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Only

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calendar year, or tax year beginning 7/01 . 2008, and ending 6/30 2009 D Employer Identification Number Check if applicable Please us IRS label Workforce Development Council Snohomish Address change 91-2071882 or print or type, See specific instruc-County E Telephone number Name change 728 134th Steet SW, Suite 128 425-921-3483 Initial return Everett, WA 98204 Termination Amended return 5,059,724. G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes Nο H(b) Are all affiliates included? Same As C Above Yes If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) (3) 4947(a)(1) or 527 ) ◄ (insert no.) Website: ► www.wdcsc.org H(c) Group exemption number Type of organization X Corporation Trust L Year of Formation: 2000 Association M State of legal domicile. WA Part I Summarv Briefly describe the organization's mission or most significant activities: The Workforce Development Council oversees the implementation of the new federal workforce investment act in Snohomish county. Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a). . 3 Number of independent voting members of the governing body (Part VI, line 1b)...... 4 <u>35</u> 5 55 6 ō 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7 a b Net unrelated business taxable income from Form 990-T, line 34 Ō. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 5,792,296 4,822,259. Program service revenue (Part VIII, line 2g) 86,686. 194,238. 4,012. Investment income (Part VIII, column (A), lines 3, 4, and 7d).... 5,990. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)... 27,502. 39,215. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,912,474. 5,059,724. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to pr for representative, column (A), line 4).... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,609,978. 1,557,323. 16a Professional fundraising fees (Part IX, column (A), line 11e). . . . . . b Total fundraising expenses (Part IX, column (B) line 25) ▶ Other expenses (Part-IX, column (A), lines 1) 2 1d, 11f-24f) 4,338,103. 3,275,110. Total expenses. Add In 2012 En us Lequal Part IX, column (A), line 25). 5,948,081. 4,832,433. Revenue less expenses. Subtract line 18 from line 12... -35,607. 227,291. Beginning of Year End of Year 20 Total assets (Part X, line 16) 1,480,140. 1,351,874. 21 Total habilities (Part X, line 26)... 1,887,537. 1,531,980. Net assets or fund balances. Subtract line 21 from line 20 -407,397. -180,106. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Date Sue Ambler CEO Type or print name and title Preparer's identifying number (see instructions) Date Check if self-employed **Paid** Preparer's signature Pre-4/15/10 N/A parer's & Company PLLC Firm's name Use yours if self-employed), address, and ZIP + 4

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Seattle, WA 98109

May the IRS discuss this return with the preparer shown above? (see instructions).

701 Dexter Ave N, Ste 404

12/22/08

EIN N/A

Phone no ► (206)

Form 990 (2008)

No

282-3720

Yes



Form 990 (2008) Workforce Development Council Snohomish	91-2	<u>07188</u>	<u>2</u>		Page 2
Part III Statement of Program Service Accomplishments (see instructions)					
1 Briefly describe the organization's mission:					
The Workforce Development Council oversees the implementation of	the nev	ø fed	eral		
workforce investment act in Snohomish county.					
			:		
2 Did the organization undertake any significant program services during the year which were not listed or	on the prior	-			
Form 990 or 990-EZ?	on the phon		V	X	Al -
	•		Yes	$\Box$	No
If 'Yes,' describe these new services on Schedule O.	_	$\Box$		(T)	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices		Yes	X	No
If 'Yes,' describe these changes on Schedule O.					
4 Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	es by expen	ses. Sec	ction 5	01(c)	(3)
expenses, and revenue, if any, for each program service reported.	ing allocation	ns to otr	iers, t	ne tot	aı
FALSE CONTRACTOR OF THE PROPERTY OF THE PROPER					
4a (Code (Expenses \$ 4,453,607. including grants of \$)					<u>24.</u> )
Designing a work development plan for the county that meets the	need of	empl	oyer	s_ar	n <u>d</u>
jobseekers, certifying and setting standards for workforce train	ing prov	/ider	s, a	nd	
overseeing the operations of the "One-Stop" career center.					
			- <b></b> -		
4b (Code: (Expenses \$ including grants of \$)	Revenue	Ś			)
			- <b>-</b> -		
An (Code) S Cynanics C ynglydyng grants af C	(Daysania	ė			
4c (Code: Expenses \$ including grants of \$ )	(revenue	٧			
	. <i>-</i>		. <b>_</b>		<b>_</b>
	<b></b>	<b></b>			
4d Other program services. (Describe in Schedule O.)					
	ė			`	
(Expenses \$ including grants of \$ ) (Revenue				<del>/</del>	
4e Total program service expenses ► \$ 4,453,607. (Must equal Part IX, Line 25, column	(B).)				

Form 990 (2008) Workforce Development Council Snohomish 91-2071882 Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 . . . . . . . X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III . 5 Did the organization maintain any donor advised funds or any accounts where 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 X 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete X Schedule D, Part IV 9 . . . Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Х 11 Х 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 16 X X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II X 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 19 20 X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. ..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . . 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I X 25a ... ...... . . .... b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III BAA

a prior year? If 'Yes,' complete Schedule L, Part I .

Form 990 (2008)

Х

Х

Х

25b

26

27

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II . . .

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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	_	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990	(2008)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	0		
2 Enter the Hamber of Common V Ed Wooded Williams To Enter C Williams Application	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		-
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			<b></b>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3b		<del></del> -
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	ot <b>6b</b>		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	_ 7a		X_
<b>b</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?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_	<u> </u>	
	8	<b></b>	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0.0	<u> </u>	
a Did the organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person? .	30		
10 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12 .   10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
11 Section 501(c)(12) organizations. Enter	┨		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against	1		
amounts due or received from them.)	120		-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12a	l	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b   BAA	Form	990	(2008)
<del></del>			

Form 990 (2008) Workforce Development Council Snohomish 91-2071882 Page
Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management				
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O. See instructions.	describe the circumstances,		Yes	No
1 8	Enter the	number of voting members of the governing body	1a 35			
1	<b>b</b> Enter the	number of voting members that are independent	1b 35			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or use. directors or trustees, or key employees to a management company or other person.	under the direct supervision	3		Х
4	Did the o	rganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets? .	5		X_
6	Does the	organization have members or stockholders?		_6		X
7	Does the	organization have members, stockholders, or other persons who may elect one or a body?	more members of the	7a		х
ı	<b>b</b> Are any o	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ving:	ertaken during the year by			
	The gove	rning body?		8a	X	
ı	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?		8b	X	
9:	a Does the	organization have local chapters, branches, or affiliates?		9a		X
I	olf 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9 b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	i? All organizations must ee Schedule 0	10	Х	
11	ls there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		х
Sec	tion B.	Policies				
					Yes	No
12:	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13	••	12a	Х	
١	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b	x	
•	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the position of the second seco		12c	Х	
13	Does the	organization have a written whistleblower policy?		13		_ X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de-	approval by independent cision:			
	a The orga	nization's CEO, Executive Director, or top management official?	!	15a		X
ı	<b>b</b> Other off	icers of key employees of the organization?		15 b		X
	Describe	the process in Schedule O. (see instructions)				
16	Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X
	status wi	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	n to evaluate its participation the organization's exempt	16b		
		Disclosures				
		states with which a copy of this Form 990 is required to be filed $ ightharpoons WA$				
18		5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	/aılabl	e for	public
	Own	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docurats available to the public.	nents, conflict of interest pol	cy, ar	nd fina	incial
		name, physical address, and telephone number of the person who possesses the temporary to make the managery of the person who possesses the temporary transfer of the person who person transfer of the		anızatı	ion	
BAA				Form	990	2008)
	•					

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average	1	ition (			hat app	ly)	Reportable	Reportable compensation from	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sue Ambler										
CEO	40			X				102,399.	0.	0.
Steve Burch									İ	
Director	2	X						0.	0.	0.
Darrell Chapman										
Director	2	X					_	0.	0.	0.
Patty DeGroodt										
Director	2	X						0.	0.	0.
Gwen Delp										
Director	2	X						0.	0.	0.
Cathy Feole										
Director	2	Х						0.	0.	0.
Bud Fishback	_									
Director	2	X						0.	0.	0.
Sandra Fowler-Hill										
Director	2	X						0.	0.	0.
Jerry Goodwin	_							_		
Director	2	X	_					0.	0.	0.
Jean Hales	_									_
Director	2	Х						0.	0.	0.
Ken Hoover	_									_
Director	2	X	<u> </u>					0.	0.	0.
Tim Julius	_									_
Director	2	X	<u> </u>	-			_	0.	0.	0.
Patrick Keaty		l								_
Director	2	X	<u> </u>					0.	0.	0.
Deborah Knutson		l								_
Director	2	X	<u> </u>					0.	0.	0 <u>.</u>
_Julie_Lord										_
Director	2	X						0.	0.	0.
Phillip McConnell								_		_
Director	2	X	<u> </u>					0.	0.	0.
David McCrea									_	_
Director	2	Х	ı				l l	0.	0.	0.

Part VII   Section A. Officers, Directors, Trus							an	d Highest Con	npensated Emp	
(A)	(B)				c)			(D)	Œ)	(F)
Name and Title	Average hours per week	ndıvıdual trustee or director	institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jerri Mitchell		v								
Director	2	X		-	├	$\vdash$	<u> </u>	0.	0.	0.
Suzanne Monteiro Director	2_	х						0.	0.	0.
Dale Peinecke Director	2	x						0.	0.	0.
Anne Penny	<del> </del>	^			<del> </del>	+	-	0.		
Director	2	x						0.	0.	o <u>.</u>
Frank ProchaskaDirector	2	x						0.	0.	0.
David Remlinger		^	$\vdash$	┝	$\vdash$	$\vdash$		<del></del>	<u></u>	0.
Director	2_	X						0.	0.	0.
Melvin Sheldon								-		
Director	2_	X						0.	0.	0.
Don Shove										
Director	2	X			L			0.	0.	0.
Louise Stanton-Masten										
Director	2	Х			<u> </u>			0.	0.	0.
Ken Stark		١.,	ŀ							_
Director	2	X				-		0.	0.	0.
Terry Sweeney Director	2	x						0.	0.	0.
Jeffry Tomson		-			╁╌	1		<del></del>		<u>v.</u>
Director	2	x						0.	0.	ο.
Jan Vance	-				<u> </u>			0.	0.	0.
Director	2	x						0.	0.	0.
1b Total	1	11		·	<u> </u>	1	•	102,399.	0.	0.
2 Total number of individuals (including those in 1a)	who rece	eive	d mo	ore	thar	n \$10	0,00	·		
organization ► 1										Yes No

			163	110				
2	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
3	on line 1a? If 'Yes,' complete Schedule J for such individual	3		Х				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such							
	individual	4		X				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
J	rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X				

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.

(A) Name and business address	(B) Description of Services	(C) Compensation
2. Total number of independent contractors (including those in 1) who received more	than \$100,000 in	

compensation from the organization ► 0

### SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Workforce Development Co	91-2071882													
Part I Continuation: Officers	. Directors.	Trus	tee	s. K	(ev	Emp	lov	ees. and Highes	t Compensated					
<u>Employees</u>	,													
(A)	(B)				C)			(D)	(E)	<b>(F)</b>				
Name and Title	Average hours per week	Position (check all that apply)						Reportable compensation from	Reportable compensation from	Estimated amount of other				
	por media	Individual trustee or director	Former Highest compensated employee Key employee Officer Instrubtional trustee Individual frustee or director		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations							
Matt Bench	_													
Director	2	X				ļ	<u> </u>	0.	0.	0.				
Teri Gobin				ŀ										
Member	2	X	_	_				0.	0.	0.				
Merl Hoekstra			İ							_				
Member	2	X		_				0.	0.	0.				
Linda Johannes		١,,								•				
Member	2	X			_			0.	0.	0.				
Sterling Sankey Member		l ,	ŀ							•				
	2	Х	$\vdash$	-	-			0.	0.	0.				
Cheryl Telford Member	2	х						0.	0.	0				
мешрет	2	^		$\vdash$			$\vdash$	Ų .	0.	0.				
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	-				$\vdash$									

Pai	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ر. بر	1a Federated campaigns 1a				
AN	b Membership dues 1b				
8.5	c Fundraising events 1c	ľ			
A A	d Related organizations 1d				
₽₹	· · · · · · · · · · · · · · · · · · ·				
SIS	e Government grants (contributions) . 1e 4,573,640.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
ξě	g Noncash contribns included in lns 1a-1f; \$				
<u>8</u> ₹	h Total. Add lines 1a-1f	4,822,259.			
필	Business Code				
Ē	2a PROGRAM INCOME	185,011.			185,011.
2	b FEE FOR SERVICE	9,227.			9,227.
٦ <u>٢</u>	c				
Ě	d				
S	_				
¥	f All other program service revenue				· · · · · · · ·
စ္ကို	, ,	104 000			
	g Total. Add lines 2a-21	194,238.	<del></del>	<del></del>	
- 1	3 Investment income (including dividends, interest and	4 010			4 010
	other similar amounts)	4,012.			4,012.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less: rental expenses.				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other			•	
	7a Gross amount from sales of assets other than inventory.				
	<b>b</b> Less: cost or other basis				
- 1	and sales expenses				
	c Gain or (loss)				<del> </del>
	d Net gain or (loss)			:	
OTHER REVENUE	(not including. \$				
6					
낊	· · · · · · · · · · · · · · · · · · ·				
Ė	b Less: direct expenses b				<del> </del>
	c Net income or (loss) from fundraising events				ļ
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns				
	and allowances a b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	***			<del>                                     </del>
	Miscellaneous Revenue Business Code				<del> </del>
	11 a GAIN ON CONTINGENCY	39,215.			39,215.
					33,223.
	b	<del></del>		· ·	<del>                                     </del>
	C All all all and a second		<u> </u>		<del> </del>
	d All other revenue	20 015		<del>-</del>	<del> </del>
	e Total. Add lines 11a-11d	39,215.		<u> </u>	
	<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	5,059,724.	0.	0.	237,465.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	102,399.	0.	102,399.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages.	1,168,615.	1,079,099.	89,516.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	51,380.	43,383.	7,997.	
9	Other employee benefits	115,504.	97,527.	17,977.	
10	_ ` `	119,425.	100,837.	18,588.	
11	Fees for services (non-employees)				
	Management				
Ŀ	Legal				
•	: Accounting				
•	<b>i</b> Lobbying				
	Prof fundraising svcs. See Part IV, In 17 Investment management fees				
_	Other				
12	Advertising and promotion				
13	Office expenses	36,843.	33,328.	3,515.	
14	Information technology				
15	Royalties	0.47, 0.01	015 007	21 464	
16	Occupancy	247,291.	215,827.	31,464.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	71,224.	68,598.	2,626.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	5,298.	4,911.	387.	
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Subcontractor Expenses	2,492,137.	2,492,137.		
	Professional Services	186,938.	117,952.	68,986.	
	: Small Equipment & Software	70,598.	61,995.	8,603.	
	Rental and maintenance	42,590.	39,086.	3,504.	
	Telephone	37,994.	33,582.	4,412.	
	All other expenses	84,197.	65,345.	18,852.	
	Total functional expenses. Add lines 1 through 24f	4,832,433.	4,453,607.	378,826.	0.
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	irt X	Baiance Sneet		(A) Beginning of year		End o	<b>B)</b> of yea	r
	1	Cash - non-interest-bearing			1			
	2	Savings and temporary cash investments	[	560,164.	2	5	34,	765.
	3	Pledges and grants receivable, net	[		3			
	4	Accounts receivable, net		834,998.	4	7	40,	987.
	5	Receivables from current and former officers, directors, trustees, key empor other related parties. Complete Part II of Schedule L	oloyees,		5			
	6	Receivables from other disqualified persons (as defined under section 49)	58(f)(1))					
		and persons described in section 4958(c)(3)(B). Complete Part II of Sche	dule L		6			
ASSETS	7	Notes and loans receivable, net	[		7	_		
Ē	8	Inventories for sale or use	. [		8	•		
5	9	Prepaid expenses and deferred charges	ĺ	5,300.	9		1,	742.
	10 a	Land, buildings, and equipment: cost basis .   10a   34	1,236.					
		Less: accumulated depreciation. Complete Part VI of						
		Schedule D	856.	29,678.	10 c		24,	380.
	11	Investments — publicly-traded securities			11			
	12	Investments – other securities. See Part IV, line 11	1		12			
	13	Investments – program-related. See Part IV, line 11	1.		13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11	İ	50,000.	15		50.0	000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	Ī	1,480,140.	16			874.
	17	Accounts payable and accrued expenses		1,107,000.	17			578.
	18	Grants payable	<b>.</b>		18		<u> , .</u>	
	19	Deferred revenue		196,715.	19	2	07.1	831.
Ļ	20	Tax-exempt bond liabilities	··· }	130/1201	20		<u> </u>	<del>,,,</del>
Å	21	Escrow account liability. Complete Part IV of Schedule D	ŀ		21			
	22	Payables to current and former officers, directors, trustees, key employee highest compensated employees, and disqualified persons. Complete Par	es, t II					
		of Schedule L	ſ		22			
E S	23	Secured mortgages and notes payable to unrelated third parties	Ī		23		-	
	24	Unsecured notes and loans payable			24		36,2	280.
	25	Other liabilities. Complete Part X of Schedule D	1	583,822.	25			291.
	26	Total liabilities. Add lines 17 through 25.	Ī	1,887,537.	26			980.
N		Organizations that follow SFAS 117, check here ► X and complete li	nes					
Ĕ		27 through 29 and lines 33 and 34.						
A	27	Unrestricted net assets		-420,064.	27	-3	32,2	253.
Ē	28	Temporarily restricted net assets	Ī	12,667.	28		52,	
Ī	29	Permanently restricted net assets	ľ		29			
R		Organizations that do not follow SFAS 117, check here ► and com	plete					
		lines 30 through 34.						
QZC4	30	Capital stock or trust principal, or current funds			30			
	31	Paid-in or capital surplus, or land, building, and equipment fund	ا.		31			
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds.			32		-	
Ñ	33	Total net assets or fund balances		-407,397.	33	-1	80.1	106.
Ē	34	Total liabilities and net assets/fund balances	`	1,480,140.	34			874.
Pa	rt X						<u> </u>	<del>, , , ,</del>
							Yes	No
1	Acc	counting method used to prepare the Form 990: Cash X Accru	al 🗀	Other				
		re the organization's financial statements compiled or reviewed by an inde				2a		Х
		re the organization's financial statements audited by an independent account	•	accountailli , ,	•	. 2b	X	-^
		•		v for aversight of the a	udit			$\vdash$
		Yes' to 2a or 2b, does the organization have a committee that assumes resilew, or compilation of its financial statements and selection of an independ a result of a federal award, was the organization required to undergo an a				2 c	X	<u> </u>
3	Au	a result of a federal award, was the organization required to undergo an aid.  Act and OMB Circular A-133?			Jirigie	За	Х	1
		Yes,' did the organization undergo the required audit or audits?		<u></u>		. 3b	X	
BA				<u></u>				(2008)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047 2008

200

Schedule A (Form 990 or 990-EZ) 2008

2000

Department of the Treasury Internal Revenue Service To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public inspection

Name of the organization Employer identification number Workforce Development Council Snohomish County 91-2071882 |Part I | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. a | Type I Type II Type III — Functionally integrated С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports. h (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of (iv) Is the (vi) is the (vii) Amount of Support organization in col (i) listed in your organization in col (i) organized in the your support? No Yes Nο Yes Nο Yes

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

Workforce Development Council Snohomish Schedule A (Form 990 or 990-EZ) 2008 91-2071882 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal yr beginning in) ► (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose...... Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5. 7a Amounts included on lines 1, 2, 3 received from disqualified persons. . . . . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b

/c trom line 6.)						
Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	-					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add Ins 9, 10c, 11, and 12)						_
14 First five years. If the Form 990 is organization, check this box and s	for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as		3). ▶ □
Section C. Computation of Pub	lic Support F	ercentage				_
15 Public support percentage for 200	8 (line 8, colum	n (f) divided by lii	ne 13, column (f)	) <del></del>	15	%

16

17

18

%

%

%

8 Public support (Subtract line

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . .

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))

Section D. Computation of Investment Income Percentage

Schedule A	(Form 990 c	or 990-EZ)	2008	Workf	orce	Deve	elopme	nt Co	uncil	L Snoh	omish	91-20	71882		Page 4
Part IV	Suppleme Part II, III	ental Info ne 17a or	rmation 17b;	<b>on.</b> Cor or Part	nplete III, lin	this e 12.	part to Provide	provid e any	e the o	explana addition	tion req al inforr	uired by nation. (	Part II, see instr	line 10; ructions)	)
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		<del>-</del>								<del>-</del>			<b>-</b>		
						- <del>-</del>				- <b></b> -	<b>_</b>			- <b>-</b>	
		<b>-</b> -								- <b></b> -	<b>_</b>				
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	<del></del>						<b></b>			<del>-</del>			<b>-</b>	<b>-</b> -	<b>-</b> -
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													<b>_</b>		
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TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

2008 Schedule A, Part IV - Supplemental Information Workforce Development Council Snohomish County									age 5				
Part II, Line 10 - Ot	ther Income	•											
Nature and Sou	rce	2	8008		2007			2006		2005		2004	
	Total	\$	0	. \$		0.	\$	C	<u> </u>		0.	\$ 	0.

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer Identification number
Wo	kforce Development Council Si	nohomish		91-2071882
Pai	the organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Othe to Form 990, Part IV, line	r Similar Funds or 6.	Accounts Complete If
		(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the every steen informs all departs and de-			
	Did the organization inform all donors and do funds are the organization's property, subject	to the organization's exclusive	legal control?	∐ Yes ☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??		g that grant funds may or advisor or other	be Tyes Tho
Pai	t II   Conservation Easements Compl			
1	Purpose(s) of conservation easements held b			330, r dr. r r, m o 7 r
	Preservation of land for public use (e.g.,	<u> </u>	¬ '''''	storically important land area
	Protection of natural habitat	F	Preservation of certif	
	Preservation of open space	L		THE THE COLOR OF T
2	Complete lines 2a-2d if the organization held of the tax year.	a qualified conservation contrib	ution in the form of a c	conservation easement on the last day
				Held at the End of the Year
a	Total number of conservation easements		2	la
Ŀ	Total acreage restricted by conservation ease	ements	2	b
(	Number of conservation easements on a certi	ified historic structure included i	n (a) 2	1c
c	Number of conservation easements included	in (c) acquired after 8/17/06	2	d
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated by t	the organization during the taxable
	year ►	_	-	-
	Number of states where property subject to co			
5	Does the organization have a written policy re enforcement of the conservation easement it	egarding the periodic monitoring holds?	, inspection, violations,	, and Yes No
6	Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing eas	ements during the year	r <b>&gt;</b>
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing easem	ents during the year 🕨	\$
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	urements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its re to the organization's financial st	evenue and expense state tatements that describe	ement, and balance sheet, and es the organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Twered 'Yes' to Form 990,	reasures, or Other Part IV, line 8.	r Similar Assets
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or rese	earch in furtherance of	balance sheet works of art, historical public service, provide, in Part XIV,
t	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	lic exhibition, education, or rese	earch in furtherance of	public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	, line 1		▶\$
	(ii) Assets included in Form 990, Part X .			▶\$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other 116 relating to these items:	sımılar assets for finar	ncial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	e 1		▶\$
b	Assets included in Form 990, Part X			·\$

Schedule D (Form 990) 2008 Workf				91-207				
Part III Organizations Maintai	ning Collection	s of Art, Histo	orical Treasures, o	or Other Similar Ass	ets (continued)			
<ol><li>Using the organization's accessio that apply).</li></ol>	n and other records	s, check any of th	e following that are a	significant use of its coll	ection items (check all			
a Public exhibition		<b>d</b> Loan	or exchange programs					
<b>b</b> Scholarly research		e 🗌 Other						
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or receive	e donations of ar	t, historical treasures, of the organization's c	or other similar	Yes No			
Part IV Trust, Escrow and Cully, line 9, or reported	stodial Arrange	ments Compl	ete if organization					
1a is the organization an agent, trus included on Form 990, Part X?.				other assets not	Yes No			
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and cor	mplete the follow	ing table	<del> </del>				
					Amount			
c Beginning balance			•	1c				
<b>d</b> Additions during the year.				1 d				
e Distributions during the year	•• •• ••		• • • • • • • • • • • • • • • • • • • •	<u>1e</u>				
				<u>If</u>	<u> </u>			
2a Did the organization include an a		), Part X, line 21?			Yes No			
b If 'Yes,' explain the arrangement			ad Waal As Farres C	200 Dart IV Iva 10				
Part V Endowment Funds Con		<del></del>						
4 - B	(a) Current year	(b) Prior yea	r (c) Two years ba	ack (d) Three years back	(e) Four years back			
1 a Beginning of year balance								
<b>b</b> Contributions				<del>-   </del>	<del> </del>			
c Investment earnings or losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses		-	<u> </u>					
g End of year balance								
2 Provide the estimated percentage	-							
a Board designated or quasi-endow		в						
b Permanent endowment								
c Term endowment ►								
3a Are there endowment funds not a organization by:	n the possession of	the organization	that are held and adr	ninistered for the	Yes No			
(i) unrelated organizations					3a(i)			
(ii) related organizations .					3a(ii)			
<b>b</b> If 'Yes' to 3a(ıı), are the related of	roanizations listed				3b			
4 Describe in Part XIV the intended	-	•						
Part VI Investments-Land, B				X. line 10.				
Description of investment	(a) Co	st or other basis investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value			
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment	,	7,121.		2,109.	5,012.			
e Other		27,115.		7,747.	19,368.			
Total. Add lines 1a-1e (Column (d) sho		), Part X, column	(B), line 10(c).)		24,380.			
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Schedule D (Form 990) 2008 Workforce Develop	ment Council Sn	ohomish	91-2071882	Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, Iır	ne 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation end-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other		-	<del></del>	
~ <b>-</b>			<del>.</del>	<del></del>
			<del></del>	
			<del></del>	
			<del></del> .	
<del></del>				
	· <del>-</del>			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)				
Part VIII Investments-Program Related (See	Form 990, Part X, I	ine 13) N/A		<u> </u>
(a) Description of investment type	(b) Book value	(c)	Method of valuation	
		Cost or e	end-of-year market value	
		-		
<del></del>				
	-			
			<del>-</del> -	
				<del></del>
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)		,		
Part IX Other Assets (See Form 990, Part X,		·		
(a) De	scription		(b) Book	value
				<del></del>
	· · · · · ·			
				<u></u>
Total. Column (b) Total (should equal Form 990, Part X, co		<u> </u>	<b>&gt;</b>	
Part X Other Liabilities (See Form 990, Part				1
(a) Description of Liability	(b) Amount			
Federal Income Taxes	340.00	<u></u>		
Contingency Refundable Advance	340,80 150,86	<del></del>		
Taxes Payable	11,62			
Taxes Tayable	11,02	· · ·		
				]
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	► 503,29	01.		

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Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	5	5,059,724.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7	1,832,433.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.		227,291.
4	Net unrealized gains (losses) on investments	-	
5	Donated services and use of facilities		
6	Investment expenses		-
7	Prior period adjustments		
8	Other (Describe in Part XIV).		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	•	227,291.
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total conserve and other evenestical events of the events.	T 1	5,059,724.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<del>                                     </del>	0,030,124.
		-	
		-l i	
	Recoveries of prior year grants	-	
	Other (Describe in Part XIV)	<del>  _</del>	
_	Add lines 2a through 2d	2e	
3		3 5	5,059,724.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a	<b>-</b>	
	Other (Describe in Part XIV)	<del>                                     </del>	
	: Add lines <b>4a</b> and <b>4b</b>	. 4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)		5,059,724.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total expenses and losses per audited financial statements	1 4	1,832,433.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a	_	
t	Prior year adjustments 2b	_	
(	: Losses reported on Form 990, Part IX, line 25	_	
C	Other (Describe in Part XIV)		
E	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3 4	1,832,433.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
Ł	Other (Describe in Part XIV) 4b	] ]	
c	: Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 4	1,832,433.
	t XIV   Supplemental Information		· · · · · · · · · · · · · · · · · · ·
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	', lines 1b and	2b; Part V,
		·	

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Schedule D (Form 990) 2008

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Schedule D	(Form 990) 2008  Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
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### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No., 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization Workforce Development Council Snohomish County	Employer identification number 91–2071882
Form 990, Part VI, Line 10 - Form 990 Review Process	<b>-</b>
Management and the Board of Directors review Form 990 prior t	o_submission_to_the
Internal Revenue Service	<b>-</b>
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	onflicts
No member of the WDC shall cast a vote on the provision of se	rvices by that member,
by any member of her/his family, or by any organization with	which that member is
directly affiliated or about to be affiliated or vote on any	matter which would
provide direct or indirect financial benefit to that member,	to any member of
her/his family, or to any agency with which that member is af	filiated or about to be
affiliated.	
Whenever a WDC, Youth Council, committee, staff member, or Wo	rkSource Snohomish
County partner staff member is in doubt about a possible prob	lem with appearance of
fairness, shall disclose the association from which the probl	em_arises
	<del>-</del>
	<b></b>