{1/3}\%$ support tests – 2018. If the organiz						
•-	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,			
					Sch	nedule A (Form	990 or 990-EZ) 2019

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		103	
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		

### Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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.

2a

2b

3a

3b

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

Page
------

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
		· · · <b>-</b> · · · · ·	

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

Schedule A (Form 990 or 990-EZ) 2019

1	on D-Distributions			Current Year					
2	Amounts paid to supported organizations to accomplish e			Current rear					
	<ol> <li>Amounts paid to supported organizations to accomplish exempt purposes</li> <li>Amounts paid to perform activity that directly furthers exempt purposes of supported</li> </ol>								
	orted								
3									
4									
5									
6									
7									
	Distributions to attentive supported organizations to whicl (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive						
	Distributable amount for 2019 from Section C, line 6								
	Line 8 amount divided by line 9 amount								
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.								
3	Excess distributions carryover, if any, to 2019								
	From 2014								
	From 2015								
	From 2016								
	From 2017								
	From 2018								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Carryover from 2014 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.								
-	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.								
	Excess distributions carryover to 2020. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								

Schedule A (Form 990 or 990-EZ) 2019

Page **8** 

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

Schedule A, Part II, Line 10 - Miscellaneous revenues 2839 in 2019 2048 in 2018 8495 in 2017 557 in 2016 -2872 in 2015

SCHEDULE	D
(Form 990)	

Department of the Treasury

# **Supplemental Financial Statements**

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

/-----. ...

**Open to Public** 

OMB No. 1545-0047 2019

	Revenue Service	► Go to www.irs.gov/Form9	990 for instructions and the latest information	ation. Inspection
Name o	of the organization	·		Employer identification number
SEAT		ITY WORKFORCE DEVELOPMENT COU		91-2051978
Par			sed Funds or Other Similar Fund	Is or Accounts.
	Compl	ete if the organization answered "		
			(a) Donor advised funds	(b) Funds and other accounts
1		at end of year		
2		ue of contributions to (during year) .		
3 4		ue of grants from (during year) ue at end of year		
		-	advisors in writing that the assets he	ld in dener advised
5			e organization's exclusive legal control	
6			nd donor advisors in writing that grant	
			t of the donor or donor advisor, or for	
				· · · · · · 🗌 Yes 🗌 No
Par		ervation Easements.		
		ete if the organization answered "		
1		conservation easements held by the c		
		of land for public use (for example, recre	ation or education)	
		or natural nabitation of open space		f a certified historic structure
2			d a qualified conservation contributior	in the form of a conservation
-		the last day of the tax year.		Held at the End of the Tax Year
а				. <b>2</b> a
b	Total acreage	restricted by conservation easements		. 2b
С	Number of co	nservation easements on a certified hi	storic structure included in (a)	. <b>2</b> c
d		-	c) acquired after 7/25/06, and not o	
		5		· 2d
3		nservation easements modified, trans	ferred, released, extinguished, or tern	ninated by the organization during the
4	tax year ►	ates where property subject to conserv	vation easement is located	
5			arding the periodic monitoring, insp	ection, handling of
-		d enforcement of the conservation eas		
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the yea
	▶			
7		enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	►\$			
8			2(d) above satisfy the requirements of s	
9	and section 17		onservation easements in its revenue a	
3			the footnote to the organization's fina	
		accounting for conservation easement		
Part			of Art, Historical Treasures, or (	Other Similar Assets.
	Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a			B ASC 958, not to report in its revenu	
			held for public exhibition, education,	•
			o its financial statements that describe	
b			B ASC 958, to report in its revenue s for public exhibition, education, or res	
		llowing amounts relating to these item		earch in furtherance of public service
				► \$
	(ii) Assets incl	uded in Form 990, Part X		▶ \$
2			historical treasures, or other similar	
	-	ounts required to be reported under FA	-	
а	Revenue inclu	Ided on Form 990, Part VIII, line 1 .		🕨 💲

\$ ►

Schedu	e D (Form 990) 2019							Page <b>2</b>
Part	Organizations Maintaining	<b>Collections of</b>	Art, His	torical T	<b>reasures</b>	, or Ot	her Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of th	e follov	ving that make	significant use of its
а	Public exhibition		Ь	loan	or exchang	e progi	am	
b	Scholarly research							
c	<ul> <li>Preservation for future generations</li> </ul>	3	Ũ					
4	Provide a description of the organiza XIII.		and expla	ain how t	hey further	the org	ganization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part								
	Complete if the organization 990, Part X, line 21.	•	s" on For	m 990, F	Part IV, line	e 9, or	reported an a	amount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							not . 🔽 Yes 🗌 No
b	If "Yes," explain the arrangement in P					• •		
5	in res, explain the analysinent in r			nowing a	2010.			Amount
с	Beginning balance					10		0
d	Additions during the year					10		3,850
e	Distributions during the year					16		
f	Ending balance					11		3,850
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P							
Par				(planato)		provid		<u>····</u>
i ai	Complete if the organization	answered "Yes	s" on For	m 990 F	Part IV line	<u>∍</u> 10		
		(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance		(6) 110	or your		3 5461		
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 t	the current year e	nd balanc	e (line 1g	, column (a	)) held	as:	·
а	Board designated or quasi-endowme	nt 🕨	%					
b	Permanent endowment	%						
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and	2c should equal -	100%.					
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for	the
	organization by:		Ū.					Yes No
	(i) Unrelated organizations							. 3a(i)
	(ii) Related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations liste	d as requi	red on So	chedule R?			. 3b
4	Describe in Part XIII the intended uses	s of the organizati	ion's endo	wment fu	unds.			
Part	VI Land, Buildings, and Equip	oment.						
	Complete if the organization		s" on For	m 990, F	Part IV, line	e 11a.	See Form 990	0, Part X, line 10.
	Description of property	(a) Cost or c (investr			or other basis ther)	• •	Accumulated epreciation	(d) Book value
1a	Land		0		0			0
b	Buildings		0		0		0	0
c	Leasehold improvements		0		0		0	0
d	Equipment		172,360		0		169,222	3,138
e	Other		0		0		0	0
	Add lines 1a through 1e. (Column (d) n			(, column	-	)c.) .	-	3,138
						,		-,

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market va
(1) Financial	derivatives		
• •	eld equity interests		
(3) Other			
(F)			
(G) (H)			
	mn (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 I	V. line 11c. See F	orm 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
		(,)	Cost or end-of-year market va
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Calu	man (h) must social Form 000 Port V sol (P) line 12		
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) .  Other Assets.		
Γαιτιλ	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 990 Part X line 1
	(a) Description	v, inte 114. Occ 1	(b) Book value
(1)	(4) 2000, p.101		(4) 2001 14:40
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (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 I	v, line Tie or Tif.	. See Form 990, Part X,
1.	line 25. (a) Description of liability		(h) De als selves
(1) Federal ir			(b) Book value
	ccrued liabilities		240
			268,
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. ► 268,

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

Schedu	le D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements	S		1	11,398,885
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants		0		
d	Other (Describe in Part XIII.)		0		
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	11,398,885
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	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	11,398,885
Part				r Return	-
	Complete if the organization answered "Yes" on Form 990,		ne 12a.		
1	Total expenses and losses per audited financial statements $\ . \ . \ .$			1	11,571,541
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments		0		
С	Other losses		0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	11,571,541
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	-	0		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.) .		5	11,571,541
Part					
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	-	=	formation.	
Schee	lule D, Part IV, Line 1b - Employee flex spending account as of June 30 2020 i	n the amou	nt of 3138		
Schee	lule D, Part IV, Line 2b - Employee Flex Spending Account as of June 30 2020	in the amo	unt of 3850		

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States						ОМВ No. 20	1545-0047	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								19
Department of the Treasury					o Form 990.	, ,				o Public
nternal Revenue Service			► Go to u	www.irs.gov/Form9	90 for the latest inf	ormation.				ection
Name of the organization								Employer	identification num	ber
SEATTLE-KING COUN									91-2051978	
		on Grants and			· · · · ·		<u> </u>	· .		
the selection c	riteria used to	award the grants	or assistance?			grantees' eligibility				🗌 No
Part II Grants a	and Other As	ssistance to Do	mestic Organiz	ations and Don	nestic Governm	nents. Complete ated if additional			ered "Yes" on	Form 990
<b>1</b> (a) Name and address or governme	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assist	on of	(h) Purpose or assista	•
(1) Sch I, Stmt 1										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
2 Enter total num	ber of sectior	1 501(c)(3) and gov	vernment organiza	tions listed in the l	line 1 table				. ► 2	23
										9

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

(e)         Type of grant or assistance         (b)         Number of cash grant         (e)         Amount of porcesh assistance         (f)         Description of noncesh assistance           1	Part III	<b>Grants and Other Assistance to Domestic Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.					
3       4         4       5         6       6         7       7         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         Schedule I, 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		(a) Type of grant or assistance					(f) Description of noncash assistance
3       4         4       5         6       6         7       7         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         Schedule I, 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	_1						
4	2						
6       7         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         Schedule I, 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	3						
6       7         Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         Schedule I, 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	4						
7       Part IV       Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.         Schedule I, 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	5						
Part IV         Supplemental Information.         Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.           Schedule I, 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	6						
Schedule I, 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	7						
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	Part IV	Supplemental Information. Provid	de the information i	required in Part I, li	ne 2; Part III, colum	n (b); and any other additi	onal information.
AUDITS REPORTS, AND PROGRAM COMPLIANCE REVIEW. SUB-RECIPIENTS MUST PROVIDE DOCUMENTATION OF EXPENDITURES AND REPORTING OF TRAINING	Schedule I	, Part I, Line 2 - THE COUNCIL HAS DEVEL	OPED MONITORING P	OLICIES AND PROCE	DURES TO MAKE SUR	E ALL SUB-RECIPIENTS COM	PLY WITH APPLICABLE
	FUNDING I	REQUIREMENTS. AN ANNUAL QUALITY AS	SSURANCE MONITOR	ING OF SUB-RECIPIEI	NTS INCLUDES AN ON	SITE FISCAL REVIEW, REVIE	N OF INDEPENDENT
	AUDITS RE	EPORTS, AND PROGRAM COMPLIANCE RI	EVIEW. SUB-RECIPIEN	ITS MUST PROVIDE D	OCUMENTATION OF E	XPENDITURES AND REPORTI	NG OF TRAINING
	OUTCOME	S.					

Schedule I, Part IV, Statement 1
----------------------------------

Form: Schedule I (2019)

EIN: 91-2051978

Part II, Line 1

Page: 1

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	AGNES BALASSA SOLUTIONS LLC 1109 Maple Street Port Townsend, WA 98368	27-2855799	9,425	
IRC code section				
Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	Employment and training			
Name and address	BUSINESS U Inc 907 Westwood Blvd Ste 324 Los Angeles, CA 90024	56-2354034	5,700	
IRC code section Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	Employment and training			
Name and address	CHMURA ECONOMICS & ANALYTICS 1309 E Cary Street Suite 200 Richmond, VA 23219	54-1923150	13,506	
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	Employment and training			
			40.000	
Name and address	KEN THOMPSON CONSULTING 3413 Lafayette Ave S Seattle, WA 98144	55-5783835	10,200	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Employment and training			
Name and address	APPLIED INFERENCE 1618 N 170th Shoreline, WA 98133	57-4240082	17,575	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.	Englished a distribution			
Purpose of grant	Employment and training			
Name and address	YWCA 1118 5TH AVE SEATTLE, WA 98101	91-0482890	376,485	
IRC code section Method of valuation Desc. of Non-Cash Asst.				
Purpose of grant	Employment and training			
Name and address	TRAC ASSOCIATES INC 215 6th Ave N Suite 100 SEATTLE, WA 98109	91-1247183	2,410,962	
IRC code section Method of valuation	,			

Schedule I, Part IV, Statem Desc. of Non-Cash Asst.	nent 1	SEATTLE-KING COUNTY WORKFORCE	DEVELOPMENT COUNCIL
Purpose of grant	Employment and training		
Name and address	FARESTART 700 Virginia SEATTLE, WA 98101	91-1546757	31,295
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT AND TRAINING		
Name and address	NEIGHBORHOOD HOUSE 1225 South Weller Street Suite 510 SEATTLE, WA 98144	91-0568305	253,187
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant Name and address	Employment and training EMPLOYMENT SECURITY DEPARTMENT Treasury Unit PO BOX 9046	91-6001099	375,318
IRC code section Method of valuation Desc. of Non-Cash Asst.	OLYMPIA, WA 98507		
Purpose of grant			
Name and address	PACIFIC ASSOCIATES 1833 N 105th St Ste 305 SEATTLE, WA 98133	91-6001275	1,576,029
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT AND TRAINING		
Name and address	HIGHLINE SCHOOL DISTRICT no 401 15675 Ambaum Blvd SW BURIEN, WA 98166	91-6001631	187,531
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT AND TRAINING		
Name and address	SSCC Business & Finance RS 151 6000 16TH AVE SW SEATTLE, WA 98106	91-0826872	146,523
IRC code section Method of valuation			
Desc. of Non-Cash Asst. Purpose of grant	EMPLOYEMENT & TRAINING		
Name and address	PUGET SOUND EDUCATION SERVICE DISTRIC 800 Oakesdale Avenue SW RENTON, WA 98057	CT 91-0851413	111,987
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	ASIAN COUNSELING & REFERRAL SERVICE	91-0916176	261,564
Nume and address	AGAN COUNCELING & NET ERINAL SERVICE	31-0310170	201,004

	3639 Martin Luther King Jr Way Sout SEATTLE, WA 98101		
IRC code section Method of valuation	SEATTLE, WA SOTOT		
Desc. of Non-Cash Asst. Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	HIGHLINE COLLEGE PO BOX 98000 MS99281 DES MOINES, WA 98198	91-0752489	74,003
IRC code section Method of valuation Desc. of Non-Cash Asst.	DES MOINES, WA 96196		
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	AEROSPACE MACHINIST JOINT TRAINING COMMITTEE PO Box 80727 SEATTLE, WA 98108	26-3339866	52,229
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPOLYMENT & TRAINING		
Name and address	INCOMMAND INC 5504 Englewood HI Dr YAKIMA, WA 98908	91-1643146	5,999
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	NORTHWEST HOSPITAL & MEDICAL CENTER 1550 N 11th St MS UWT 359415 SEATTLE, WA 98133	91-0637400	8,547
IRC code section Method of valuation Desc. of Non-Cash Asst.	EMPLOYMENT & TRAINING		
Purpose of grant Name and address	YMCA OF GREATER SEATTLE 909 4TH AVE SEATTLE, WA 98104	91-0482710	12,263
IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	SEATTLE FOUNDATION 1601 5th Avenue Suite 1900 SEATTLE, WA 98101	91-6013536	23,820
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	Finishing Trades Institute Northwest 6770 E Marginal Way S Bldg E Ste 10 SEATTLE, WA 98108	91-6065393	24,000
IRC code section Method of valuation			

SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

Schedule I, Part IV, Statement 1

Schedule I, Part IV, Statem Desc. of Non-Cash Asst.		SEATTLE-KING COUNTY WORKFORCE D	
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	JUMA VENTURES 131 Steuart Street Ste 201 SAN FRANCISCO, CA 94105	94-3203203	26,030
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	SEATTLE PUBLIC UTILITIES PO Box 34018 SEATTLE, WA 98124	91-6001275	40,000
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	UW PHYSICIANS NETWORK Campus Box 354943 SEATTLE, WA 98195	91-1715882	40,339
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	EMSI PO Box 9008 MOSCOW, ID 83843	27-1605272	52,298
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	WA ASSOCIATION FOR COMMUNITY HEALTH 101 Capitol Way N Suite 200 OLYMPIA, WA 98501	91-1323282	74,346
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst. Purpose of grant	EMPLOYMENT & TRAINING		
		04 4500040	04.004
Name and address	PORT JOBS 1001 Klickitat Way Suite 200A SEATTLE, WA 98134	91-1596912	84,094
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst. Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	SEATTLE GOODWILL INDUSTRIES 700 Dearborn PL South SEATTLE, WA 98144	91-0568708	207,749
IRC code section Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	SEATTLE JOBS INITIATIVE	47-0900181	286,083

Schedule I, Part IV, Statement 1		SEATTLE-KING COUNTY WORKFORC	E DEVELOPMENT COUNCIL
	1200 12th Ave South Suite 160		
	SEATTLE, WA 98144		
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRIANING		
Name and address	KING COUNTY BOYS AND GIRLS CLUB	91-0532600	353,060
	603 Stewart Street Ste 300		
	SEATTLE, WA 98101		
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		
Name and address	KING COUNTY WTP	91-6001327	1,294,090
	KC Finance AR 500 Fourth Avenue ADM		
	SEATTLE, WA 98104		
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	EMPLOYMENT & TRAINING		

(Form 990)       For cartain Official Products Turk (w) final back and Highest Compensate Projects and Highest Compensate Projects and Projects and Highest Compensate Projects and Project Descriptions. In Compensation Provided Provided Program 2000 for the Compensation Program 2000 for the Comp	SCHEDULE J		Compensation Inform	ation	OMB No.	1545-0	047
Complete if the organization answered "Set" on Form 980, Part IV, line 23. Complete Set IV, Settion 24, Settio	(Form	990)	For certain Officers, Directors, Trustees, Key Em		20	19	)
Devery the organization         • Go to www.irs.gov/Form890 for instructions and the latest information.         Implementation			Complete if the organization answered "Yes" on F	orm 990, Part IV, line 23.	Open to	o Puk	olic
SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL         91-2051978           Parti- Deck the appropriate box(es) if the organization provided any relevant information regarding these items.         Image: Comparison of the organization provided any relevant information regarding these items.           Image: Check the appropriate box(es) if the organization provided any relevant information regarding these items.         Image: Check the appropriate box(es) if the organization provided any relevant information regarding these items.         Image: Check the appropriate box(es) if the organization follow and the appropriate box on items of 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.         Image: Check the appropriate box(es) and items of the organization is CEO/Executive Director, regarding the items of checked by all directors, trustees, and officers, including the OEO/Executive Director, payment for banes and provide the apply. Do not check any boxes for methods used by a malated organization to establish compensation committee         Image: Check and the apply. Do not check any boxes for methods used by a metaled organization to establish compensation committee         Image: Check and the apply. Do not check any boxes for methods used by a metaled organization to establish compensation committee         Image: Check any Deck and Check any Doce the check any Doce for methods used by a metaled organization to establish compensation committee         Image: Check any Doce for check any Doce for methods used by a metaled organization to establish compensation committee         Image: Check any Doce for check any Doce for check any Doce for check any Doce check any Doce for check any Doce for check any Doc	Internal	Revenue Service		the latest information.			
2111       Ouestions Regarding Compensation         1a       Chack the appropriate box(se) 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: Section 2012         Travel for companions       Payments for business use of personal use information fees       Discretionary spending account       Personal services (such as maid, chauffeur, chel)         b       If any of the boxes on line 1a are checked, idi the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the garding the items checked on line 1a?         2       Indicate which, if any, of the following the organization used to establish the compensation or the organization's CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         2       Indicate which, if any, of the following the organization used to establish the personal used by a related organization is a classible to compensation or netables organization an equity-base dorpersation areagement?         4       During the year, idia any parson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?         4       Participate in, or receive paym	Name o	f the organization		Employer identificatio	n number		
Image: The optimization provided any of the following to or for a person listed on Form 580, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Thirst-class or charter travel         Image: How items is the optimization of the optimization of the optimization of the optimization of the optimization and gross-up payments         Image: How items is the optimization of the optimization of the optimization of the optimization of all of the expenses described above? If "No," complete Part III to explain and officers, including the CEO/Executive Director, regarding the items checked on line 1a?           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?         1b           2         Did the organization require substantiation used to establish the compensation of the organization to establish compensation and the CEO/Executive Director, methods used by a related organization to establish compensation core, regarding the items checked on line 1a?         1b           3         Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III.         0           4         Organization to establish compensation and provide the apployment?         4a				91-20	51978		
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form         900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Check the personal use         Travel for companions       Image: Check the personal use       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 reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and offices, including the CEO/Executive Director, regarding the items checked on line 1a?         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director. Other k all that apply. Do not check any boxes for methods used by a related organization is CEO/Executive Director. Other k all that apply. Do not check any boxes for methods used by a related organization is a supplemental nonqualified retimement plan?       4a       ✓         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       5a       ✓         6       During the year, list dany person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       ✓         9       P	Pari	Questio	ins Regarding Compensation			Yes	No
First-class or charter travel           Housing allowance or periodnes to business use of personal use            Travel for companions          Payments for business use of personal residence            Tavel for companions          Payments for business use of personal residence            Discretionary spending account          Personal services (such as maid, chauffeur, chef)             P any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain.            P Did the organization require substantiation prior to relimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?             P Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III.             Ordingenation to establish compensation or the CEO/Executive Director, but explain in Part III.             Compensation committee             P Articipate in, or receive payment from, a supplemental nonqualified retirement plan?             P Articipate in, or receive payment from, a supplemental nonqualified retirement plan?             P Articipate in, or receive payment from, a supplementation arrangement?             P Articipate in, or receive pa	<b>1</b> a				m		
Image: Trave for comparisons       Payments       Payments for business use of personal residence         Image: Discretionary spending account       Personal services (such as maid, chauffeur, cher)         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.         c       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CCD/Executive Director, regarding the lems checked on line 1a?         c       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CED/Executive Director, but explain in Part III.         c       Compensation committee         c       Written employment contract         c       Compensation committee         d       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or relevie payment from, a supplemental nonqualified relimement plan?         d       Participate in, or receive payment from, an equity-based compensation arrangement?         d       Participate in, or receive payment from, an equity-based compensation arrangement?         d       Participate in, or receive payment from, a supplemental nonqualified relimement plan?         d       Paritipate in, or receive payment from, an equity-based co				<b>U U</b>			
Discretionary spending account       Personal services (such as maid, chauffeur, cheft)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         1       1         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?         1       1         2				•			
b       If any of the boxen line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         2       Indicate which, if any, of the following the organization used to establish the compensation contract         3       Indicate which with a poly. Do not check any boxes for methods used by a related organization consultant         4       Compensation committee         9       Indicate which and payment or hange-of-control payment?         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?         4       Participate in, or receive payment from, a supplement annualified retirement plan?       4a         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?       5a         6       <				-			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretiona	ry spending account	(such as maid, chauffeur, chef)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
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. Due kall 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.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Image: Compensation committee       2         5       Form 990 of other organizations       Approval by the board or compensation committee       4a         4       V       4a       V         9       Participate in, or receive payment from, as upplemental nonqualified retirement plan?       4a       V         4       V       4a       V         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:       5b       V         6       The organization?       5a       V       5b       V         17       Yes' on line 5a or 5b, descr	b						
<ul> <li>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?</li> <li>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, Dut explain in Part III.</li> <li>2 Independent compensation consultant  Written employment contract  Orpensation committee  Approval by the board or compensation committee</li> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?</li> <li>a Receive a severance payment from, a supplemental nonqualified retirement plan?</li> <li>de v</li> <li>4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>de v</li> <li>de</li></ul>			•	· · ·			
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 EO/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.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the degradition to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       4a         6       Form 990 of other organization:       Approval by the board or compensation committee       4b         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       ✓         4       Participate in, or receive payment from, as upplemental nonqualified retirement plan?       4b       ✓         6       Participate in, or receive payment from, an equity-based compensation arrangement?       5a       ✓         7       Yes" to any of lines 4a-0, list the persons and provide the applicable amounts for each item in Part III.       5a       ✓         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on		·					
<ul> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEV/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEV/Executive Director, but explain in Part III.</li> <li>Compensation committeeWritten employment contract</li> <li>Form 990 of other organizationsApproval by the board or compensation committee</li> <li>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>Receive a severance payment or change-of-control payment?</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 from, a supplemental nonqualified retirement plan?</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:</li> <li>The organization?</li> <li>Payments not describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, lin</li></ul>	2	directors, trus	tees, and officers, including the CEO/Executive Director, r		ne		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.            Compensation committee <ul> <li>Independent compensation consultant</li> <li>Compensation or a related organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4a            A proval by the board or compensation committee             During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:             A Receive a severance payment form, an supplemental nonqualified retirement plan?             Participate in, or receive payment from, an equity-based compensation arrangement?             A registration?             Participate in, or receive payment from, an equity-based compensation arrangement?             A registration?             A 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:             The organization?             For persons listed on Form 990, Part VII, Section A, line 1a, did the organizat		1a?	•••••••••••••••••••••••••••••••••••••••		2		
<ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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>Receive a severance payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>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>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>The organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>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>The organization?</li> <li>Any related organization?</li> <li>Were any amounts reported 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>W</li></ul>	3	organization's	CEO/Executive Director. Check all that apply. Do not chec	k any boxes for methods used by	a		
Independent compensation consultant Compensation survey or study Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		-					
<ul> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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>Receive a severance payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         <ul> <li>The organization?</li> <li>Any related organization?</li></ul></li></ul>							
<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>d b v</li> <li>d c v</li> <lid c="" li="" v<=""> <li>d c v</li> <li>d c v</li> <li>d c v</li> <l< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></l<></lid></ul>							
organization or a related organization:       4a       4a         a Receive a severance payment or change-of-control payment?       4a       4b         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         c Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation?       5a       4c         b Any related organization?       5a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
<ul> <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>d t d c d d d c d d d d d d d d d d d d</li></ul>	4			ne 1a, with respect to the filing			
<ul> <li>c Participate in, or receive payment from, an equity-based compensation arrangement?</li></ul>	а				4a		~
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a         he organization?         b       Any related organization?         f"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?         c       H"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 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 Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described 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.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part Payments or the organization also follow the reb							-
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?         ft "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?         a       The organization?         b       Any related organization?         compensation contingent on the net earnings of:       The organization?         a       The organization?         b       Any related organization?         compensation contingent on the net earnings of:       Ga         a       The organization?         ft "Yes" on line 6a or 6b, describe in Part III.       Gb         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7         7       V       V         8       V         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in rescribed in Part Part Part Part P	С			•	4c		~
<ul> <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></ul>		II Tes to any	of lines 4a–c, list the persons and provide the applicable a	mounts for each item in Part III.			
<ul> <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></ul>		Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must co	mplete lines 5–9.			
b       Any related organization?       5b       ✓         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:       6a       ✓         a       The organization?       6a       ✓         b       Any related organization?       6a       ✓         b       Any related organization?       6b       ✓         b       Any related organization?       6b       ✓         f       "Yes" on line 6a or 6b, describe in Part III.       6b       ✓         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       ✓         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       ✓         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       8       ✓	5			ne organization pay or accrue a	ny		
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?         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         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         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а						-
<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>c 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>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>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	b				5b		~
<ul> <li>compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>compension?</li> <li>f "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>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>		It "Yes" on line	e 5a or 5b, describe in Part III.				
<ul> <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 and the organization also follow the rebuttable presumption procedure described in</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	6			ne organization pay or accrue a	ny		
<ul> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <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></ul>	а	The organizati	on?		6a		~
<ul> <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></ul>	b	Any related or	ganization?				~
<ul> <li>payments not described on lines 5 and 6? If "Yes," describe in Part III</li></ul>		If "Yes" on line	e 6a or 6b, describe in Part III.				
<ul> <li>payments not described on lines 5 and 6? If "Yes," describe in Part III</li></ul>	7	For persons I	isted on Form 990, Part VII. Section A. line 1a. did the	organization provide any nonfix	ed		
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-						~
in Part III       8         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
		in Part III			8		V
	9	lf "Yes" on li	ne 8. did the organization also follow the reputtable pr	esumption procedure described	in		
	~			• •			

### 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.

	<u>,</u>	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Marie Kurose, CEO	(i)	174,605	0	0	5,356	50,435	230,396	0
1	(ii)	0	0	0	0	0	0	0
Marcelle Wellington, CAO	(i)	151,962	0	0	12,146	26,775	190,883	0
2	(ii)	0	0	0	0	0	0	0
	(i)							
3	(ii)							
_	(i)							
4	(ii) (i)							
F	(ii)							
5	(i)							
6	(ii)							
•	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
10	(i) (ii)							
12	(i)							
13	(ii)					+		
10	(i)							
14	(ii)			+		+		
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

\_\_\_\_\_

### Part III Supplemental Information

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

Schedule J, Part I, Line 3 - Organization determines management's compensation based on compensation study performed by outside consultants.


SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990 or 990-EZ)	Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2019
Department of the Treasury	► Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization			ntification number
	TY WORKFORCE DEVELOPMENT COUNCIL		91-2051978
	tion B, Line 11b - MANAGEMENT AND BOARD OF DIRECTORS WILL REVIEW FORM	990 PRIOR	ТО
SUBMISSION OF FOR	M 990 TO THE INTERNAL REVENUE SERVICE.		
	tion B, Line 12c - Employees, contractors, and consultants are informed of this policent any violation of this policy		nave a duty to
Form 990, Part VI, Sec	tion B, Line 15 - Organization determines management's compensation based on co	mpensation	study performed by
outside consultants.			
	tion C, Line 19 - Organization makes its governing documents, conflict of interest p	olicy, and fin	ancial statements
available to the public	upon request.		

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

Cat. No. 51056K

### Schedule O, Statement 1

Form: Form 990 (2019)

Page: 1

### SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

EIN: 91-2051978

**Header Section** 

**Reasonable Cause Explanations** 

### Explanation

Due to pandemic, audit of our fiscal year 2020 (July 2019 to June 2020) was postponed. The annual financial and single audits were completed in April 2021, and the audited financial and single audit reports were issued in May 2021. As a result, the fiscal year 2020 tax return was filed late in June 2021. We also filed an extension. We apologize for the inconvenience.

SCHEDULE R	
(Form 990)	

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

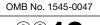
SEATTLE-KING COUNTY WORKFORCE DEVELOPMENT COUNCIL

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr	<b>(g)</b> 512(b)(13) htrolled ntity?	
						Yes	No	
(1) City of Seattle	City government	WA			N/A			
600 4th Ave, Seattle, WA 98104							~	
(2) King County	County government	ounty government WA			N/A			
401 5th Avenue Ste 800, Seattle, WA 98104							~	
(3)								
(4)								
(5)								
(6)								
(7)								



2019

**Open to Public** 

Inspection Employer identification number

91-2051978

### Schedule R (Form 990) 2019 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. **(a)** Name, address, and EIN of **(b)** Primary activity (e) (g) (i) (k) (c) (d) (f) (h) (i) Direct controlling Predominant Share of total Share of end-of- Disproportionate General or Legal Code V-UBI Percentage related organization income (related, amount in box 20 domicile entity income year assets allocations? managing ownership unrelated, (state or of Schedule K-1 partner? excluded from (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No (1) (2) (3) (4) (5) (6)

# Part IV

(7)

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> 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	<b>(h)</b> Percentage ownership	(i Section 5 contr enti	<b>i)</b> 512(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2019

Page 2

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34	l, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۲	/es	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			🔽	1a		~
b	Gift, grant, or capital contribution to related organization(s)				1b		~
с	Gift, grant, or capital contribution from related organization(s)				1c		~
d	Loans or loan guarantees to or for related organization(s)				1d		~
е	Loans or loan guarantees by related organization(s)				1e		~
f	Dividends from related organization(s)				1f		~
g	Sale of assets to related organization(s)				1g		~
h	Purchase of assets from related organization(s)				1h		~
i	Exchange of assets with related organization(s)				1i		~
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		~
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		~
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		~
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .				1n		~
ο	Sharing of paid employees with related organization(s)				10		~
р	Reimbursement paid to related organization(s) for expenses				1p		V
q	Reimbursement paid by related organization(s) for expenses				1q		~
•							
r	Other transfer of cash or property to related organization(s)				1r		~
S	Other transfer of cash or property from related organization(s)				1s		~
2	If the answer to any of the above is "Yes," see the instructions for information on who must o				three	shold	s.
	(a)	(b)	(c)	(d)			-
	Name of related organization	Transaction	Amount involved	Method of determining a	amount	involv	ed
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
							-					
	Primary activity	(state or foreign country)	(state or foreign country)       income (related, excluded from tax under sections 512-514)	(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       sec organiz yes         ····-       ····-       ····-         ····-       ····-	(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section organizations?         ····-       ····       ····       Yes       No         ····-       ····       ····       ····       ····       Yes       No         ····-       ····       ····       ····       ····       ····       ····       Yes       No         ····-       ····       ····       ····       ····       ····       ····       ····       ····         ····-       ····       ····       ····       ····       ····       ····       ····         ····-       ····       ····       ····       ····       ····       ····       ····         ····-       ····       ····       ····       ····       ····       ····       ····         ····-       ····       ····       ····       ····       ····       ····       ····         ·····       ····       ····       ····       ····       ····       ····         ·····       ····       ····       ····       ····       ····       ····         ·····       ····       ····       ·····       ····       ···· <t< td=""><td>(state or foreign country)       income (related, excluded from tax under sections 512-514)       section 501(c)(3) organizations?       total income         ····-       ····       ···</td><td>(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)     total income section (501(c)(3))     end-of-year assets       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····   &lt;</td><td>(state or foreign country)       income (related, urrelated, excluded for tax under sections 512-514)       section 501(c)(3) organizations?       total income       end-of-year assets       alloca         ·····       ····       ····       ····       ····       ····       ····       ·····       ·····       ····       ····       ·····       ····       ·····       ·····       ·····       ·····       ·····</td><td>(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section 501(c)(3) organizations?       total income softion 501       end-of-year assets       allocations?   </td><td>(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)     section 501(c)(3) (Fes     total income sasets     end-of-year assets     allocations? (Fes     amount in box 20 of Schedule K-1 (Form 1065)   </td><td><math display="block">\left  \left( \text{state or foreign} \\ \text{country} \right) \right  \left  \left( \text{state or foreign} \\ \text{country} \right) \right  \left  \left( \text{state or foreign} \\ \text{sections 512-514} \right) \right  \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline Yes</math></td><td>(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section Solic(0) regainizions?       total income assets       end-of-year assets       allocations? assets       amount in box 20 of Schedule K-1 (Form 1065)       manualing partner?        </td></t<>	(state or foreign country)       income (related, excluded from tax under sections 512-514)       section 501(c)(3) organizations?       total income         ····-       ····       ···	(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)     total income section (501(c)(3))     end-of-year assets       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····       ····     ····     ····     ····     ····     ····     ····   <	(state or foreign country)       income (related, urrelated, excluded for tax under sections 512-514)       section 501(c)(3) organizations?       total income       end-of-year assets       alloca         ·····       ····       ····       ····       ····       ····       ····       ·····       ·····       ····       ····       ·····       ····       ·····       ·····       ·····       ·····       ·····	(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section 501(c)(3) organizations?       total income softion 501       end-of-year assets       allocations?	(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)     section 501(c)(3) (Fes     total income sasets     end-of-year assets     allocations? (Fes     amount in box 20 of Schedule K-1 (Form 1065)	$\left  \left( \text{state or foreign} \\ \text{country} \right) \right  \left  \left( \text{state or foreign} \\ \text{country} \right) \right  \left  \left( \text{state or foreign} \\ \text{sections 512-514} \right) \right  \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline \mathbf{Yes} \\ \hline \mathbf{No} \\ \hline \mathbf{Yes} \\ \hline Yes$	(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section Solic(0) regainizions?       total income assets       end-of-year assets       allocations? assets       amount in box 20 of Schedule K-1 (Form 1065)       manualing partner?

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.