

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury Internal Revenue Service

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/form990 **Open to Public** Inspection

A	For th	e 2016 ca	lendar year, or tax year b	eginning		/2016	, and e			6/30/2017			
В	Check if	applicable	C Name of organization	RURAL CAP	ITAL AREA WO	ORKFORCE	DEVELOPMI	ENT BO	D Emplo	yer identification	on number	r	
	Address	change	Doing business as WC	RKFORCE S	SOLUTIONS RI	JRAL CAPIT	AL AREA						
$\overline{\Box}$			Number and street (or P O	box if mail is no	t delivered to stre	et address)	Room/suite		74-2487	795			
Ш	Name ch	ange	701 E WHITESTONE B	LVD					E Teleph	one number			
	Initial ret	um	City or town			State	ZIP code		(512) 24	4-79É6			
\Box	Constant on	- /	Cedar Park			rx	78613		(312) 24	4-7300			
닏	Final return	n/terminated	Foreign country name	Foreigi	n province/state/co	ounty	Foreign postal	code					
X	Amende	d return							G Gross	receipts \$		<u>21,9</u>	77,375
\Box	Applicate	on pending	F Name and address of princi	oal officer				M(a) le th	us a group ret	um for subordinate	382] _{Ves} [X No
ш	Аррисац	on pending	•		ONE BLVD	CEDAR RA	DK TY 794		• .		" -	5 7	=
_			PAUL FLETCHER 701 I	VVIIIES	CINE BLVD ,					nates included?		Yes	NO
1 '	Tax-exen	npt status	X 501(c)(3) 501(c)	() •	(insert no)	4947(a)(1)	or 527	lf.	'No," attach	a list (see instru	ctions)		
J	Website	e: ▶ WO	RKFORCESOLUTIONS	RCA COM				H(c) Gr	oup exempti	on number 🕨			
K	Form of o	rganization	X Corporation Tru	st Assoc	ation Othe	er 🕨	L Yea	r of form	ation 199	96 M State	of legal do	micile	TX
	Part I		mmary				·						
	1		escribe the organization	e mission of	most significa	ant activities	Δ NC	N-PR	DEIT ENT	ITY PROVIE	ING NO	CO	
ø			NG RECRUITMENT, AN										
Ĕ										IND BUSINE	30EO IIV	<u>'</u>	
Governance			OUNTY AREA BY PROV										
Š	2	Check to	nis box ▶ if the org	anization dis	scontinued its	operations	or disposed	of more	e than 25	% of its net a	ıssets		
	3	Number	of voting members of the	governing	body (Part VI,	line 1a)	,			3			25
•ð	4	Number	of independent voting m	embers of th	ne governing l	oody (Part \	/I, line 1b) /	4		4			25
Ë	5	Total nu	mber of individuals empl	oyed in cale	ndar year 201	6 (Part V, II	ne 2a) 🛝	ユ		5			88
Activities &	6	Total nu	mber of volunteers (estin	nate if neces	ssary)					6			25
Ac	7a		related business revenue		• •	C), line 12				7a			0
-	b		elated business taxable in							7b			0
	2 Trot difficultied business taxable meaning from								Prior Year		Curren	ıt Yea	
	8	Contribi	itions and grants (Part VI	II line 1h)						724,213			02,299
Revenue	9 Program service revenue (Part VIII, line 2g)									114,736			75,076
ě	140	_								0			0,070
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									0		
		 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 							0 24,838,949			24.0	
	12						e 12)		24,			21,9	77,375
	13		and similar amounts paid	-						0			0
	14		paid to or for members (0					0
es	15		other compensation, empl				5–10)		1,076,585			9	62,010
Sus	16a	Professi	onal fundraising fees (Pa	rt IX, colum	n (A), line 11e	:)				0			0
Expenses	b		ndraising expenses (Part				0						
ŵ	17	Other ex	penses (Part IX, column	(A), lines 1	1a–11d, 11f–2	24e)			23,	857,307		20,9	80,666
	18	Total ex	penses Add lines 13-17	(must equa	I Part IX, colu	mn (A), line	25)		24,9	933,892		21,9	42,676
	19	Revenue	e less expenses Subtrac	t line 18 froi	可属でにこ	/FD	1			-94,943			34,699
5 8	3				HLULI			Beginr	ing of Curr	ent Year	End of	f Year	
sets	20	Total as	sets (Part X, line 16)	ါဖွါ			ر م		2,3	283,226		2,3	95,997
A A	21		bilities (Part X, line 26)	188	SEP 23	2019	?		1,	544,406		1,6	38,014
Net Assets	22		ets or fund balances Sub	tract line 21		2019	21			738,820	_		57,983
	art II	_	nature Block	1111			=						
Und	er penalt	ies of perjun	, I declare that have examined	this return, ind	udingaccompany	ing schedules	and statements	and to th	ne best of m	y knowledge			
and	belief, it	is true, corre	ct, and complete Declaration of	pregarer-(other	than officer) is ba	sed on all info	mation of which	prepare	r has any kn	owledge			
e:.		>	11091	<u> </u>				_		5/1	5/2018		
Sig		÷ 7	Signature of officer						Dat	te			
He	ere -		PAUL FLETCHER				EXE	CUTIVE	DIRECT	ror			
	,	, 	Type or print name and title										
	.		/Type preparer's name		Preparer's signa	ature	-	Dat	e		PTIN		
Pa		4			Charick	unu)	<i>IGuyen</i>	,		Check X			_
	eparei	CHI	RISTINE H NGUYEN		Cruristi	aut Fl. l	ryuyon	9/	12/2019	self-employed	P002	2526	9
	e Onl		's name ► CHRISTINE	H NGUYEN	, CPA				Firm's EIN	▶ 74-27336	366		
US		<i>y</i>	's address ► 4771 SWEET			UGAR LAN	D, TX 77479	}	Phone no	(281) 240)-8410		
Ma	i adt v		s this return with the prei							· · · · · · · · · · · · · · · · · · ·		es [X No
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Form 9	90 (2016)	RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD	74-2487795	Page 2
[∨] Ра	rt III	Statement of Program Service Accomplishments		_
•		Check if Schedule O contains a response or note to any line in this Part III		X
1	BUILD A INVOLVI TRENDS	ESCRIBE THE ORGANIZATION'S MISSION N EMPLOYER DRIVEN WORKFORCE THAT MEETS THE DEMANDS OF A GLOBAL ECONOMY NG BUSINESS LEADERS IN DECISIONS THAT ALLOWS THEM TO IDENTIFY LABOR AND ECO OBTAIN CUSTOMIZED TRAINING, AND HIRE HIGHER SKILLED WORKERS WHILE PROMOT RE, EDUCATION, TRAINING, AND JOB PLACEMENT OF JOB SEEKERS	ONOMIC	
2	Did the o	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
3		describe these new services on Schedule O rganization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
	If "Yes," o	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	
	•	s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported		
4a	(Code TO PRO) (Expenses \$ 15,505,939 including grants of \$ 32,431,474) (Revenue VIDE A SUBSIDY FOR CHILDCARE FOR LOW INCOME PERSONS WHO ARE IN A JOB TRAINI		,940)
4b	(Code TO PRO)) (Expenses \$ 3,167,164 including grants of \$ 7,452,438) (Revenue VIDE FOR TRAINING AND SUPPORT FOR INDIVIDUAL JOB SEEKERS AS OUTLINED BY THE		.164) AS
4c) (Expenses \$ 1,505,252 including grants of \$ 3,584,606) (Revenue VIDE ASSISTANCE AND TRAINING TO LOW INCOME JOB SEEKERS UNDER THE PROVISION HOICES PROGRAM		,252)
4 .	Oth	(Danasha in Cabadida O.)		
4d	Other pro (Expense	gram services (Describe in Schedule O) es \$ 1,033,849 including grants of \$ 2,421,220) (Revenue \$ 1,0	33,849)	
4e		gram service expenses 21,212,204	JJ,073)	

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C,	_		.,
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
-	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	i	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
Ü	complete Schedule D, Part III	8	i	Х
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		i	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44.	Ų.	
L	Schedule D, Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X_	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	ا		v
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14d		
O	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Y
	If "Yes," complete Schedule G, Part III	19		Х

	 	÷
Part IV	Checklist of Required Schedules (continued)	
		_

b if "Yes" to fine 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 12 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. The "Yes," answer lines 24b through 24d and complete Schedule I, "If No," go to line 25e 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 24d Did the organization and at as an "ion behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and at as an "ion behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II is is the organization are as an "ion behalf of" issuer for bonds outstanding at any time during the year? 24d Indicate the transaction with a disqualified person or proper forms 990 or 990-CF2 II" "Yes, "complete Schedule I, Part II is is the organization are part at the transaction with a disqualified person or grant and the transaction with a disqualified person or grant and the transaction with a disqualified person or grant or other assistance				Yes	No
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 III 21 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 Did the organization and the result of the service of th	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
omestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 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, flustess, key employees, and highest compensated employees? If "Yes," complete Schedule I, "An "No," go I him e. 259 23 Did the organization invest any proceeds of 1ax-exempt bonds beyond a temporary penod exception? 24 Did the organization invest any proceeds of 1ax-exempt bonds beyond a temporary penod exception? 24 Did the organization invest any proceeds of 1ax-exempt bonds beyond a temporary penod exception? 25 Did the organization invest any proceeds of 1ax-exempt bonds beyond a temporary penod exception? 26 Did the organization invest any proceeds of 1ax-exempt bonds beyond a temporary penod exception? 26 Did the organization invest any proceeds of 1ax-exempt bonds beyond a temporary penod exception? 26 Did the organization of 1ax-exempt bonds? 27 Did the organization ware that orgaged in an excess benefit transaction with a disqualified person during the year? 28 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? 28 In the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any process, and that the transaction with an an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, highest compensated employees, or disqualified persons? If "yes," compl	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 bit the organization report more than \$5,000 of grains or other assistance to or for domestic individuals on Parl IX, column (A), line 2" if "Yes," complete Schedule I, Part I and III 23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of 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." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." yo to line 25a bit through 24d and complete Schedule K If "No." you to line 25a bit through 24d and complete Schedule K If "No." you have 27a better 14d and 24d a	21				
Part IX, column (A), ine 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, Ine 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 I, and the was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. "Tho," or go to time 25a b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 of uning the year? 25d 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, usual contributor or employee thereof, a grant selection committee embers, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d A mently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part II		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 25s. 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25a II and that the transaction has not been reported on any of 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 27b. Did the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b. Did the organization previous a grant or other assistance to an officer, director, trustee, we might will be a substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, or key employee? If "Yes," complete Schedule L, Part II 27b. Did the organization rever more than 25c, on the part of the part II 27b. Did	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a 24b 25b			22		Х
employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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 II 2 bid 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, usbistantial 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 II 2 bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employee, substantial contributions of any of these persons? If "Yes," complete Schedule L, Part III 2 bid the organization receive more than \$250 on to non-contributions? If "Yes," complete Schedule L, Part IV 2 bid the organization receive more than \$250 on to non-contributions? If "Yes," complete Schedule N, Part II 3 bid the orga	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 601(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 b Is the organization 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 II 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, frustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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 27b Id the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV Part II 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 27c A namity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Did the organization end the substance of a fru			- 1		
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 32 Did 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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 35 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 Section 501(c)(3) 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	а	•	28a	-	Х
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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	С				
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conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 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 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 Jet 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 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 Jet 1 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	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
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organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	••		350		
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	36		20		V
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		36		X
	J/				
147 1		and that is treated as a partnership for federal income tax purposes? If Yes, complete scriedule A, Part	37		x

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

Form 990 (2016) RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD 74-2487795 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 17 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a account)? 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b 5c C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ** 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a а Gross income from members or shareholders 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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 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

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand

14a

14b

13b 13c

Form 990 (2916)	RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD 74-248779	95 Page 7
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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X 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)	box,	unle: er an	Pos heck ss pe	rson	the sort employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BELVER, CAROLE	2 00									
BOARD MEMBER	0 00	X						_		
(2) NELSON, JOHN	2 00									
BOARD MEMBER	0 00	Х								
(3) PHILLIPS, DIANA	2 00									
BOARD MEMBER	0 00	X		L	L					
(4) THOMAS, MARK	2 00									
BOARD MEMBER	0 00		<u> </u>	L						
(5) DOYLE, ,MICHAEL	2 00									
BOARD MEMBER	0 00	Χ_								
(6) AGUILAR, HECTOR	2 00									
BOARD MEMBER	0 00	Х								
(7) PINHERO, ROBERT	2 00									
BOARD MEMBER	0 00	_		L		ļ				
(8) FRIESTMAN, MATTHEW	2 00									
BOARD MEMBER	0 00	_	ļ							
(9) WOMBLE, BECKI	2 00									
BOARD MEMBER	0 00	_		<u> </u>	<u> </u>	ļ				
(10) TRUE, CAROLYN	2 00					1				
BOARD MEMBER	0 00	_	L	L.	<u> </u>					
(11) HALL, LONNIE	2 00									
BOARD MEMBER	0 00	X								
(12) TAYLOR, MONETTE	2 00									
BOARD MEMBER	0 00		$oxed{oxed}$			\sqcup				
(13) LENOARDIS, FRANK	2 00									
BOARD MEMBER	0 00	_	$oxed{oxed}$		$oxed{oxed}$	ļļ				
(14) LINDSEY, MARGARET	2 00									
BOARD MEMBER	0 00	Х	<u></u>							F 990 (2045)

Pa	Section A. Officers, Directors, 1rt	ustees, Ney ⊏m	pioye	ees,	and	3 11	gnes	C	ompensated En	ipioyees (contin	ueu)	
•						C)						
	(A)	(B)	(do	not ci		more	e than c	one	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportable		timated
		hours per week (list any			1	_	or/trust	_	compensation from	compensation from related		ount of other
		hours for	Individual trustee or director	Institutional trus	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)		pensation om the
		related organizations	ecto	ton	4	ğ	st o	er	organization (W-2/1099-MISC)	(VV-2/1099-WIISC)		anization
		below dotted	٦ <u>څ</u>	alt		oye	duo					l related nizations
		line)	stee	ustee		**	ens				orga	IIIZations
				Ö			ated					
(15)	RODRIGUEZ, BENJAMIN	2 00	<u> </u>	╁┈	┢	 						
	RD MEMBER	0 00	x									
	JOHNSON, MARK	2 00	 ^						-			
	RD MEMBER	0 00	x									
	MITCHELL, BRILEY	2 00										
	RD MEMBER	0 00	x									
	FLORES, RENE	2 00										
	RD MEMBER	0 00	x									
	JACKSON, TRACY	2 00										
	RD MEMBER	0 00	х									
(20) LIDIAK, BRIAN												
	RD MEMBER	0 00	х									
(21) RILEY, DEANISE												
BOAR	RD MEMBER	0 00	Х									
(22)	WAUSON, TIMOTHY	2 00										
BOA	RD MEMBER	0 00	X									
(23)	REBLEIN, EDNA	2 00										
BOAF	RD MEMBER	0 00	X									
(24)	HOWARD, CLINT	2 00										
BOAF	RD MEMBER	0 00	-			L	\sqcup					
(25)	GEIGER, CARLINE	2 00	ı		ļ		1 1					
BOA	RD MEMBER	0.00	X									
1b	Sub-total								0	0		(
С	Total from continuation sheets to Part VII, So	ection A						•	0	0		(
	Total (add lines 1b and 1c)					1		<u> </u>	0	0		(
2	Total number of individuals (including but not lir		ited a	Node		vno	rece	vec	more than \$100	o,000 or		
	reportable compensation from the organization				1			_			—т	Yes No
•	Dud the assessment on list and former officer disc	otor or trustoo	lean e		مه		se bied		t composited		راصد	TES NO
3	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									3	Х	
											3	
4	For any individual listed on line 1a, is the sum of											
	the organization and related organizations greater than \$150,000? If "Yes					con	npiete	So	nedule J for suc	n	اکر	
	ındıvıdual							4	X			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual								/idual			
	for services rendered to the organization? If "Ye	es," complete So	hedu	ıle J	for	suc	n per	sor	1		5	X

Section B. Independent Contractors

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

N.	(A) ame and business address	(B) Description of services	(C) Compensation
RESCARE WORKFORCE SERVI	1001 W BUCHANON DRIVE BURNET, TX 78611	OPERATIONS OF WORKFO	3,205,679
BAKER RIPLEY	4500 BISSONET BELLAIRE, TX 77401	OPERATIONS OF CHILDCA	3,612,390
			0
			0
.			0
•	contractors (including but not limited to those listed abensation from the organization	ove) who received	

Form 9	90 (20		VORKFORCE D	EVELOPMENT	BOARD -		74-24877	95 Page 9
Par	t VIII	Statement of Revenue						
		Check if Schedule O contains	a response or r	note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s	1a	Federated campaigns	1a	0	tandingon)	Phillipp.		pathorithings the colors and
Grants	b	Membership dues .	1b	- 0		េ្តក្រសួលប្រាសាលប្រភព្ធម្នាក់	winds in the	pppfffffingerenninningpfeet.
S, G	С	Fundraising events	1c	0			la de la composição	
Gifts, Ilar Aı	d	Related organizations	1d	0				
ns, (е	Government grants (contributions		21,231,002				
tributions, Gifts, Grants Other Similar Amounts	f	All other contributions, gifts, gran			13.5			
Contributions, and Other Sim		similar amounts not included abo		671,297				
Conf	g	Noncash contributions included in li	nes 1a-1f \$	671,297				
	h	Total. Add lines 1a-1f		Business Code	21,902,299		2 2 3 3 3 4 4 7 7 7 8 8 8 7 1	
nue	•			Business Code			<u> </u>	
eve	2a				0		,	
e S	b				0			
Program Service Revenue	d				0			
ž.	u		,		, 0			
grar	f	All other program service revenue	,		75,076			
Pro	a	Total. Add lines 2a–2f	, ,		75,076	法 學療法工學	2585X	
	3	Investment income (including div	idends, interest,	,		•		
		other similar amounts)		•	. 0			,
	4	Income from investment of tax-ex	cempt bond proc	eeds >	0			
	5	Royalties		<u> </u>	_0			20.0
			(ı) Real	(II) Personal				
Ĭ	6a	Gross rents			a tion of the			
	b	Less rental expenses						
	С	Rental income or (loss)	0	·				
	_ `d	Net rental income or (loss)	(1) Securities	(II) Other	0	N. 5 27747 . 1531.805	5 * %65 x 527 db 51	. 2xx 5 , o 25,200. 13
٠	7a	Gross amount from sales of	(i) Securities					
		assets other than inventory	0	0				
	b	Less cost or other basis and sales expenses	0	۰ ا				
	_	Gain or (loss)	<u> </u>	 				
	c d	Net gain or (loss)			0	,	<u> </u>	A STATE OF THE STA
	<u> </u>	rect gain or (1000)			第6579000000	75.450 E. C.	937 Y 1	
ē	8a	Gross income from fundraising						
eur		events (not including \$	0		1974			10 May 10 Ma
ě		of contributions reported on line 1	1c)					
œ		See Part IV, line 18	a	0	40			
Other Revenue	b	Less direct expenses	b	_0				
0	С	Net income or (loss) from fundrai	sing events		0			
	9a	Gross income from gaming activi	ties					
	3	See Part IV, line 19	а	0	Carried and the second second second			
	b	Less direct expenses	, b	0		N OF	3.05	
	С	Net income or (loss) from gaming	activities		0	2 N 2000 (2017 - 75) 3501	No. 1966/1975 // 3800 No. 1	2.00 TOTAL T (\$1.00 SAR) VANA
	10a	•			4			
	_	returns and allowances	a	0				
	b	Less cost of goods sold	b	0	_			
	<u> </u>	Net income or (loss) from sales of	r inventory	Business Cade		577')****** \$ 3 \$\$	\$\frac{1}{2}\text{2}\t	23.88.80.4.48.84.25.4.4.
	11a	Miscellaneous Revenue		Business Code	0			

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

0 0 0

21,977,375

0 2 3 3 3 3 2 .

Form 990 (2016)
Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note	Υ	· -	I	
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments See Part IV, line 21	0		5.329 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	SSC STATES
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0		LANGE CONTRACTOR	· 注意: 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		8.5% · * * \$. %	\$\\\ \V.\\\ \&\\\\\\\\\\\\\\\\\\\\\\\\\\\
5	Compensation of current officers, directors,			,	
•	trustees, and key employees	0		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	
7	Other salaries and wages	726,326	393,111	333,215	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,498			
9	Other employee benefits	191,186	100,378	90,808	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0	_		
b	Legal	0			
С	Accounting	42,258	24,251	18,007	
d	Lobbying	0			•
е	Professional fundraising services See Part IV, line 17	0	1.65 M. 1.56 1. 1.56 1.	操作了新的基础。通知中国	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
·	(A) amount, list line 11g expenses on Schedule O)	31,407	16,166	15,241	
12	Advertising and promotion	0	,		
13	Office expenses	169,574	150,745	18,829	
14	Information technology	0			•
15	Royalties	0			
16	Occupancy	1,040,170	955,143	85,027	
17	Travel	254,203			
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,276	2,640	2,636	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	164,633	139,587	25,046	0
23	Insurance	35,526	† – – – – – – – – – – – – – – – – – – –	8,969	
24	Other expenses Itemize expenses not covered	- 5000000000000000000000000000000000000	المراب والمنافذة المنافذة	Contractor contractor	A CONTRACTOR
	above (List miscellaneous expenses in line 24e If	一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的		· 原· 传· 参· · ·	
	line 24e amount exceeds 10% of line 25, column			pinnanting (Migrimunith) as 42 st	anguage acquirements
	(A) amount, list line 24e expenses on Schedule O)				
а	CONTRACTOR EXPENSES	19,193,802		86,948	
b	EQUIPMENT RENTAL & MAINTENANCE	18,359		3,198	
C	MISCELLANEOUS	22,741			
d	NON-DEPRECIABLE EQUIPMENT	2,717			
u e	All other expenses		2,331		
	Total functional expenses. Add lines 1 through 24e	21,942,676	21,212,204	730,472	0
25	Joint costs. Complete this line only if the	21,342,070	21,212,204	, , , , , , , ,	
26	· · · · · · · · · · · · · · · · · · ·				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here If	-			
	following SOP 98-2 (ASC 958-720)	i	l .	1	Ī

Form 990 (2016) RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD 74-2487795 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 295,170 1 132,428 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 3 n 3 Pledges and grants receivable, net 1,081,873 1,385,859 4 Accounts receivable, net 4 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 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 0 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 2,507,837 10b 738.982 756.952 1,840,885 10c h Less accumulated depreciation 11 0 11 Investments—publicly traded securities 0 12 Investments—other securities See Part IV, line 11 Ol 12 0 13 Investments—program-related See Part IV, line 11 0 13 14 Intangible assets ol 14 0 15 Other assets See Part IV, line 11 167,201 15 120,758 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,283,226 16 2,395,997 1,487,143 17 1,531,177 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties 23 ol 0 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third

X and Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. -162 27 1,031 Unrestricted net assets 28 28 Temporarily restricted net assets 738,982 29 756,952 29 Permanently restricted net assets Net Assets or Fund Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building; or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 738,820 757,983 33 33 Total net assets or fund balances

parties, and other liabilities not included on lines 17-24) Complete

Part X of Schedule D

Total liabilities. Add lines 17 through 25

Total liabilities and net assets/fund balances

26

34

Form 990 (2016)

2,395,997

106,837

1,638,014

57,263

1,544,406

2,283,226

25

26

34

Form:	990 (2016) RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD	/4	4-248//95	Pag	e IZ
Par					
•	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	2	1,977	,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	1,942	2,676
3	Revenue less expenses Subtract line 2 from line 1	3		34	,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		738	3,820
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-6	<u>,145</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-9	<u>,391</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		757	<u>,983 </u>
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ l i		
	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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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?		3a	X	
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		3b	Х	
			Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD 74-2487795 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes Νo (A) (B) (C) (D) (E)

The 990 or 990-EZ) 2016 RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD 74-2487 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part ll (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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🐪 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		1				0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental,unit				大学是	the state of	
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)		學和沙羅古代		数。直通1人以		
6	Public support. Subtract line 5 from line 4	建设。《新疆 尔·纳			生物學學	\$ 1.00 m	0
	tion B. Total Support	T	1		,		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	0	. 0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,			,			
	rents, royalties and income from similar						•
_	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is			:			0
40	regularly carned on						0
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10	STATE OF THE STATE	######################################	**************************************			0
12	Gross receipts from related activities, etc. (s	ee instructions)	les - ANDRE ALL	ANC C NAME ON A	F22 14 2 2 14 14 2 2 12 12 12 12 12 12 12 12 12 12 12 12	12	
13	First five years. If the Form 990 is for the o	•	second, third, fourt	h. or fifth tax vear a	as a section 501(c)	(3)	
	organization, check this box and stop here	· 3 ·····		,		· · ·	. ▶
Sec	tion C. Computation of Public Su	pport Percent	age			-	
	Public support percentage for 2016 (line 6, c			(f))		14	0 00%
	Public support percentage from 2015 Sched	,,,	•	.,,	•	15	0 00%
	33 1/3% support test—2016. If the organiz			s, and line 14 is 33	1/3% or more,		
	and stop here. The organization qualifies as						▶ □
b	33 1/3% support test—2015. If the organiz	ation did not check	c a box on line 13 d	or 16a, and line 15	ıs 33 1/3% or more	, check this	
	box and stop here. The organization qualifie	es as a publicly su	pported organizatio	on			▶□
17a	10%-facts-and-circumstances test—2016	-					
	is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization				•		▶ 🗌
b	10%-facts-and-circumstances test—2015	5. If the organizatio	n did not check a b	oox on line 13, 16a,	, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization m				-	plain in	
	Part VI how the organization meets the "fact	s-and-circumstanc	es" test. The organ	ization qualifies as	a publicly		<u>.</u> —
	supported organization						
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ 🗌

Page 3

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

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

Sec	ction A. Public Support	amy ander the t	0010 110104 5010	m, picase com	5.010 / G.L. I.	,	_
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2012	(6) 2010	(6) 2014	(4) 2010	(6) 25 15	(1) 10.00
•	received (Do not include any "unusual grants")	21,591,209	21,201,470	20,640,437	22,545,995	20,516,440	106,495,551
2	Gross receipts from admissions, merchandise	21,001,200	21,201,110			==1=,-=,=	
	sold or services performed, or facilities						
	furnished in any activity that is related to the				o	o	0
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						<u>.</u>
4	benefit and either paid to or expended on						
	its behalf		1				0
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge	İ					0
6	Total. Add lines 1 through 5	21,591,209	21,201,470	20,640,437	22,545,995	20,516,440	106,495,551
	Amounts included on lines 1, 2, and 3	21,001,200	21,201,170	20,0 10, 10		==,==,=,==	
, a	received from disqualified persons						0
h	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			ļ			0
c	Add lines 7a and 7b	0	0	0	0	o	0
8	Public support (Subtract line 7c from						
•	line 6)						106,495,551
Sec	ction B. Total Support			<u> </u>	•		
_	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	21,591,209	21,201,470	20,640,437	22,545,995	20,516,440	106,495,551
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	3	2	2	2	2	11
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	3	2	2	2	2	11
11	Net income from unrelated business						
	activities not included in line 10b, whether	į					
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	49,449	84,150	98,123	114,735	83,593	430,050
13	Total support. (Add lines 9, 10c, 11,		1				. =
	and 12)	21,640,661	21,285,622	20,738,562	22,660,732	20,600,035	106,925,612
14	First five years. If the Form 990 is for the or	ganızatıon's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f))		15	99 60%
16	Public support percentage from 2015 Schedu			·		16	0 00%
Sec	ction D. Computation of Investmen	t Income Perce	entage				
17	Investment income percentage for 2016 (line	•	=	lumn (f))		17	0 00%
18	Investment income percentage from 2015 Sc					18	0 00%
19a	33 1/3% support tests—2016. If the organiz					and line 17 is	⊾ [⊽
	not more than 33 1/3%, check this box and s					22 4/20/ 0-4	▶ <u>X</u>
b	33 1/3% support tests—2015. If the organiz						▶ [
	line 18 is not more than 33 1/3%, check this b						~
20	Private foundation. If the organization did n	ot check a box on l	ine 14. 19a. or 19t	o, cneck this box ar	na see instructions		▶

Page 4

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

Seci	tion A. All Supporting Organizations		V	l Na
_	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	NO
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	i .		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	l	
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			l
	organization was described in section 509(a)(1) or (2)	2		1
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	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		ļ
C	Did the organization support any foreign supported organization that does not have an IRS determination			l
	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		<u> </u>
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)	<u>5a</u>		
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 5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			i

determine whether the organization had excess business holdings)

Sched	ule a (Form 990 or 990-E2) 2016 RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD 74-246	7795		age 5
Párt	Supporting Organizations (continued)		V	
	Here the expension expensed a gift or contribution from any of the following persons?	<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	300	13 63	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ري السّري	1. 25. C
1	tax year? 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	387	200	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		. , ,
2	Did the organization operate for the benefit of any supported organization other than the supported	V.		350
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3000	1380	200
	supervised, or controlled the supporting organization	2	1	<u> </u>
Sect	ion C. Type II Supporting Organizations		T.,	
	MALE AND THE STATE OF THE STATE	8 25.2 €	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		, V	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, ,	1878	
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	<u> </u>	<u> </u>
Sact	the supported organization(s) ion D. All Type III Supporting Organizations	' _	L	
<u> </u>	ion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	٠-	₹5	180 S
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,	/ **	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ي را	, ,	\$2. \ \$2. \
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	٠, `	15	\$ 150°
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		100	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	57. ·	A Section	
	significant voice in the organization's investment policies and in directing the use of the organization's	100 mg	1033	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	<u> </u>	37.78
	supported organizations played in this regard	3	<u> </u>	<u> </u>
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test Complete line 2 below	nstruction	s)	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ınstru	ctions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	(7°%)	1.20%	(E)
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	gara sage	-	***
	those supported organizations and explain how these activities directly furthered their exempt purposes,		. 230	
	how the organization was responsive to those supported organizations, and how the organization determined	<u> Xiá</u>		
	that these activities constituted substantially all of its activities	2a	~~	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	} \	💥	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	\$ 6°		
	reasons for the organization's position that its supported organization(s) would have engaged in these	سننگ	تتند	300
	activities but for the organization's involvement	2b	کف ز کر	REPUL . N
3	Parent of Supported Organizations Answer (a) and (b) below.	**************************************	1.30	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	تنسا	2000
	trustees of each of the supported organizations? Provide details in Part VI.	3a	_ 425r.a32h	#15×24
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported erganizations? If "Vos" describe in Part VI the role played by the organization in this regard	7h	1	1

*Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			- rage C		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trus	st on Nov 20, 1970 (explain	ı ın Part VI) See		
instructions. All other Type III non-functionally integrated supporting organ	nızatı	ons must complete Section	s A through E		
Section A - Adjusted Net Incomé		(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	0	0		
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	0	0		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year)			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	0	0		
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	0	0		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,					
see instructions)	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 035	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0		
2 Enter 85% of line 1	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0		
4 Enter greater of line 2 or line 3	4		0		
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		0		
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting	organization (see		
instructions)	-	, 3	- '		

Excess from 2015. Excess from 2016

Schedule A (Fo	orm 990 or 990-EZ) 2016	RURAL CAPITAL AREA WORKFORCE DEVE	LOPMENT BOARD	74-2487795	Page 8
Part VI		nation. Provide the explanations required by Pa			
		ection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b,			
		IV, Section C, line 1, Part IV, Section D, lines 2			
	32 and 3b Part V	ie 1, Part V, Section B, line 1e, Part V, Section E	Unes 5.6 and 8 and Part V	Section F	
		complete this part for any additional information		Occilon L,	
	lines 2, 5, and 6 Als	complete this part for any additional information	(See instructions)	—	
			•		
	•••				
	•••••••••				
•			!		
		•			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Pro	xy Tax) (see separate instr	uctions), then				
• 5	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III				
Nam	e of organization				Employer	r identification number
RUF		KFORCE DEVELOPMENT BOARD				74-2487795
Pa		he organization is exempt und				
1	•	he organization's direct and indirect p	olitical campaign a	activities in Part IV	(see inst	ructions for
	definition of "political cam	· =				
2	. •	expenditures (see instructions)			▶ \$.	
	Volunteer hours					
		he organization is exempt und				-
1	•	excise tax incurred by the organization			▶ \$	
2		excise tax incurred by organization m	_		▶ \$.	·····
3		ed a section 4955 tax, did it file Form	4720 for this year?	?		Yes No
4a	Was a correction made?					Yes No
<u>b</u>	If "Yes," describe in Part					
Pa		he organization is exempt und			<u>on 501(</u>	c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function		
	activities				▶ \$.	
2		ling organization's funds contributed	to other organizati	ons for section		
	527 exempt function activ				▶ \$ _	
3	· ·	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,		_
	line 17b				▶ \$ _	
4		file Form 1120-POL for this year?				res No
5		ses and employer identification numb				
		ents For each organization listed, en ntributions received that were prompt				
	as a separate segregated	I fund or a political action committee	(PAC) If additiona	Il space is needed.	provide ii	nformation in Part IV
			_ · ·	1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid if		(e) Amount of political contributions received and
				funds If none, ente	er -0-	promptly and directly delivered to a separate
						political organization If
						none, enter -0-
(1)						
	<u> </u>					
(2)						
/3\	· · · · · · · · · · · · · · · · · · ·					
(3)						
(4)						
'' '						
(5)						
						
(6)			1		İ	

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2a	Lobbying nontaxable amount				. 0	. 0				
b	Lobbying ceiling amount (150% of line 2a, column(e))					. 0				
С	Total lobbying expenditures				0	0				
d	Grassroots nontaxable amount				0	0				
е	Grassroots ceiling amount (150% of line 2d, column (e))		16.78			0				
f	Grassroots lobbying expenditures			ē	0	0				

Schedule C (Form 990 or 990-EZ) 2016

Page 3

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	n 576	8	
For	each "Ye	s," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
		f the lobbying activity	Yes	No	A	moun	t
1	During t	he year, did the filing organization attempt to influence foreign, national, state or local					
		on, including any attempt to influence public opinion on a legislative matter or					
	referend	um, through the use of					
а	Voluntee						
b		ff or management (include compensation in expenses reported on lines 1c through 1i)?					
C		dvertisements?					
d		to members, legislators, or the public?	\vdash		-		
e		ions, or published or broadcast statements? o other organizations for lobbying purposes?					
f g		ontact with legislators, their staffs, government officials, or a legislative body?					
9 h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\Box				
i	Other ac						
j		dd lines 1c through 1i					0
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b		enter the amount of any tax incurred under section 4912					
С	If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912					
d	If the film	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pari	III-A	Complete if the organization is exempt under section 501(c)(4), section 501	c)(5),	, or s	ection		
		501(c)(6).					
					_	Yes	No
1		bstantially all (90% or more) dues received nondeductible by members?			1	-	
2		organization make only in-house lobbying expenditures of \$2,000 or less?	-ar2		3		-
3	III-B	rganization agree to carry over lobbying and political campaign activity expenditures from the prior ye Complete if the organization is exempt under section 501(c)(4), section 501		Or se			1
T CIT		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is
1	Dues, as	ssessments and similar amounts from members		1			
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political	expenses for which the section 527(f) tax was paid).					
а	Current			2a			
b	Carryove	er from last year		2b			
C	Total			2c			<u>, 0</u>
3		te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4		s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
		does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year?		4			
£		and political expenditure next year? amount of lobbying and political expenditures (see instructions)		5			0
5 Part		upplemental Information		<u> </u>			
		scriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list) F	Part II.	Δ lines	1 and	٠
		ons), and Part II-B, line 1. Also, complete this part for any additional information	1130, 1	art II-	A, III163	· i aiic	4
2 (56	e msnuch	ons), and Part II-B, line 1. Also, complete this part for any additional information					
				-			
					- -		
	•						

RUR	AL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD orm 990 or 990-EZ) 2016	74-2487795
		Page 4
Part IV	Supplemental Information (continued)	
		•
•		
•		

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization		Employer identification number
RUR	AL CAPITAL AREA WORKFORCE DEVELOF	MENT BOARD	74-2487795
Par	Organizations Maintaining Don	or Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	e 6
	Odinpioto il tijo organization anto	(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	nor advisors in writing that the assets hold	d in donor advised
5	Did the organization inform all donors and do	· · · · · · · · · · · · · · · · · · ·	
_	funds are the organization's property, subject		—
6	Did the organization inform all grantees, don-		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ber	ent/	Yes No
Par			
	Complete if the organization answ	<u>rered "Yes" on Form 990, Part IV, line</u>	e 7
1	Purpose(s) of conservation easements held I	by the organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organization	an hold a gualified concentation contribut	ion in the form of a concentation
2		ion neid a qualmed conservation contribut	Held at the End of the Tax Year
	easement on the last day of the tax year		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer	• • •	2c
d	Number of conservation easements included	* * * *	I I
•	historic structure listed in the National Regist		2d
3	Number of conservation easements modified	, transferred, released, extinguished, or te	rminated by the organization during
	the tax year		
4	Number of states where property subject to o		
5	Does the organization have a written policy r		
_	violations, and enforcement of the conservati		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and enforcing	g conservation easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing cor	nservation easements during the year
_	\$		() 470() (A)(D)()
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	
	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the	-	nancial statements that describes
	the organization's accounting for conservation		
Par		ections of Art, Historical Treasures	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	<u> </u>
1a	If the organization elected, as permitted under	r SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educa-	ation, or research in furtherance
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide the following amount	•	•
	(i) Revenue included on Form 990, Part VIII,	-	▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of	art historical treasures or other similar ass	sets for financial dain, provide the
2			
_	following amounts required to be reported un		▶ €
a	Revenue included on Form 990, Part VIII, line	3 I	D C
r	Accase incurren in Frim Will Part *		

3 Using the graphization's countries. 3 Using the graphization's countries. 4 Provide a description of the organization's countries. 5 Collection terms (check all that apply) 5 Scholarly research 6 Other 6 Other 7 Preservation for future generations 6 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 7 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 8 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII 8 During they ear, did the organization's collection of organization's collection? 9 Preservation for third graphization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 11 "Yes," explain the arrangement in Part XIII and complete the following table 6 Land organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No bit If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 1 0 0 9 Destinations during the year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sched	ije D (Form 990) 2016 RURAL CAPITAL A	REA WORKFORG	E DEVEL	OPMENT	BOARD		74-248	7795		Page 2
collection terms (click all that apply) a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 PortIV 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? 1b If "Yes," explain the arrangement in Part XIII and complete the following table 1c Beginning balance 1d Additions during the year 1 Ending balance 1 Ending balance 1 Ending balance 2 Do Distributions during the year 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance 2 Do Distributions 2 Not investment earnings, gains, and losses 3 End of year balance 3 Do Arrants or scholarships 4 Administrative expenses 5 End of year balance 6 Other expensions for facilities and programs 9 Permanent earnings, gains, and losses 1 Defermanent earnings, gains, and losses 1 D	Part	III Organizations Maintaining	Collections of	Art, Hist	orical Tr	easures, or	Othe	r Similar Ass	ets (con	tınued	d)(t
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b Scholarly research e Other c Preservation for future generations description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 8		collection items (check all that apply)			_						
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment		· · · · · · · · · · · · · · · · · · ·	0		0		0		0		
Board designated or quasi-endowment	-		e current year end	balance (line 1g, co	olumn (a)) held	d as				
b Permanent endowment % c Temporarily restricted endowment	а	Board designated or quasi-endowment	▶	%							
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1a Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 2,597,837 1,613,402 756,952 e Other 0 0 0 0		Description of property	1 ' '		, ,				(d) B	ook valu	e
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c Leasehold improvements 0 0 0 0 d Equipment 0 2,597,837 1,613,402 756,952 e Other 0 0 0 0											
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			nust equal Form 99		column (i			▶		75	6.952

Part VII	Investments—Other Sec Complete if the organization	urities.			Form 990. Part X. line 12
(a)	Description of security or category (including name of security)		ook value	(c) Method	d of valuation year market value
(1) Financial o	derivatives		C)	
• •	eld equity interests		C		
(C)					
(E)					
·=\					
(G)					
<u>(H)</u>				the street of the second of th	hartouri-stationers in the Pharmatele. It demonstrations theretains may also hartouries.
	must equal Form 990, Part X, col (B) line 12)	<u> </u>			
Part VIII	Investments—Program F Complete if the organization		es" on Form 9	90, Part IV, line 11c See	Form 990, Part X, line 13
	(a) Description of investment	(b) Bo	ook value		d of valuation year market value
(1)					
_(2)					
<u>(3)</u>					
(4)					
(5)					
(6)					
					
(8)					<u> </u>
(9)	nust equal Form 990, Part X, col (B) line 13)	•			
				THE REAL PROPERTY CONTRACTOR OF THE PERSON O	
Part IX	Other Assets. Complete if the organization	on answered "Ve	e" on Form 9	90 Part IV line 11d See	Form 990 Part X line 15
	Complete if the organization	(a) Description	s On Ching	30, Fait IV, lille I IU See	(b) Book value
/1) PREPAIR	D EXPENSES	(a) Description			120,758
(2)	J EXI ENGES				120,700
(3)					
(4)			-		
(5)					
(6)	•				
(7)					
(8)			··· -		,
(9)					
Total. (Colum	n (b) must equal Form 990, Part	X, col (B) line 15)		▶ 120,758
Part X	Other Liabilities.				
	Complete if the organization	on answered "Ye	s" on Form 9	90, Part IV, line 11e or 11	f See Form 990, Part X,
	line 25		3		
1.	(a) Description of liability	(b) Bo	ook value		
(1) Federal ı			5,314		
(2) FICA PA			6,748		
	D COMP ABSENCES		32,638		a de minima de a
	PLAN DEDUCTIONS		0		
(5) LOAN PA			268		
	S PAYABLE		34,051 2,723		
	AN DEDIC 11 NS	1	9 777	PRINCE LO COURT TO A SPENING WASHINGTON TO SEE SPENING WASHING WASHINGTON TO SEE SPENING WASHING WASHINGTON TO SEE SPENING WASHING WASHINGTON TO SEE SPENING WASHING WASHI	The state of the s

(9) CLOSING ACCOUNT PAYABLE

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

106,837

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) SUTA PAYABLE

Scher	dule D (Form 990) 2016 RURAL CAPITAL AREA WORKFORCE DEVELOPMENT	NT BOARD	74-2487795	Page 4
Pai	Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		•
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII)	40	4c	0
C E	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	121	5	0
5				
Pal	t XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 99		enses per Keturn.	
	Total expenses and losses per audited financial statements	U, Part IV, line 12a	1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a	ļ.	
a b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	0
Par	t XIII Supplemental Information.			
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	o provide any additior	nal information	

Schedule D (Form 990) 2016 RURAL	CAPITAL AREA WORKFORC	E DEVELOPMENT (BOARD	74-2487795	Page 5
	Information (continued)				
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SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

74-2487795

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

Employer identification number

RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution---Historic structures 14 Qualified conservation contribution-Other Real estate-Residential 15 Real estate-Commercial 16 17 Real estate—Other 18, Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 671,297 ACTUAL VALUES 25 Other ▶ (CHILDCARE MAT() Х 26 Other ► (_____) 27 Other ► (_____) Other ▶ (28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II

	res	NO_
30a		
31		_ X
31 32a		X

- Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - b If "Yes," describe in Part II
- If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Schedule M (Fo	orm 990) (2016) RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD	74-2487795	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number of a combination of both. Also complete this part for any additional information.	33, and whe	ther
	of a combination of both Also complete this part for any additional information		

	······································		
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*SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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

Employer identification number Name of the organization 74-2487795 RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD Form 990, Part III, Line 4d Program Service Expenses 355,337, Grants and allocations 882,849, Revenue 355,337 SNAP E&T Form 990, Part III, Line 4d Program Service Expenses 39,187, Grants and allocations 126,000, Revenue 39,187 VETERANS Form 990, Part III, Line 4d Program Service Expenses 193,534, Grants and allocations 197,009, Revenue 193,534 WPA Form 990, Part III, Line 4d Program Service Expenses 136,393, Grants and allocations 225,511, Revenue 136,393 NCP Form 990, Part III, Line 4d Program Service Expenses 11,144, Grants and allocations 15,000, Revenue 11,144 PAA Form 990, Part III, Line 4d Program Service Expenses 7,448, Grants and allocations 7,919. Revenue 7,448 RAG Form 990, Part III, Line 4d Program Service Expenses 130,741, Grants and allocations 649,379, Revenue 130,741 TRA Form 990, Part III, Line 4d Program Service Expenses 74,682, Grants and allocations 88,153, Revenue 74,682 RSC Form 990, Part III, Line 4d Program Service Expenses 6,775, Grants and allocations 29,400, Revenue 6,775 HJT Form 990, Part III, Line 4d Program Service Expenses 60,729, Grants and allocations 0, Revenue 60,729 SEL Form 990, Part III, Line 4d Program Service Expenses 17,879, Grants and allocations 200,000, Revenue 17,879 PER

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2
Name of the organization	Employer identification number
RURAL CAPITAL AREA WORKFORCE DEVELOPMENT BOARD	74-2487795
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