Return of Organization Exempt from Income Tax

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

OMB No 1545 0047

Department of the Treasury

Open to Public Inspection

mer	ndi Kev	Penue Service - The organization may have to use a copy of this	TERUIT IO SC	aciony otal	c reporting require	11161112		_
A	For t	he 2001 calendar year, or tax year beginning	, 2001,	and endi	ng		, 20	_
₿		ıf applicable			D Em	ployer lde	entification Number	_
	□ A	ddress change IRS tabel WORKING PARTNERSHIPS USA	7-038	37535				
	\prod_{N}	ame change or type 2102 ALMADEN ROAD #107	ephone n		_			
	\vdash	ntial return See SAN JOSE, CA 95125	408)	266-3790				
	\vdash	instruc- inal return tions.				counting	X Cash Accru	— al
	\vdash	mended return				_	specify)	
	Н	pplication pending • Section 501(c)(3) organizations and 4947(a)(1) r	onexempt	H ar	nd I are not applicable to :			_
	" لـــا	chantable trusts must attach a completed Sche	dule A		a) is this a group return			lo
_		(Form 990 or 990-EZ)		1 ') If yes enter number	-	<u> </u>	•
G	Web	site· ► N/A			C) Are all affiliates inclu			lo
J		nization type			(If no attach a list :			
	<u> </u>			<u>527</u> H (₁	d) is this a separate retu	in filed by	y an	
K		ik here $ \sqsubseteq \bigcup$ if the organization's gross receipts are normally not in 000. The organization need not file a return with the IRS, but if the		- 1	organization covered			lo
	recei	ived a Form 990 Package in the mail, it should file a return without			Enter 4 digit gro	up GEN		_
		e states require a complete return		M			zation is not required	_
L	Gross	s receipts. Add lines 6b, 8b, 9b, and 10b to line 12 2, 681, 70	2			-	90, 990-EZ, or 990 PF)	
Pa	rt!l	Revenue, Expenses, and Changes in Net Assets of	r Fund B	alances	(see instructions)	!		_
	1	Contributions, gifts, grants, and similar amounts received				<u> </u>		_
	а	Direct public support		1 a	1,491,256			
	b	Indirect public support		1 b]		
		Government contributions (grants)		1 c				
	d	Total (add lines 1,491,256 noncash \$1				1 d	1,491,256	_
	2	Program service revenue including government fees and contract	2	263,286	_			
	3	Membership dues and assessments	3		_			
	4	Interest on savings and temporary cash investments	4	19,944	_			
	5	Dividends and interest from securities				5		_
	6a	Gross rents		6a	1,400			Ī
		Less rental expenses		6b				
	С	Net rental income or (loss) (subtract line 6b from line 6a)				6c	1,400	_
R	7	Other investment income (describe.			<u> </u>	7		_
REVENU	8a	Gross amount from sales of assets other (A) Sec	curities	 	(B) Other	4]		
N		than inventory		8a				
Ē		Less cost or other basis and sales expenses		8b		-		
		Gain or (loss) (attach schedule)		8c		4		
		Net gain or (loss) (combine line 8c, columns (A) and (B)).				8d		_
		Special events and activities (attach schedule)						
	a		ntributions	اما				
	١.	reported on line 1a)		9a		-		
		Less direct expenses other than fundraising expenses	0->	9Ь		┦╌┤		
		: Net income or (loss) from special events (subtract line 9b from III	пе уа)	اءما		9c		_
		Gross sales of inventory, less returns and allowances		10a		-		
	l.	Less cost of goods sold	1 30-1	10Ы		+	-	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fr	om une IUa)			10c	005 010	_
	11	·				11	905,816	_
	12 13	Total revenue (add lines 1d 2, 3, 4, 5, 6c, 7, 8d 9c, 10c, and 11)	,		IVED	12	2,681,702 2,295,200	_
E	14	Program services (from line 44, column (B)) Management and general (from line 44, column (C))	<u> </u>	KEUE		13 14	189,274	_
P E	15	Management and general (from line 44, column (C)) Fundraising (from line 44, column (D))	 -		0 2002	15	103,214	_
Ñ	16	Payments to affiliates (attach schedule)	117	10V 2	0 2002 ;;	16	 ·	_
EXPERSES	17		- -			17	2,484,474	_
	18	Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from line 12)	- 	CIDE	N, UT	18	197,228	
A S	19	Excess or (deficit) for the year (subtract line 17 from line 12)	1	الاقال	. () . ()	19	121,388	
N S E E T	20	Net assets or fund balances at beginning of year (from line 73, or Other changes in net assets or fund balances (attach explanation				 	141,300	-
T = 5	1	Other changes in net assets or fund balances (attach explanation Net assets or fund balances at end of year (combine lines 18, 19				20	318.616	_
-		THE ASSESS OF THE CONTRACT OF ALCOHOLD TO VEST (COMMIND HOSE IX. 14	400 ZOB				מוס מור	

Form **990** (2001)

BAA

Form 990 (2001)

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

ε	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	۔ ا	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$ <u>'</u>		i			!
	non-cash \$)	22				
23		23				
24		24				
25 26	Compensation of officers, directors, etc Other salaries and wages	25 26	720,624	641,355	79,269	
27	_	27	30,773	27,388	3,385	
28	·	28	95,806	85,267	10,539	
29		29	60,865	54,170	6,695	
30	•	30		2,, 2,,,2,		
31		31	11,130	9,127	2,003	
32	Legal fees	32	1,200	984	216	
33	Supplies	33	18,856	15,462	3,394	· · · ·
34		34	30,416	25,853	4,563	
35	·	35	14,172	11,621	2,551	
36	Occupancy	36	74,792	66,565	8,227	
37	Equipment rental and maintenance	37	40,870	36,374	4,496	
38	Printing and publications	38	35,887	29,427	6,460	<u> </u>
39	Travel	39	24,833	17,383	7,450	
40	Conferences, conventions, and meetings	40	10,397	7,278	3,119	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	42,849	35,136	7,713	
43	Other expenses not covered above (itemize)					-
a	SEE STATEMENT 1	43 a	1,271,004	1,231,810	39,194	
t)	43 b				
•		43 c				
(i	43 d				
		43e	<u> </u>		<u> </u>	··
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 15	44	2,484,474	2,295,200	189,274	0
Join	t Costs Check I if you are following	SOP	98-2			
	any joint costs from a combined education					► Yes X No
	es ' enter (i) the aggregate amount of thes			, (ii) the a	mount allocated to prog	gram services
.\$_		locate	d to management and g	eneral \$, and (iv) th	e amount allocated
	indraising \$					
	t III Statement of Program Serv					Brogram Capusa Evangese
vvna Ali o	t is the organization's primary exempt pur	pose	 PUBLIC BENE achievements in a cle 	ar and concise manner	State the number of	Program Service Expenses (Required for 501(c)(3) and (4) organizations and
clier	rganizations must describe their exempt parts served, publications issued, etc. Discusons & section 4947(a)(1) nonexempt chart	s achi	evements that are not r	neasurable (Section 50	(c)(3) & (4) organ	(4) organizations and 4947(a)(1) trusts but optional for others)
	a SEE STATEMENT 2	Kaule I	rusta must also enter tr	ic amount or grants or al	iocations to others /	optional for others)
•						
				d allocations \$	·	2,295,200
ı	b		(0.0.10.01		-	
				·		
					 -	
			(Grants and	d allocations \$		
(<u> </u>					
					· 	
			(Grants and	allocations \$		
(d					
				d allocations \$		·
	Other program services.			d allocations \$)	
1	Total of Program Service Expenses (she	ould e	qual line 44, column (B)	, program services)	▶	2,295,200

TEEA0102L 01/01/02

Part IV Balance Sheets (See instructions)

Note		ere required, attached schedules and amounts within umn should be for end-of year amounts only	the description	(A) Beginning of year		(B) End of year
	45	Cash – non interest bearing			45	
- }		Savings and temporary cash investments		302,561	46	1,644,575
	47 a	Accounts receivable	47 a			
i	ь	Less allowance for doubtful accounts	47b		47 c	
	48 a	Pledges receivable	48a			
	ь	Less allowance for doubtful accounts	48 b		48c	
	49	Grants receivable		49	<u></u>	
ASSETS	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	y		50	
S E	51 a	Other notes & toans receivable (attach sch)	51a 1,698			<u> </u>
Š	b	Less allowance for doubtful accounts	51 b		51 c	1,698
- 1	52	Inventories for sale or use			52	···
	53	Prepaid expenses and deferred charges			53	5,000
	54	investments – securities (attach schedule)	► Cost FMV		54	
	5 5 a	Investments - land, buildings, & equipment basis	55 a			
	b	Less accumulated depreciation (attach schedule)	55 b		55 c	
	56	Investments - other (attach schedule)	į		56	
	57 a	Land, buildings and equipment basis	57a 242,453			
	b	Less accumulated depreciation (attach schedule) STATEMENT 3	57b 104,979	121,891	57 c	137,474
	58	Other assets (describe -)	377	58	
	<u>59</u>	Total assets (add lines 45 through 58) (must equal li	ne 74)	424,829	59	1,788,747
	60	Accounts payable and accrued expenses			60	
<u> </u>	61	Grants payable			61	
LIABILITIES	62	Deferred revenue		302,804	62	1,469,938
Ĭl	63	Loans from officers, directors, trustees, and key employees (attach	schedule)	<u> </u>	63	
ŢΙ	64 a	Tax-exempt bond liabilities (attach schedule).			64 a	<u> </u>
į	Ь	Mortgages and other notes payable (attach schedule)			64 b	
Š	65	Other liabilities (describe > SEE STATEMENT 4	<u>4</u>	637	65	193
\perp	_	Total liabilities (add lines 60 through 65)		303,441	66	1,470,131
, l	Organ	izations that follow SFAS 117, check here 💆 🔃 an	d complete lines 67			
Ĕ		through 69 and lines 73 and 74				
Ą	67	Unrestricted			67	
ACCETS	68	Temporarily restricted		 	68	
	69	Permanently restricted			69	
R	Organ	zations that do not follow SFAS 117, check here	X and complete lines			
		70 through 74				
E UZD		Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building and equ			71	
רָּ	72	Retained earnings, endowment, accumulated income	e, or other funds	121,388	72	318,616
BALANCES	73	Total net assets or fund balances (add lines 67 thro 72, column (A) must equal line 19 and column (B) n	ugh 69 or lines 70 through hust equal line 21)	121,388	73	318,616
3	74	Total liabilities and net assets/fund balances (add li	P	424.829	74	1,788,747

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

92

and enter the amount of tax exempt interest received or accrued during the tax year

93 Program service revenue a b	ated or exemped or income
a b c c d d d d d d d d d d d d d d d d d	262 20
d e f Medicare/Medicaid payments g Fees & contracts from government agencies 94 Membership dues and assessments 55 Interest in savings & temporary cash invents 56 Dividends & interest from securities 97 Met retail income or (loss) from retal estate a debt financed property b not debt financed property Debt dest financed property b not debt financed property b n	262 30
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102 Gross profit or (loss) from sales of inventory 103 Other revenue a b REFUNDS, REIMB, FEES c SPECIAL PROJECT AND E d WORKFORCE DEV /STAFFI e 104 Subtotal (add columns (B), (D), and (E)) lote Line 105 plus line 1d, Part I should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (A) (B) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity (A) (B) (C) (D) Nature of activities Total income (A) (B) (B) (C) (C) (D) Nature of activities Total income (A) (B) (B) (C) (C) (D) Nature of activities Total income (A) (B) (B) (C) (C) (D) Nature of activities Total income (A) (B) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	
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b REFUNDS, REIMB, FEES c SPECIAL PROJECT AND E d WORKFORCE DEV /STAFFI e 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Line 105 plus line 1d, Part I should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) Line No Total (add columns (B), (D), and (E)) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the according funds for such purposes) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) (A) (B) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of ownership interest Nature of activities Total income 1/A 8 8 8 8 107 108 109 109 109 109 109 109 109	
c SPECIAL PROJECT AND E d WORKFORCE DEV /STAFFI	12,00
Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1d, Part I should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) N/A Part IX Information Regarding Taxable Subsidiaries and Disregarded Emities (See instructions) (A) (B) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities Total income 1/A % Nature of activities Total income 1/A % Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)	21,85
Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1d, Part I should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) N/A Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) (A) (B) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity (A) (B) (C) (D) Nature of activities Total income 1/A % % Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)	871,95
Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1d, Part I should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) I/A Information Regarding Taxable Subsidiaries and Disregarded Enti	
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)	1, 169, 10
Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.) Line No The No of the organization's exempt purposes (other than by providing funds for such purposes.) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) (B) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity. Percentage of ownership interest. Nature of activities. Total income. I/A % % % Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)	1,190,44
Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the according to the organization's exempt purposes (other than by providing funds for such purposes) VA	
of the organization's exempt purposes (other than by providing funds for such purposes) Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)	molichment
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) (A) (B) (C) (D) Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest (See instructions) N/A % Nature of activities (See instructions.) Nature of activities (Income (Inco	mpasiment
(A) Name, address, and EIN of corporation, partnership, or disregarded entity Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities	
(A) Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities Nature of activities Nature of activities Nature of activities Total income Nature of activities Nature of activi	
(A) Name, address, and EIN of corporation, partnership, or disregarded entity Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities	
(A) Name, address, and EIN of corporation, partnership, or disregarded entity Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities	
Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities Nature of acti	
partnership, or disregarded entity ownership interest sincome	(E)
N/A % % % % % % % % % % % % % % % % % % %	End of-year assets
% % % % % % % % % % % % % % % % % % %	
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions	
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions	
a Diddle acceptation of the first parameter of sale decided to the first terms of the fir	
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yeş X No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes XNo
Note If 'Yes' to (b), file Form 4870 and Form 4720 (see instructions)	
Under penalties of pendry I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete, declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	and belief it is
Please - YM). He	
Signature of Omcer Date	
Here	
Type or Print Name and Title	
Preparer's SSI General Instru	
Pre- Signature 546-06-	4954
Darer's Firm's name (or J H LEE ACCOUNTANCY CORP	
JSE (self employed) > 333 HEGENBERGER ROAD. STE 300 (EIN > (94-2607219)	-0340
Only and address of AKLAND, CA 94621 Phone no ► (510) 632	// (1

Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)

Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

2001

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Supplementary Information — (see separate instructions)

Must be completed by the above organizations and attached to their Form 990 or 990-EZ. Employer Identification Number 77-0387535 **WORKING PARTNERSHIPS USA** Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions (e) Expense account and other (a) Name and address of each (b) Title and average (c) Compensation employee paid more than \$50,000 hours per week devoted to position to employee benefit plans & deferred allowances compensation NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services.

Sche	edule A (Form 990 or 990 EZ) 2001 WORKING PARTNERSHIPS USA 77-U38	/535		age 2
Par	Statements About Activities (See instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempted to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	pt		
	or incurred in connection with the lobbying activities N/A	١.		
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1_1_	<u> </u>	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		:	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principle beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions')	any ipal		
a	Sale, exchange, or leasing of property?	2 a		X
t	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		х
c	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
•	e Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3		Х
4	Do you have a section 403(b) annuity plan for your employees?	4		_X
	Attach a statement to explain how the organization determines that individuals or organizations receiving ts or loans from it in furtherance of its charitable programs 'qualify' to receive payments			
Pai	Reason for Non-Private Foundation Status (See instructions)			
The	organization is not a private foundation because it is (please check only One applicable box)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)			
8	A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hos	pital's nan	ne, city	/,
	and state >			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit S (Also complete the Support Schedule in Part IV A)	ection 170	(b)(1)(A)(IV)
11 a	An organization that normally receives a substantial part of its support from a governmental unit or from the ge Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	neral publi	С	
111	b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV A)			
12	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership ferfrom activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-from gross investment income and unrelated business taxable income (less section 511 tax) from businesses a organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	1/3% of its	SUDDO	eipts rt
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 50 section 509(a)(3))	s organiza 19(a)(2) (S	tions ee	-
	Provide the following information about the supported organizations (See instructions	·		
	(a) Name(s) of supported organization(s)		me nu m abo	
			<u>.</u>	
		 		
	 			
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			

	edule A (Form 990 or 990-EZ) 200		INERSHIPS USA		77-038753	
Par	t IV-A Support Schedule (Complete only if you o	hecked a box on line	10, 11, or 12) Use ca	sh method of accou	unting
Note	You may use the worksheet in ti	he instructions for con	verting from the accru	al to the cash method	of accounting	•
Cale	ndar year (or fiscal year nning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,037,817	741,047	527,376	335,999	2,642,239
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,203	16,966	15, 115	2,264	67,548
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,071,020	758,013	542,491	338,263	2,709,787
24	Line 23 minus line 17	1,071,020	758,013	542,491	338,263	2,709,787
25	Enter 1% of line 23	10,710	7,580	5,425	3,383	
26	Organizations described on line	s 10 or 11. a Ente	er 2% of amount in co	lumn (e), line 24	► 26a	54,196
t	Prepare a list for your records to show the supported organization) whose total gifts	e name of and amount contri for 1997 through 2000 exceed	buted by each person (other	r than a governmental unit o	vith your	
	return Enter the total of all these excess				► 26b	700 707
	: Total support for Section 509(a)(I Add Amounts from column (e) fo	•		10	► 26c	2,709,787
•	Add Amounts from column (e) is	or lines 18 22		19	- 26.4	67,548
	Dublin mannet (lane 26 mannet la			26 b	26d	
	Public support (line 26c minus lii	•	. 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		► 26e	2,642,239
	Public support percentage (line		ea by line 26c (aenon	ninator))	► 26t	97 51 %
Z/	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year	, 16, and 17 that were ived in each year from	n, each 'disqualified po	erson ' Do not file this	list with your retur	n Enter the sum of
	(2000)	(1999)	(1998)		(1997)	
	bFor any amount included in line 17 show the name of, and amount r \$5,000 (Include in the list organ computing the difference betwee (the excess amounts) for each ye	eceived for each year izations described in li n the amount received ear	, that was more than tenes 5 through 11, as a land the larger amou	the larger of (1) the an well as individuals) D nt described in (1) or (nount on line 25 for o not file this list wi 2), enter the sum of	the year or (2) I th your return After If these differences
	(2000)	(1999)	(1998)		(1997)	
C	(2000) Add Amounts from column (e) for 17 Add Line 27a totat	or lines 15		16		
	17	20		21	27 c	·-·
•	Add Line 27a total	an	d line 27b total		27 d	-
€	Public support (line 27c total mir	ius line 27d total)			► 27e	
f	Total support for section 509(a)(2) test Enter amount	from line 23, column ((e) ► 27f		
	Public support percentage (line					%
	Investment income percentage (line 18, c <u>olumn (e) (</u> ni	umerator) divided by	line 27f (denominator)) P 27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	rt V Private School Questionnaire (See instructions)			
	(To be completed Only by schools that checked the box on line 6 in Part IV)	N/A		 -
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
			1	,
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	-	
	If 'Yes,' please describe, if 'No,' please explain (If you need more space attach a separate statement)			,
			İ	2
		ì		
32	Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	j		
	a Students' rights or privileges?	33 a		
!	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
1	d Scholarships or other financial assistance?	33 d		<u> </u>
4	e Educational policies?	33e		
	f Use of facilities?	33 f		
1	g Athletic programs?	33 g		
1	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	-	-	
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		<u> </u>
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
	TEEA0404L 09/25/01 Schedule A (Form 990	or 99	0 EZ	2001

Par	Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed Only by an eligible organization that filed Form 5768) N/A									
Chec	Check ► a I if the organization belongs to an affiliated group Check ► b I if you checked 'a' and 'limited control' provisions apply									
	, L	lmits on Lobbying	Expenditures				(i Affiliate	a) ed orou	ın İ	(b) To be completed
	(The term 'expenditures' means amounts paid or incurred) totals for all electing organizations									
36	36 Total lobbying expenditures to influence public opinion (grassroots lobbying).									
37	Total lobbying expendit	ures to influence a legis	slative body (direct lobb	ying)		37				
38	8 Total lobbying expenditures (add lines 36 and 37)									
39	9 Other exempt purpose expenditures. 39									
40	Total exempt purpose expenditures (add lines 38 and 39)									
41	17 Lobbying nontaxable amount. Enter the amount from the following table —									
	If the amount on line 40 is — The lobbying nontaxable amount is —								1	
	Not over \$500,000 20% of the amount on line 40								- }	
	Over \$500,000 but not over \$1	,000,000 \$100,	000 plus 15% of the excess o	ver \$500,000	[
	Over \$1,000,000 but not over \$	\$1,500,000 \$175,0	000 plus 10% of the excess o	ver \$1,000,000	ŀĹ	41				
	Over \$1,500,000 but not over \$	\$17,000,000 \$225,0	000 plus 5% of the excess ov	er \$1,500,000	ŀΓ	7		_		
	Over \$17,000,000	\$1,0	00,000		J <u> </u>					
42	Grassroots nontaxable	amount (enter 25% of li	ne 41)			42				,
43	Subtract line 42 from lin	ne 36 Enter -0 if line 4	2 is more than line 36			43				
44	Subtract line 41 from his	ne 38 Enter 0 if line 4	I is more than line 38			44				
	Caution If there is an a	amount on either line 43	3 or line 44 you must f	ile Form 472	0					
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50.)									
	Lobbying Expenditures During 4 -Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c) 199			•	d) 998		(e) Total
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount			·						
49	Grassroots ceiling amount (150% of line 48(e))							<u>_</u>		
	Grassroots lobbying expenditures									
Par	Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions) N/A									
Durn atter	ng the year, did the orga mpt to influence public o	nization attempt to influ pinion on a legislative r	ience national, state or natter or referendum, t	local legislat hrough the us	tion, se of	ınclud -	ing any	Yes	No	Amount
2	Volunteers							<u> </u>		
k	Paid staff or manageme	ent (include compensati	ion in expenses reporte	ed on lines c	throu	ıgh h)			
	: Media advertisements							ļ <u>.</u>		
•	Mailings to members, le	egislators, or the public						<u> </u>		
	Publications, or publish							igsqcut		<u> </u>
	Grants to other organiz	, , ,						<u> </u>		
	Direct contact with legis			-	-					
	Rallies, demonstrations		•	or any other r	mean	ıs		igsqcut	<u> </u>	
ı	Total lobbying expendit	-						L		<u> </u>
RAA	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities									

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	ne reporting organization Code (other than section	directly or in 501(c)(3) or	ndirectly engage	in any of the following section 527, relation	ng with any other organization descrit ting to political organizations?	oed in secti	on 50	1(c)
	sfers from the reporting of						Yes	No
(i) C	-	3				51 a (i)		X
-	Other assets					a (ii)		X
	transactions							
	ales or exchanges of ass	ets with a n	oncharitable exe	mnt organization		b (i)		Х
` '	Purchases of assets from			. •		b (ii)		$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$
` '	Rental of facilities, equipm			240011		b (iii)		X
` .	Reimbursement arrangem	•	. 433613			b (iv)		$\frac{\hat{X}}{X}$
` '	oans or loan guarantees.	Citta				b (v)		$\frac{\hat{x}}{x}$
• • •	J	r mambarch	o ar fundrajajna	coloutations				Ŷ
	erformance of services of ng of facilities, equipmen					b (vi)		Ŷ
d If the	answer to any of the abo oods, other assets, or ser	ove is 'Yes,' rvices given	complete the following	lowing schedule Co organization If the	lumn (b) should always show the fair organization received less than fair m oods, other assets, or services receive		ue of	-? -
(a) Line no	(b) Amount involved	 	(c)	empt organization	(d) Description of transfers, transactions, and			<u> </u>
N/A		 		···				-
		 						
		 						
		 						
								
		 		······································	 			
								
								
								
<u> </u>		<u> </u>						
<u>-</u>	<u> </u>							
				<u> </u>				
			· <u> </u>	-				
•		i		<u> </u>				
desci	ribed in section 501(c) of	the Code (or	iliated with or re ther than section	elated to one or moi 501(c)(3)) or in sec	re tax exempt organizations ction 527?	► ☐ Ye	s X	No
DII TE	s, complete the following	y scriedule		(h)	(6)			
	(a) Name of organization		Type of	(b) organization	(c) Description of relation	nship		
N/A					,			
ν/Λ								-
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization		Employer Identification Number
WORKING PARTNERSHIPS US	A	77-0387535
Organization type (check one)		
Filers of	Section	
Form 990 or 990 EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated 527 political organization	ed as a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated a 501(c)(3) taxable private foundation	s a private foundation
Check if your organization is covered box(es) for both the general rule and a	by the general rule or a special rule (Note <i>Only a Section 5</i> a special rule — see instructions)	01(c)(7), (8) or (10) organization can check
General Rule – For organizations filing Form 990, contributor (Complete Parts I and	990 EZ, or 990 PF that received, during the year, \$5,000 or II)	more (in money or property) from any one
Special Rules -		
X For a Section 501(c)(3) organization 509(a)(1)/170(b)(1)(A)(vi) and rece amount on line 1 of these forms (iii	on filing Form 990, or Form 990-EZ, that met the 33-1/3% superved from any one contributor during the year, a contribution Complete Parts I and II)	oport test of the regulations under sections of the greater of \$5,000 or 2% of the
aggregate contributions or bequest	l) organization filing Form 990, or Form 990-EZ that received is of more than \$1,000 for use <i>exclusively</i> for religious, charitely to children or animals (Complete Parts I, II, and III)	f from any one contributor, during the year, able, scientific, literary, or educational
\$1,000 (If this box is checked, enter, purpose Do not complete any	o) organization filing Form 990, or Form 990 EZ, that received vely for religious, charitable etc, purposes, but these contributer here the total contributions that were received during the yor of the Parts unless the general rule applies to this organizations of \$5,000 or more duing the year)	utions did not aggregate to more than vear for an exclusively religious, charitable.
Caution Organizations that are not co but must check the box in the heading filing requirements of Schedule B (For	overed by the general rule and/or the special rules do not file of their Form 990, Form 990 EZ, or on line 1 of their Form 9 m 990 990 EZ, or 990 PF)	Schedule B (Form 990 990-EZ, or 990-PF) 990 PF, to certify that they do not meet the
BAA	Se	chedule B (Form 990, 990-EZ, or 990 PF) (2001)

Part	Schedule B (Form 990, 990-EZ, 990 PF) (2001)		Page 1	to 3 of Part I
Number Name, address and ZIP + 4 Aggregate Contributions Type of contribution	Name of Organization		' '	
(a) Name, address and ZIP + 4 Aggregate contributions Type of contribution				367333
S Complete Part II of there is noncesh contribution	(a) (b)		(c) Aggregate contributions	
Number Aggregate contributions Complete Part II if there is noncash contribution	1		\$65,000	Payroll Noncash (Complete Part II if there is
S 109,225 Payroll Complete Part II if there is noncash contribution			(c) Aggregate contributions	
(a) Number Complete Part II of there is noncash contributions Complete Part II of there is noncash contribution	2		\$ 1 <u>09.225</u> _	Payroll Noncash (Complete Part II if there is
S			(c) Aggregate contributions	(d)
Number Aggregate contributions Type of contribution Person X Payroll Noncash Complete Part II if there is noncash contribution (Complete Part II if there is noncash contribution) S 90,467 (Complete Part II if there is noncash contribution) (Complete Part II if there is noncash contribution) Aggregate Contributions (Complete Part II if there is noncash contribution) S 51,583 Person X Payroll Noncash Contribution (Complete Part II if there is noncash contribution)	3		\$120 <u>.</u> 545_	Payroll Noncash (Complete Part II if there is
\$ 120,199 Payroll Noncash (Complete Part II if there is noncash contribution) (a)			(c) Aggregate contributions	
Number S 90,467 S 90,467 Person X Payroll Noncash (Complete Part II if there is noncash contribution) (a) Aggregate contributions Aggregate contributions Ferson X Payroll Noncash (Complete Part II if there is noncash contribution) S 51,583 Person X Payroll Noncash (Complete Part II if there is noncash contribution)	4		\$120,199_	Payroll
\$ 90,467 Payroll Noncash (Complete Part II if there is noncash contribution) (a)			(c) Aggregate contributions	
Aggregate contribution Aggregate contribution Person X Payroll Noncash (Complete Part II if there is noncash contribution)	5		\$9 <u>0,467</u> _	Payroll Noncash (Complete Part II if there is
\$ 51,583 Payroll Noncash (Complete Part II if there is noncash contribution)			(c) Aggregate contributions	
BAA Schedule R (Form 990, 990 E7, 990, P5, (2001)	<u>6</u>		\$ <u>_51.583</u> _	Payroll Noncash (Complete Part II if there is
2001)	BAA	1/02/02	Schedule B (Form	990, 990 EZ, 990-PF) (2001)

Schedule B (Form 990, 990 EZ, 990 PF) (2001)		Page 2	to 3 of Part I
Name of Organization WORKING PARTNERSHIPS USA		· ·	B87535
Part I Contributors (see instructions)		177 0.	
(a) (b) Number Name, address and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
7		\$35,000	Person X Payroll Noncash (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
8		\$125,000_	Person X Payroll Noncash (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
9		\$50.000_	Person X Payroll Noncash (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
10	·	\$37 <u>.551</u> _	Person X Payroll Noncash (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>11</u>		\$ <u>50,000</u> _	Person X Payroli Noncash (Complete Part II if there is noncash contribution)
Number		(c) Aggregate contributions	(d) Type of contribution
12		\$193 <u>.38</u> 2_	Person X Payroll Noncash (Complete Part II if there is noncash contribution)
BAA		Schedule B (Form 9	990, 990-EZ, 990 PF) (2001)

Schedule	B (Form 990, 990-EZ 990 PF) (2001)			Page 3	to_3	of Part I
Name of Organization WORKING PARTNERSHIPS USA				1	r Identification Nu 387535	amber
Part	Contributors (see instructions)			177-0.	دد ۱۵۰	
(a) Number	(b) Name, address and ZIP + 4		(c) Aggrega contributi	te ons		(d) contribution
13_	- -		\$66	5 <u>,</u> 250_	Person Payroll Noncash (Complete F	Part II if there is contribution)
(a) Numbe	_		(c) Aggrega contributi	te ons		(d) contribution
_14			\$89) <u>.733</u>	Person Payroll Noncash	X
			(c)		полсаѕһ	Part II if there is contribution)
Number	Name, address and ZIP + 4		Aggrega contributi	te ons		contribution
			\$. .	Person Payroll Noncash (Complete F	Part II if there is contribution)
(a) Number	(b) Name, address and ZiP + 4		(c) Aggrega contributi	te ons		(d) contribution
			\$		Person Payroll Noncash (Complete F	Part II if there is contribution)
(a) Number	(b) Name, address and ZIP + 4		(c) Aggrega contributi	te ons		(d) contribution
			\$	<i>5</i>	Person Payroll Noncash (Complete F	Part II if there is contribution)
(a) Number	(b) Name, address and ZIP + 4		(c) Aggrega contributi	te ons		(d) contribution
	 		\$	-	Person Payroll Noncash (Complete F	Part II if there is contribution)
BAA	TEEA070	2L 01/02/02	Schedule I	B (Form 9	990, 990 EZ	990 PF) (2001)

Name of Organization

Employer Identification Number

WORKING PARTNERSHIPS USA 77-0387535 Part II **Noncash Property** (b)
Description of noncash property given (d) Date received (a) No from Part I (c) FMV (or estimate) (see instructions) (a) No from Part I (c) FMV (or estimate) (see instructions) (d) Description of noncash property given Date received (a) No from (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given Part I (b)
Description of noncash property given (d) Date received (a) No from Part I (c) FMV (or estimate) (see instructions) (a) No from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No from Part I (d) (b) (c) FMV (or estimate) Description of noncash property given Date received (see instructions)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

to 1

of Part III

WORKING PARTNERSHIPS USA

Employer Identification Number 77 - 0387535

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry) For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once — see instructions) (a) (b) (c) (d) No from Use of gift Purpose of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) (a) (c) (d) No from Part I Purpose of gift Use of gift Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (d) (c) No from Part I Purpose of gift Use of gift Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (d) (c) No from Purpose of gift Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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FEDERAL STATEMENTS

PAGE 1

WORKING PARTNERSHIPS USA

77-0387535

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) T <u>OTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT <u>& GENERAL</u>	(D) FUNDRAISING
ADMINISTRATIVE SUPPORT CONTRACTUAL SERVICES DUES & SUBSCRIPTIONS INSURANCE POLICY & RESEARCH EXPENSE PUBLIC RELATION & PROMOTION RECRUTING EXPENSES SPECIAL EVENTS STAFF EXPENSES TEMP PROGRAM EXPENSES UNION COMM RESOURCE WORK FORCE DEV/STAFFING SERV	180.750 70,530 2,826 21,672 203.917 22,208 10,116 1.549 3,604 42,832 2,937 708,063	148,215 70,530 2,317 19,288 203,917 22,208 8,295 3,208 42,832 2,937 708,063 \$ 1231810	32,535 509 2,384 1,821 1,549 396	\$ 0

STATEMENT 2 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM
GRANTS AND SERVICE
DESCRIPTION ALLOCATIONS EXPENSES

CREATE PROGRAM, RAISE FUNDS, EDUCATE, AND PROVIDE RESEARCH INTO ISSUES PERTAINING TO THE ECONOMIC AND SOCIAL WELL-BEING OF WORKING PEOPLE AND THEIR FAMILIES IN THE SILLICON VALLEY AND NEIGHBORING COMMUNITIES

2,295,200

0 \$2,295,200

STATEMENT 3 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

DEPREC		VALUE
91,461 13,518	\$	83,191 54,283
5	13,518 104,979	13,518

2001	FEDERAL STATE	MENTS		PAGE 2	
	WORKING PARTNERSH	IPS USA		77-0387535	
STATEMENT 4 FORM 990, PART IV, LINE 65 OTHER LIABILITIES					
BENEFITS & DEDUCTION PAYABLE	.E		TOTAL \$	193 193	
STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTORS,	TITLE AND AVERAGE HOURS	COMPEN-	CONTRI- BUTION TO	ACCOUNT/	
NAME AND ADDRESS AMY B DEAN	PER WEEK DEVOTE EXEC DIRECTOR	ED <u>SATION</u> \$ 0	<u>EBP & DC</u> \$ 0	OTHER 0	
1448 NEWPORT AVE SAN JOSE, CA 95125	3	•	•	•	
JOAN EMSLIE 6249 CURRENT DRIVE SAN JOSE, CA 95123	DIRECTOR 3	0	0	0	
NANCY BIAGINI 2347 VARGAS PL SANTA CLARA, CA 95050	PRESIDENT 3	0	0	0	
MIKE GARCIA 136 14TH KINBROOK ST SYLMAR, CA 91342	PRESIDENT 3	0	0	0	
RAVI RAVINDIRAN 591 KING RD SAN JOSE, CA 95133	DIRECTOR 3	0	0	0	
ANDREA VILLASENOR-PERRY 372 HULL AVE SAN JOSE, CA 95125	DIRECTOR 3	0	0	0	
3MM 303E, CM 33123					

Form 8888 12 2000 Page 2 Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8886 * If you are filing for an Automatic 3-Month Extension, complete only Part II and check this box Page 2 Page 2 Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8886 * If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Page 3 Page 3 Page 2 Page 3 Page 3 Page 4 Page 4 Page 4 Page 5 Page 5 Page 6 Page 6 Page 6 Page 7 Page 8 Page 8 Page 9 P		. 67	
Note only committee Part II if you have already been granted an automatic 3-month extension on a previously filled Form 8588 ** If you use if filtring for an Automatic 3-Month Extension, complete only Part (inp. page 1)			The state of the s
Form 8869 **If you an Entiring for an Automatic 3-Month Extension, complete only Part I (on page 1) **Part of thing for an Automatic 3-Month Extension of Time — Must File Ongunal and One Copy. **Part of Copy on the Complete Part I (on the Copy) **Part of Copy on the Complete Part I (on the Copy) **Part of Copy on the Copy of the Copy o	,	and the same	
Pact Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.	Form	8868 .	•
Type or Print First Print Name of Sames Organization Name of Sames Organization Name of Sames			
Print HORR INC PARTIEL STATE OF THE STATE OF			
2102 ALMADEN ROAD #107 Copy term or Part Office Stem and AP Cost File a Foreign Address Ses Instructions SAN JOSE CA 95125 Check type of return to be filed (file a separate application for each return) [X] Form 990	Print		
102 ALMADEN ROAD #107 The province size and 2P Does For a Privage Set private Post of the size and 2P Does For a Privage Set private Post Office Size and 2P Does For a Privage Set Post Office Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size and 2P Does For a Privage Set Size And 2P Does For And 2P Does For And 2P Does For And 2P Does For And 2P Does For And 2P Does For And 2P Does For And 2P Does For An		Number Street and Room of Suite Number II & P.O. Box. See Instructions	To les use only
Check type of return to be filed (tile a separate application for each return) Form 990 Form 990-E	due date for filing the		
Check type of return to be lifed (file a separate application for each return) Form 990			
Form 990-BL Form 990-EZ Form 990-T (cast on 40)(a) or 408(a) trust) Form 1041 Form 522 Form 8870 Form 990-BL Form 990-B Form 990-B Form 990-T (trust other than above) Form 4720 Form 5069	Check type		一人は、日本のは、日本のは、日本のは、日本のは、日本のは、日本のは、日本のは、日本の
If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If this is for a group return, enter the organizations four digit Group Exemption Number (CES) If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group is group this gro			Form 1041 A Form 5227 Form 8870
If the organization does not have an office or place of business in the United States, check this box If this is for a group preturn, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is part of the group, check this box If it is part of the group, check this box If it is part of the group, check this box If it is part of the group, check this box If it is part of the group, check this box If it is part of the group, check this box If it is part of the group, check this box If it is part of the group of the stems on the part of the group, check this box If it is part of the group of the part of the group, check this box If it is part of the group of the part of the group of the part of the group of the part of the group of the group of the part of the group o			
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## request an additional 3-month extension of time until 11/15		•	
4 I request an additional 3-month extension of time until 11/15			and attach a list with the names and EINs of all
5 For calendar year 2001 , or other tax year beginning 20 and ending 20 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in according period 7 State in detail why you need the extension WE REQUEST ADDITIONAL TIME TO 08TAIN NECESSARY INFORMATION IN ORDER TO COMPLETE TAX RETURNS 8a If this application is for Form 990-8L, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions bit this application is for Form 990-8L, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions bit this application is for Form 990-8L, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions bit this application is for Form 990-8L, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax payments made include any prory year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature and Verification Under penalties of penjury I declare that I have examined this form including accompanying schedules and sistements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form to the organization's return We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the discions otherwise required to be made on a timely filled return. Please attach this form to the organization's return We have not approved this application however, we have granted a 10-day grace period is considered to be a valid extension of time for time to file. We are not granting a 10-day grace period from the later of the date shown below or the declared that the			12
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b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of penjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form. Notice to Applicant — To be Completed by the IRS Wer have approved this application Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other Other Type or Humber and Street (Include suite room, or spectment number) or a P.O. Box Number. J. H. LEE ACCOUNTANCY CORP Type or Humber and Street (Include suite room, or spectment number) or a P.O. Box Number. 333 HEGENBERGER ROAD. STE 300 City or Town Province or State, and Country (Including postal or ZIP code)			
payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 88688 c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification. Under penalties of perjury. I declare their have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form. Notice to Applicant — To be Completed by the IRS. We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filled return. Please attach this rim to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other Other Director By Director Alternate Mailing Address — Enter the address if you want the copy of this application for an additional. Linda West Copy of the Copy of the Copy of this application for an additional. Linda West Copy of the Copy of the Copy of this application for an additional. Notice to Application because it was filed after the due date of the return for which an extension was requested. Other Other of the Copy of the Copy of this application for an additional. Linda West Copy of the Copy of the Copy of the Copy of the Copy of the Copy of the Copy of the			tative tax, less any
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