



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 20 **10****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization**Pacific Mountain Workforce Development Council**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

1570 Irving Street SW

City or town, state or country, and ZIP + 4

Tumwater, WA. 98512-9046**D** Employer identification number**91-2165746****E** Telephone number**360-292-1081****F** Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ► **www.pacmtn.org****J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **117060.97****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	117060.97
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe) ►	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	117060.97	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	33939.77
	13	Professional fees and other payments to independent contractors	13	33732.40
	14	Occupancy, rent, utilities, and maintenance	14	1485.00
	15	Printing, publications, postage, and shipping	15	17.60
	16	Other expenses (describe ► <u>travel, conference expense, meetings, insurance, supplies</u>)	16	47661.86
17	Total expenses. Add lines 10 through 16	17	113836.63	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3224.31
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	376.76
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3601.10

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

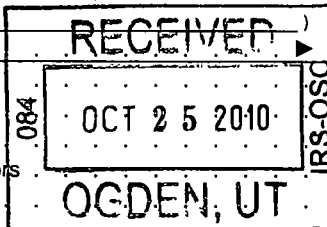
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	774.35	6072.80
23 Land and buildings	0	0
24 Other assets (describe ► <u>Accounts Receivable</u>)	10074.59	8212.49
25 Total assets	10848.94	14285.29
26 Total liabilities (describe ► <u>Accounts Payable</u>)	10472.18	10684.19
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	376.76	3601.10

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED NOV 15 2010

14
67-87

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <u>Develop programs and services for low income job seekers</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	<u>Workforce Development Council developed and implemented a strategic and operations plan for employment and training services for job seekers with the most significant barriers to employment. Train staff and board members as appropriate.</u> (Grants \$ <u>93170.38</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	90650.12
29	<u>One Stop services-develop consistent universal services and accomodations at each WorkSource office and affiliate site in teh five county area. Improve services to business to better match job seekers with available jobs. Trainin staff and board memebbers as appropriate.</u> (Grants \$ <u>23292.59</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22662.53
30	<u>Direct Assistance- limited support services to individuals who are not receiving other program assistance.</u> (Grants \$ <u>598.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	523.98
31	<u>Other program services (attach schedule)</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mike Boyle, Sr., Owner North Bay Mortgage 23030 NE State Rte 3 Belfair, WA 98528	Chairperson, 8	0	0	0
Mary Jo Cady, Owner Cady Tree Farm 351 SE Old Arcadia Rd Shelton, WA 98584	Chairperson elect, 4	0	0	0
Randy Luke, Ironwood Mortgage 9333 Martin Way Ste 210 Olympia, WA 98516	Secretary/Treasurer, 4	0	0	0
Michael H. Kennedy 1520 Irving Street SW, Tumwater, WA. 98512	Executive Director, 40	28500	5439.77	0
Dr. Edward Brewster, President Grays Harbor College 1620 Edward P. Smith Dr Aberdeen, WA 98520	Board member, 2	0	0	0
LeRoy Tipton, President Grays Harbor Chamber 506 Duffy Street Aberdeen, WA 98520	Board member, 2	0	0	0
Bob Brown, E&T Manager Westport Shipyard PO Box 308 Westport, WA 98595	Board member, 2	0	0	0
Tami Garrow, CEO Satsop Business Park 50 Enterprise, Ste 101 Elma, WA 98541	Board member, 2	0	0	0
Bob Guenther, President TLM Labor Council 376 State Rt 508 Chehalis, WA 98532	Board member, 2	0	0	0
Dr. Jim Walton, President Centralia College 600 West Locust Centralia, WA 98531	Board member, 2	0	0	0
Stacey Harmon, Quality Manager Cardinal Pacific FG 545 Avery Road W Winlock, WA 98596	Board member, 2	0	0	0
Dick Larman, Executive Director Lewis County EDC 1611 North National Av Chehalis, WA 98532	Board member, 2	0	0	0
Bill Sullivan, Dir. of Sales, Western US Apex Learning PO Box 1227 Napavine, WA 98565	Board member, 2	0	0	0
Keith Chamberlain, Owner Allyn Ornamental Stone PO Box 641 Allyn, WA 98524	Board member, 2	0	0	0
Dr. Kristin Poppo, Olympic College 1600 Chester Avenue Poulsbo, WA 98370	Board member, 2	0	0	0
Dr. Stephen Holland, Superintendent Raymond School Di 1016 Commercial St Raymond, WA 98577	Board member, 2	0	0	0
Cathy Russ, Exec. Director Pacific EDC 530 Commercial St Raymond, WA 98577	Board member, 2	0	0	0
See attached	Board member, 2			

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	37b	✓
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>Michael H. Kennedy</u> Telephone no. ▶ <u>360-292-1081</u> Located at ▶ <u>1520 Irving Street SW, Tumwater, Washington</u> ZIP + 4 ▶ <u>98512-9046</u>		
b	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)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

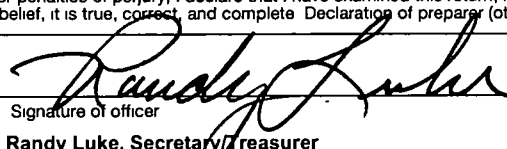
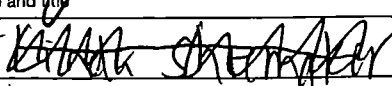
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **0**

Sign Here	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.			
	 Signature of officer		Date 9/02/2010	
Paid Preparer's Use Only	Randy Luke, Secretary/Treasurer Type or print name and title		<input type="checkbox"/> Check if self-employed	Preparer's identifying number (See instructions)
	Preparer's signature 	Date 09/02/10	<input type="checkbox"/> Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

91 : 2165746

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	36706	45342	138197	74207	113313	407765
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	36706	45342	138197	74207	113313	407765
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)						0
6 Public support. Subtract line 5 from line 4						407765

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	36706	45342	138197	74207	113313	407765
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2250	76		2326
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 IV)						
11 Total support. Add lines 7 through 10						410091
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.35 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



Pacific Mountain Workforce Development Council

IRS form 990 EZ-Part IV List of Officers, Directors, Trustees, Key EEs

Employer ID: 91-2165746

a.Name	Address	b.Title & Avg Hrs/wk	c. Compensation	d. Contributions to Benefit Plans	e. Expense Accounts
Rick Hole	Director NW Manufacturers Alliance 150 Technology Way, Suite 101 Box 10 Elma, WA 98541	Board Member, 2	0	0	0
Bob Hitt	Owner Toad Hill Cranberry Farms 2525 Evergreen Rd Grayland, WA 98547	Board Member, 2	0	0	0
Dr. Gerald Pumphrey	President So Puget Snd Com College 2011 Mottman Rd., SW Olympia, WA 98512	Board Member, 2	0	0	0
Joe Kinerk	Executive Director New Market Skill Center 7299 New Market St Tumwater, WA 98501	Board Member, 2	0	0	0
Mae Wheelwright	Director Human Resources Lucky Eagle Casino 12888 188 th Ave, SW Rochester, WA 98579	Board Member, 2	0	0	0
Nancie Payne	President Payne & Assoc., Inc. 205 Lilly Road NE, Bldg B Ste A Olympia, WA 98506	Board Member, 2	0	0	0
Randy Luke	Loan Officer Ironwood Mortgage 9333 Martin Way Ste 210 Olympia, WA 98516	Board Member, 2	0	0	0
Michael Cade	Executive Director Thurston Cnty E D C 665 Woodland Sq Lp SE #201 Lacey, WA 98503	Board Member, 2	0	0	0
Carol MacCracken	Community Services Admin WA State DSHS PO Box 45450 Olympia, WA 98504	Board Member, 2	0	0	0
Lisa Smith	Executive Director Enterprise for Equity PO Box 1291 Olympia WA 98507	Board Member, 2	0	0	0
Kairie Pierce	Labor Liaison Washington State Labor Council 906 Columbia St Olympia, WA 98501	Board Member, 2	0	0	0
Bill Keim	Superintendent Educational Service District #113 601 McPhee Rd., SW Olympia, WA 98502	Board Member, 2	0	0	0
Pat Raines	Voc. Rehab Supervisor				

	WA State DSHS PO Box 45345 Olympia, WA 98504	Board Member, 2	0	0	0
Anne Goranson	Director Pacific Mountain Area Employment Security Dept. 1570 Irving St SW Tumwater, WA 98512	Board Member, 2	0	0	0
Jim Larson	President Morningside PO Box 7936 Olympia, WA 98507	Board Member, 2	0	0	0
Peter Lahmann	Apprenticeship Coordinator/Instructor Northwest Laborers-Employers Training Trust 27055 Ohio Avenue Kingston, WA 98346	Board Member, 2	0	0	0