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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
10 N Post Street Suite 200

City or town, state or province, country, and ZIP or foreign postal code
Spokane, WA 99201

F Name and address of principal officer
George Iranon
10 N Post Street Ste 200
Spokane, WA 99201

D Employer identification number

91-1032846

E Telephone number

(509) 326-7520

G Gross receipts \$ 11,904,350

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.careerpathservices.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

L Year of formation 1971 **M** State of legal domicile WA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Career Path Services, a private non-profit corporation, provides workforce development services to individuals and employers in Washington State		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,696
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,365,389	11,855,574
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,186	41,393
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,851	7,383
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,418,426	11,904,350
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,075,055	3,913,386
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,888,411	6,900,110
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,457,205	1,424,160
	19 Revenue less expenses Subtract line 18 from line 12	12,420,671	12,237,656
		-2,245	-333,306
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,549,568	5,204,752
	21 Total liabilities (Part X, line 26)	1,871,105	1,859,595
	22 Net assets or fund balances Subtract line 21 from line 20	3,678,463	3,345,157

Part II Signature Block

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

Sign Here

▶

Signature of officer

▶

George Iranon CEO

Type or print name and title

2016-12-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

Career Path Services, a private non-profit corporation, provides workforce development services to individuals and employers in Washington State

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 1,636,212 including grants of \$ 2,158,698) (Revenue \$ 0)

Eastern Washington Commerce Programs served 572 participants of which 201 entered employment at an average wage of \$10.78 an hour. These programs are transitional job opportunities funded by the Department of Commerce in partnership with Washington's WorkFirst programs. We assist parents receiving Temporary Assistance for Needy Families (TANF) to obtain permanent employment by gaining job skills and experience through transitional, hands-on training as well as individualized job placement services that include weekly Job Club offerings and industry tours. This year we also served Limited English Proficiency (LEP) Community Jobs program. Employers who hired commerce clients from this target population are estimated to have qualified for \$400,000 in Work Opportunity Tax Credits (WOTC). The estimated economic impact of Commerce program's employment outcomes is across Washington State placement services.

4b

(Code) (Expenses \$ 1,159,911 including grants of \$ 1,315,637) (Revenue \$ 0)

Central King County Commerce programs served 377 mainstream and limited English proficiency (LEP) participants of which 94 entered employment at an average wage of \$12.63 an hour, working an average of 34 hours per week. These programs are transitional job opportunities funded by the Department of Commerce in partnership with Washington's WorkFirst Program. We assist parents receiving Temporary Assistance for Needy Families (TANF) to obtain permanent employment by gaining job skills and experience through transitional, hands-on training as well as individualized job placement services. Employers who hired our clients from this target population are estimated to have qualified anywhere from \$2400 to \$4,500 in Work Opportunity Tax Credits to reduce their tax liability at the end of the year.

4c

(Code) (Expenses \$ 758,860 including grants of \$ 1,003,834) (Revenue \$ 0)

Pierce County Commerce Programs served 249 participants of which 70 entered employment at an average wage of \$11.43 an hour. These programs are transitional job opportunities funded by the Department of Commerce in partnership with Washington's WorkFirst Program. We assist parents who are receiving Temporary Assistance for Needy Families (TANF) in finding permanent employment by gaining job skills and experience through transitional, hands-on training as well as individual job placement services. Employers who hire clients from this target population are estimated to have qualified for \$232,000 in Work Opportunity Tax Credits (WOTC).

See Additional Data

4d

Other program services (Describe in Schedule O)





(Expenses \$ 6,743,491 including grants of \$ 7,075,639) (Revenue \$ 349,041)

4e

Total program service expenses

10,298,474

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
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	No
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	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		No
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	29	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,696	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 9		
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
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	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ Marie Bjork 10 N Post Street Suite 200 Spokane, WA 99201 (509) 326-7520

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(1) Russell Burtner Board Chair	0 46 0	X						0	0	0	
(2) Bill Marchioro Board Member	0 46 0	X					X	0	0	0	
(3) Larry Billin Board Member	0 46 0	X						0	0	0	
(4) John Bumgarner Board Member	0 46 0	X						0	0	0	
(5) Gregg Sybolt Board Member	0 46 0	X						0	0	0	
(6) Ted Lane Board Member	0 46 0	X						0	0	0	
(7) Leroy LeMaster Board Member	0 46 0	X						0	0	0	
(8) Rebecca Coufal Board Member	0 46 0	X						0	0	0	
(9) David Olsen Board Member	0 46 0	X						0	0	0	
(10) George Iranon CEO	40 0			X				178,510	0	0	
(11) Marie Bjork CFO	40 0			X				143,838	0	0	
(12) Cami Hanson COO	40 0			X				137,874	0	0	

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	460,222	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

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)	(B)	(C)
Name and business address	Description of services	Compensation

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	0	11,855,574			
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	11,855,004				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	570				
	g	Noncash contributions included in lines 1a-1f \$		0				
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue		41,393	41,393	0	0	
	g	Total. Add lines 2a-2f			41,393			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,423	3,423	0	0	
	4	Income from investment of tax-exempt bond proceeds . . .		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)		0	0			
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses		0	0			
	c	Gain or (loss)		3,960	0			
	d	Net gain or (loss)			3,960	3,960	0	0
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	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 . . .							
Miscellaneous Revenue		Business Code						
11a				0				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			11,904,350	48,776	0	0	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX: ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	3,913,386	3,913,386		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	677,501	0	677,501	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.	4,280,051	3,567,985	712,066	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	492,529	416,003	76,526	0
9	Other employee benefits.	743,629	634,157	109,472	0
10	Payroll taxes.	706,400	616,976	89,424	0
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	845	390	455	0
c	Accounting.	15,685	0	15,685	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0	0	0	0
12	Advertising and promotion.	10,137	8,336	1,801	0
13	Office expenses.	68,031	44,583	23,448	0
14	Information technology.	90,177	54,007	36,170	0
15	Royalties.	0	0	0	0
16	Occupancy.	381,668	295,372	86,296	0
17	Travel.	227,695	203,994	23,701	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	84,912	68,538	16,374	0
20	Interest.	649	0	649	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	39,750	39,750	0	0
23	Insurance.	27,477	4,476	23,001	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Communication.	102,832	70,840	31,992	0
b	Licenses & Permits.	17,298	14,381	2,917	0
c	Van Operating Expense.	4,129	4,129	0	0
d	Contracted Services - Other.	303,749	302,749	1,000	0
e	All other expenses.	49,126	38,422	10,704	0
25	Total functional expenses. Add lines 1 through 24e.	12,237,656	10,298,474	1,939,182	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				410,890	1	1,878,285
	2	Savings and temporary cash investments				2,930,514	2	931,774
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				2,015,461	4	2,255,431
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				126,864	9	80,603
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	280,795				
	b	Less accumulated depreciation	10b	222,136	65,839	10c	58,659	
	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 34)				5,549,568	16	5,204,752	
Liabilities	17	Accounts payable and accrued expenses				1,617,931	17	1,628,222
	18	Grants payable					18	
	19	Deferred revenue				253,174	19	231,373
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D					25	
	26	Total liabilities.Add lines 17 through 25				1,871,105	26	1,859,595
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
27		Unrestricted net assets				3,765,864	27	3,445,952
28		Temporarily restricted net assets				-87,401	28	-100,795
29		Permanently restricted net assets				0	29	0
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.								
30		Capital stock or trust principal, or current funds					30	
31		Paid-in or capital surplus, or land, building or equipment fund					31	
32		Retained earnings, endowment, accumulated income, or other funds					32	
33		Total net assets or fund balances				3,678,463	33	3,345,157
34		Total liabilities and net assets/fund balances				5,549,568	34	5,204,752

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,904,350
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,237,656
3	Revenue less expenses Subtract line 2 from line 1	3	-333,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,678,463
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,345,157

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 91-1032846

Name: CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	1,165,829	including grants of \$	1,363,921) (Revenue \$	0)
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South King County Commerce programs served 255 mainstream and limited English proficiency (LEP) participants of which 104 entered employment at an average wage of \$11.50 an hour, working an average of 31 hours per week. These programs are transitional job opportunities funded by the Department of Commerce in partnership with Washington's Workfirst Program. We assist parents receiving Temporary Assistance for Needy Families (TANF) to obtain permanent employment by gaining job skills and experience through transitional, hands-on training as well as individualized job placement services. Employers who hired our clients from this target population are estimated to have qualified anywhere from \$2,400 to \$4,500 in Work Opportunity Tax Credits to reduce their tax liability at the end of the year.

(Code) (Expenses \$	583,349	including grants of \$	650,248) (Revenue \$	0)
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In our 2015 program year, Career Path Services served 394 low income adults, completed services to 226, and placed 197 in self-sufficient employment, earning a median hourly wage of \$15.00, which exceeded our goal of \$14.61. Average hourly wage was \$17.68. Services included career interest, aptitude and skill assessment, basic and advanced job search techniques, placement assistance, classroom and on-the-job training, supportive services, internships and employer mentorships, and co-enrollment in other appropriate programs.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	477,249	including grants of \$	552,111) (Revenue \$	0)
Through our Benton Franklin WIA Adult Program, we served 237 Adult program participants in the 2015 program year, exceeding our contractual goal by 38 participants 52 participants earned credentials through Individual Training Accounts (ITA), 29 participants were positively placed into work experience opportunities or completed On the-job training Staff assisted our job seekers with viable job search methods and guidance, leading to an abundance of job opportunities We placed 151 participants into self-sufficient employment, averaging \$14 63/hour Collectively, we spent 95 4% of our entire budget					
(Code	) (Expenses \$	469,523	including grants of \$	534,195) (Revenue \$	0)
Career Path Services served 340 youth, completed services to 149, placed 17 in postsecondary education, and placed 90 in employment, earning an average hourly wage of \$11 48 and a median of \$10 50 during the 2015 program year through the Spokane WIOA Youth program At least 51 youth received a GED and 80 completed work experience/internship We provided services including career interest, aptitude and skill assessment, basic and advanced job search techniques, placement assistance, classroom and on-the-job training, supportive services, internships and employer mentorships, and co-enrollment in other appropriate programs					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	432,653	including grants of \$	489,306) (Revenue \$	0)
In our 2015 program year, Career Path Services served 362 Dislocated Workers, completed services to 256, and placed 240 in self-sufficient employment, earning a median hourly wage of \$18 60 and average wage of \$20 75 through the Spokane WIOA Dislocated Worker program We provided services including career interest, aptitude and skill assessment, basic and advanced job search techniques, placement assistance, classroom and on-the-job training, supportive services, internships and employer mentorships, and co-enrollment in various appropriate programs					
(Code	) (Expenses \$	411,292	including grants of \$	405,304) (Revenue \$	0)
DVR programs provide services to individuals with disabilities to assist them in obtaining and maintaining employment Services are short-term in nature and may include assessments, job placement assistance, job retention services, or independent living services We served 284 plans, closing 252 plans with a 58% positive closure rate, 146 successful and 106 unsuccessful 112 plans were for employment and 30 were successfully placed at an average wage of \$10 43 We closed the DD/DVR division March 31st, 2016 and with all open plans being referred back to Division of Vocational Rehabilitation					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 379,579 including grants of \$ 325,530) (Revenue \$ 0)

Stevens/Ferry County Individual Supported Employment (ISE) programs provide long-term support to individuals with disabilities enabling them to obtain and maintain integrated employment. During the 2015 program year, we served 42 clients and achieved an employment rate of 90%. Those served had an average hourly wage of \$10.57 an hour and average monthly wages of \$703.72. We closed this division on March 31, 2016.

(Code) (Expenses \$ 368,581 including grants of \$ 433,131) (Revenue \$ 0)

In our 2015 program year, we served 131 Out-of-school (OSY) youth and 32 In-school youth (ISY), exceeding enrollment goals in both programs. 45 participants successfully completed On-the-job (OJT) training or were placed in a paid work experience opportunity, and clients obtained a cumulative total of 71 credentials. Staff assisted our job seekers with viable job search methods and guidance, leading to an abundance of job opportunities. We placed 76 OSY participants into employment, averaging \$11.12/hour and 19 ISY participants, averaging \$10.84/hour.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 367,897 including grants of \$ 430,904) (Revenue \$ 0)

Through our Benton Franklin WIA Dislocated Workers (DW) Program, we served 173 Dislocated Workers in the 2015 program year, exceeding our contractual goal by 73 participants 47 participants earned credentials through Individual Training accounts and 12 successfully completed On-the-job training or a Work Experience Staff assisted our job seekers with viable job search methods and guidance, leading to an abundance of job opportunities We placed 123 DW participants into self-sufficient employment, averaging \$18 12/hour Collectively, we spent 88 5% of our entire budget

(Code) (Expenses \$ 294,647 including grants of \$ 330,607) (Revenue \$ 0)

Benton Franklin Guest Resource Services Program - Provides 1st point of contact to all WorkSource Columbia Basin visitors In program year 2015 we operated 252 days out of the year, welcomed 70,422 guests through our doors with a daily average of 279 We speak 3 languages, English, Spanish, and ASL and met 100% of all team goals We've been serving the Benton Franklin County since July 2004 and have reached over 2 million guests to date

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	272,004	including grants of \$	296,725) (Revenue \$	0
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Spokane County Individual Supported Employment (ISE) programs provide long-term supports to individuals with disabilities, enabling them to obtain and maintain integrated employment. During the 2015 program year, we served 71 clients with an average employment rate of over 77%. Those served had an average hourly wage of \$10.55 an hour and average monthly wages of \$486.37. We closed this division on March 31, 2015.

(Code) (Expenses \$	223,919	including grants of \$	182,170) (Revenue \$	0
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Okanagan County Individual Supported Employment (ISE) programs provide long-term supports to individuals with disabilities enabling them to obtain and maintain integrated employment. During the 2015 program year, we served 31 clients with an average employment rate of 100%. Those served had an average hourly wage of \$11.28 and average monthly wages of \$630.20. We closed this division on March 31, 2016.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ 186,726	including grants of \$ 217,605)	(Revenue \$ 0)
Through the WIA Benton Franklin Job Driven National Emergency Grant (JD-NEG), staff served 94 participants in the 2015 program year. We enabled 44 clients to obtain a credential through an Individual Training Account (ITA). We also had 12 clients successfully complete On-the-job-training (OJTs) or a Work Experience (WEX) opportunity. Through June 30, we placed 75 participants into employment, averaging \$20.89 per hour. We spent 94.9% of our budget.			
(Code)	(Expenses \$ 175,509	including grants of \$ 0)	(Revenue \$ 219,438)
The RISE program in Peirce County, King County and Spokane County started serving clients in December 2015. Between December 1, 2015 and June 30, 2016 we have served a total of 43 participants. The RISE Program is funded by The U.S. Department of Agriculture. The RISE Project has been designed to fill the gap currently experienced by BFET participants who face multiple barriers and lack the needed work experience to obtain employment resulting in self-sufficiency. The pilot will emphasize barrier reduction through the following services: A standardized approach to case management leading to self-sufficiency, provide opportunities to sharpen personal skills through a Strategies for Success training, and the opportunity for employment and training to offer SNAP recipients work-based learning activities.			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	147,586	including grants of \$	160,295) (Revenue \$	0
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The Spokane WIA Jobs Driven National Emergency Grant (JD-NEG) grant provided services for dislocated workers who had been unemployed for at least 27 weeks or were likely to exhaust their unemployment benefits. The grant ended on June 30, 2016. Our goal for enrollments was 120, and we enrolled a total of 145 individuals by the end of the grant. Our participants were enrolled in 148 courses, exceeding the target goal of 105.

(Code) (Expenses \$ 133,358 including grants of \$ 49,046) (Revenue \$ 0)

Career Path Services Reserve and Property, Plant & Equipment funds refers to equipment depreciation for equipment used by other programs, accrued leave costs, and other miscellaneous program costs

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	109,079	including grants of \$	134,920) (Revenue \$	0)
XXXXXXXXXXXX Since February 2014 through our Building Changes Grant the Launch into Employment Assistance Program (LEAP) provides transitional job services to homeless families in Pierce County We have served 69 and placed 30 clients through June 30, 2015					
(Code	) (Expenses \$	92,490	including grants of \$	101,240) (Revenue \$	0)
The Spokane WIA RRAA Long Term Unemployed program (LTU) grant worked with dislocated workers who had exhausted unemployment benefits or were within 8 weeks of doing so The grant ended on March 31, 2016 In our 2015 program year, we enrolled 123 participants, for a total program enrollment of 312 This exceeded the overall goal by 12 The goal of the grant was 30 On-the-job-training plans (OJTs), and we enrolled 32 participants into OJT 182 individuals obtained employment by program exit, which exceeded the grant goal of 150 Our median wage obtained was \$16 18 per hour, and average wage was \$19 21					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	67,059	including grants of \$	73,106) (Revenue \$	0)
The Sector Partnership NEG grant serves Dislocated Workers through a combination of classroom training and work-based learning, and ends in April 2017. In our 2015 program year we enrolled 51 individuals into the grant, with an overall enrollment goal of 120. Our participants were enrolled in 25 courses, exceeding the projection for that quarter by 10 and achieving 50% of the overall goal for the grant.					
(Code	) (Expenses \$	57,686	including grants of \$	66,519) (Revenue \$	0)
RISE, or Resources to Initiate Successful Employment, is a three year pilot program aimed at addressing gaps in the Basic Food Employment and Training (BFET) program for those with multiple barriers. RISE enrollment is randomized, and enrollees receive enhanced services, including comprehensive case management, Strategies for Success class (SFS), and work-based learning opportunities. By the end of our 2015 program year, five students had completed the Strategies for Success (SFS) class and were involved in work-based learning or job development with our RISE Business Navigator. The final month of the program year marked the beginning of the first paid work experience for a SFS graduate.					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	34,885	including grants of \$	40,000) (Revenue \$	0)
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The Spokane WIOA Opportunity Partnership Program (OPP) is a program to engage low income first generation college students with employers for Work Based Learning (WBL) opportunities. We exceeded program goals and fulfilled the contract. 31 students engaged with employers in WBL activities and mentorships, and 31 students successfully completed their programs of study. Employment was not a measured outcome for this program.

(Code) (Expenses \$	32,001	including grants of \$	34,189) (Revenue \$	0)
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The intent of the Spokane JP Morgan Chase foundation award was to fund a pilot instructional education, employment, and postsecondary transition model. This offering supported 21 young adults through their GED journey and into a transition phase with our college and career navigator. The FastTrack GED option was available for 21 Open Doors students struggling to complete their education. These students received intensive daily, small classroom instruction, at least weekly case management, 1:1 tutoring, integrated employment skills training, and weekly financial stipends for completing a number of positive employment skills behaviors and practice tests. 19 of the 21 (90%) achieved their GED in time to attend the SCC graduation ceremony on June 14, 2016.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	30,171	including grants of \$	31,395) (Revenue \$	0
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Spokane WIOA Youth Works - YouthWorks Spokane created permanent and growing capacity to maximize the number of youth accessing mentors, internships, and other work-based learning opportunities, as well as identifying a career pathway and setting a plan to achieve their individual goals. Youth participated in 110 business internships, 105 other work-based learning opportunities, and were exposed to 135 business mentors. In our 2015 program year, at least 117 WIOA eligible youth were enrolled into postsecondary education or entered into employment. This innovative program utilizes the same partnership that implemented the Career Readiness for a Working Washington project.

(Code) (Expenses \$	28,666	including grants of \$	0) (Revenue \$	33,667
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The WYFF - Building Bridges grant funds a navigator to coordinate employment, education, and housing services for youth experiencing homelessness, with a goal of employment or education and permanent, safe housing. We also provide flex funds (cash assistance) to help resolve barriers to employment that are common for youth and young adults. For example, flex funds can pay for transportation to and from work, work clothes, training programs, certification fees, or tuition for continuing education. The funds also may pay for work-based learning opportunities for youth and young adults who currently are not eligible. Employment activities include identifying target industry or occupation, creating a targeted resume, providing information on paid internship (WEX) opportunities to employers, and facilitating mock interviews for our participants. Developing relationships with the local school district McKinney-Vinto Homeless Liaisons, the Next Generation Zone, and the Spokane Falls Gateway program has allowed a good flow of referrals as well as the opportunity to take clients to mainstream or alternative education programs for entry. In our 2015 program year, we enrolled 9 youth, and 7 of the 9 were in a GED, certificate program or HS Diploma program.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	27,570	including grants of \$	30,376) (Revenue \$	0)
The Spokane WIA -Health-e Workforce program served low income students entering the Health Information Management field 245 students enrolled in Health Information Management or Networking Design & Administration/Software Development programs with a goal of 180 for 136% goal attainment 56 of the 107 completers earned a degree or certification (52% of goal) 85 individuals received a wage increase post-enrollment, which exceeded the grant goal of 70					
(Code	) (Expenses \$	25,874	including grants of \$	0) (Revenue \$	44,500)
PacMountain WIOA - new WIOA service locations as of July 1, 2016 including Adult and DW programs in 5 counties Hiring and training new staff in June for program startup					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	25,537	including grants of \$	29,502) (Revenue \$	0)
Our BF Sector NEG program served 25 participants in PY15, exiting 10 in to employment at \$15.95/hour. This contract is unique in that it crosses program years with an anticipated end date of April 2017. Because the primary emphasis of this contract is OJT, WEX and direct placement, most of these participants were co-enrolled into our formula Dislocate Worker program, as needed skill upgrades were identified in order to successfully transition into one of the five industry sectors specific to this contract. Through June 2016, we spent 9.9% of our entire budget.					
(Code	) (Expenses \$	25,123	including grants of \$	0) (Revenue \$	47,946)
Pierce County WIOA - new WIOA service location as of July 1, 2016 serving Adult and DW. Hiring and training new staff in June for program setup.					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	23,544	including grants of \$	27,000) (Revenue \$	0
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The Spokane WIOA Spokane Falls Community College WorkFirst program served WorkFirst students with the goal of engaging them with employers in their fields of study. Work Based Learning (WBL) was a key component of the program. We exceeded program goals and fulfilled the contract. 166 meetings with a specialist, 200 specialist-arranged interactions with employers, students completed 110 WBL experiences with employers, one student obtained an internship and two entered employment. The remaining students are still enrolled in school with satisfactory grades, and will enter internships as they near the end of their studies. We had initial meetings with 41 students, with 23 electing to engage in the program. Students participated in a number of different activities including job shadowing, company tours, resume tips, interview tips, mock interviews, and informational interviews with employers.

(Code) (Expenses \$	22,432	including grants of \$	29,102) (Revenue \$	0
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Through the Benton Franklin WIA YouthWorks program, we served 23 participants in the 2015 program year. In partnership with the Tri-Tech Skills Center, Youth Works is focused on assisting area youth to determine a career pathway and connect with local employers via business mentorship opportunities. Youth followed these opportunities with a 90-hour paid work experience (WEX) opportunity. Of the 23 participants enrolled, 12 completed their WEX programs, and 7 were exited employed.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 21,845 including grants of \$ 27,339) (Revenue \$ 0)

The Benton Franklin Rapid Response LTU served 65 RRLTU program participants in the 2015 program year, all of whom have been recipients of unemployment benefits for 27 weeks or longer. 12 participants earned credentials through an Individual Training Account, 4 successfully completed an On-the-job training (OJT) or were placed into a Work Experience program (WEX). Additionally, we contracted with an outside life coach who created a workshop series for long-term unemployed customers. The workshop focused on setting personal goals and creating action plans. It introduced our customers to innovative personal empowerment technology that will enhance their effort to attain hopes, goals, and dreams. Staff exited 65 participants, 50 of whom were employed at an average exit wage of \$18.82/hour.

(Code) (Expenses \$ 20,189 including grants of \$ 22,273) (Revenue \$ 0)

The Air Washington project was a consortium of 11 of the state's community and technical colleges which received a \$20 million U.S. Department of Labor grant to strengthen the aerospace industry through workforce training. Spokane Community College has several training opportunities available, including advanced manufacturing, composites, electronics/avionics, and aircraft maintenance. In addition to training individuals, Air Washington helped businesses attain AS9100 certification, the quality standard for manufacturing in the aerospace industry. The grant wrapped up in September of 2015, with a total of 487 participants, 321 completing and earning credentials, and an employment rate of 89.5%. We served 58 females, 83 documented veterans, and 20 students with disabilities. We connected with over 50 employers, where job shadows, company tours, paid and unpaid internships were accomplished, making this grant very successful.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	4,602	including grants of \$	5,203) (Revenue \$	0)
The American Apprenticeship Initiative supports the expansion of quality American Apprenticeship programs into high growth industries and aims to increase apprenticeship opportunities for underrepresented populations, including women, young men and women of color, transitioning service members, people with disabilities, and low-skilled populations. Spokane Community College's Apprenticeship and Journeyman Training Center partnered with the Adult Basic Education Division to develop a pre-apprenticeship program with a goal of providing a qualified pool of minority and female applications to the apprenticeship programs to promote diversity in the trades. Our Business Navigator works closely with this program to support these efforts, and in our 2015 program year, all individuals enrolled in this Skilled Trades Preparation class are from underrepresented populations. By the end of the 2015 program year, 46 individuals were enrolled in the class, with 39 having obtained a credential.					
(Code	) (Expenses \$	2,904	including grants of \$	0) (Revenue \$	2,490)
BFET - Basic Food Employment and Training Program helps individuals receiving Basic Food benefits obtain employment through voluntary participation in job search, training, education, or workfare activities that promote self-sufficiency. In the program year we served 3 clients.					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2,133 including grants of \$ 2,377) (Revenue \$ 0)
The Spokane NON-WIOA Staff Contract program was funded by a private sector grant for youth staff to work with disadvantaged youth otherwise ineligible for services under any program. We mirrored services provided under WIOA Youth programs. These funds were used to serve a limited number of participants.

(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 1,000)
Career Path Services acted as the Fiscal Agent for the LPA Innovation Grant in PY 2015 that allowed the LPA to offer 5 sessions of the Getting Ahead work groups throughout the state to TANF recipients. They meet 2 times a week for a total of 8 weeks. During their time together they worked on the following modules: My Life Now, Theory of Change, The Rich/Poor Gap and Research on Causes of Poverty, Hidden Rules of Economic Class, The Importance of Language, Eleven Resources, Self-Assessment of Resources, Community Assessment, Building Resources, and Personal and Community Plans.

TY 2015 Reasonable Cause Explanation

Name: CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

EIN: 91-1032846

Software ID: 15000352

Software Version: v1.00

Explanation: An extension was filed and approved but during the extension period there was a major change in organizational leadership as the long term CFO retired and a new CFO came on board and it appeared all forms were completed and filed. This was missed in the transition and is now being rectified.

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

Employer identification number
91-1032846

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	11,159,841	12,547,199	12,463,825	12,365,389	11,859,534	60,395,788
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	11,159,841	12,547,199	12,463,825	12,365,389	11,859,534	60,395,788
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						60,395,788

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	11,159,841	12,547,199	12,463,825	12,365,389	11,859,534	60,395,788
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,745	3,665	3,119	5,851	3,423	32,803
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						60,428,591
12 Gross receipts from related activities, etc (see instructions)						12
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 2015 (line 6, column (f) divided by line 11, column (f))	14	99.946 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	99.937 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test —2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test —2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
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 II of Schedule L (Form 990).	8	
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 .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
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.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c 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	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>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.</i></div>		
<div>b</div> <div>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? <i>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.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	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	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

Employer identification number
91-1032846

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

Amount

1c

1d

1e

1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

3a(ii)

3b

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	8,710	0	8,710
d Equipment	0	272,085	222,136	49,949
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				58,659

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,904,350
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,904,350
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,904,350

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,237,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	12,237,656
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	12,237,656

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

91-1032846

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) OJT	146	219,978	0		
Vocational Education, ITA, Summer	341	689,640	0		
(2) Workshops					
(3) Work Experience	338	2,299,200	0		
(4) Support Services	1964	703,601	0		

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

Return Reference	Explanation
Schedule I, Part I, Line 2	Schedule I, Part I, Line 2 - Schedule I, Part I, Line 2 - Schedule I, Part I, Line 2 - Use of grant funds is monitored day to day by practitioners and program managers. These day to day monitorings are discussed weekly in staff meetings. MIS and fiscal reviews occur monthly with end of month reports. Quarterly performance reviews are done by all reviewing program as well as fiscal data. Managers also perform random client file reviews to test the integrity of the program and fiscal data. Annual reviews are conducted by program management staff as part of the year end close and in preparation for the independent annual audit.
Schedule I, Part III	Use of grant funds is monitored day to day by practitioners and program managers. These day to day monitorings are discussed weekly in staff meetings. MIS and fiscal reviews occur monthly with end of month reports. Quarterly performance reviews are done by all management staff reviewing program as well as fiscal data. Managers also perform random client file reviews to test the integrity of the program and fiscal data. Annual reviews are conducted by program as part of the year end close and in preparation for the independent annual audit.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

Employer identification number
91-1032846

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 George IranonCEO	(i)	178,510 -----	0 -----	0 -----	59,098 -----	18,128 -----	255,736 -----	-----
	(ii)	0	0	0	0	0	0	
2 Marie BjorkCFO	(i)	143,838 -----	0 -----	0 -----	54,408 -----	20,672 -----	218,918 -----	-----
	(ii)	0	0	0	0	0	0	
3 Cami HansonCOO	(i)	137,874 -----	0 -----	0 -----	41,982 -----	15,356 -----	195,212 -----	-----
	(ii)	0	0	0	0	0	0	

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.

Return Reference	Explanation
Schedule J, Part I, Line 1a	Employees are eligible for reimbursement of a portion of their health club dues as part of the organization's personal development benefit. This is a taxable benefit and is available to all employees.
Schedule J, Part I, Line 4	The following eligible officers received 457(b) contributions: \$1,084 - Marie Bjork, \$6,298 - George Iranon.

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
CAREER PATH SERVICES-EMPLOYMENT AND TRAINING

Employer identification number

91-1032846

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Form 990, Part VI, Section B, Line 11b - Fiscal staff prepare and review 990 forms after audit is complete, then Senior Management review s prior to providing a copy to all Board Members Board Members review and provide feedback prior to submittal
Form 990, Part VI, Section B, Line 12c	Annual completion of a "Conflict of Interest Disclosure Form" is required of all board mem bers and all staff each July Forms are review ed by the Human Resources Manager and Senior Management team

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	Full salary survey is completed every three years and salary ranges approved by the Board of Directors Discussion and decisions are documented in the board minutes The Board of Directors conducts an annual performance review of the CEO and determines compensation
Form 990, Part VI, Section C, Line 19	Governing documents, audit reports, and conflict of interest policy, are available on our website or by request Our 990's are available on our website, on Guidestar, or by request