Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning

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)

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

and ending

OMB No 1545-0047

Open to Public Inspection

В	Check if	ole	Please	C Name of organization					D Empi	oyer id	entification number
	Addre	ess	use IRS label or	MODELING DADMINDGUID							007535
F	chane	е	print or type	WORKING PARTNERSHIPS							387535
F	lchang lnitial	Ī	See	Number and street (or P.O. box if mail is r 2102 ALMADEN ROAD,	ot delivered to street address)			Room/suite #107	-		number
F	returr Final		Instruc-	City or town, state or country, and ZIP + 4				#10/		108) ntina meth	
F	returr Amer	nded	tions	SAN JOSE, CA 95125						nting mein other specify)	
F	returr Appli	cation		ection 501(c)(3) organizations and 4947(a)	(1) nonexempt charitable trus	ts	U and I	are not apple			tion 527 organizations
_	lpènd	ıng	m	ust attach a completed Schedule A (Form 9	90 or 990-EZ)		!	this a group re			——————————————————————————————————————
G	Wahsii	le ·	www	.WPUSA.ORG			1 ''	Yes," enter nu			
				(check only one) ► X 501(c) (3) ◀ (inse	rt no) 4947(a)(1) or	7 527	1 ''	e all affiliates ii			I/A Yes No
	Check			If the organization's gross receipts are nor			(If	"No," attach a	list.)	_	•
••				ot file a return with the IRS; but if the organiz	= :			this a separate nization coveri			
				d file a return without financial data. Some str				oup Exemption		<u> </u>	
											ion is not required to attach
L	Gross I	receij	pts: Add	l lines 6b, 8b, 9b, and 10b to line 12	1,116,85	6.		h. B (Form 99			
P	art I	R	evenı	ue, Expenses, and Changes in	Net Assets or Fund	Bala	nces				
	1	С	ontribut	tions, gifts, grants, and similar amounts recei	ved:				T		
2	1	a D	irect pu	blic support		1a_	<u> </u>	949,5	05.	l	
300		b In	ndirect p	oublic support		1b					
-		c G	overnm	ent contributions (grants)		10	L				
 ⊣		d T	otal (ad	d lines 1a through 1c) (cash \$	49,505. noncash \$)	<u>1d</u>	949,505.
,	2	Р	rogram	service revenue including government fees a	nd contracts (from Part VII, lin	ie 93)				2	163,583.
ב ה	3	M	nembers.	ship dues and assessments					Ļ	3	
	4	Ir	nterest c	on savings and temporary cash investments					-	4	3,768.
)	5	D)ıvıdend:	s and interest from securities		ı			Ļ	5	
:	6	a G	iross rei	nts		6 <u>a</u>	_				
•				ital expenses		6b	<u> </u>				
;	1			I income or (loss) (subtract line 6b from line	6a)					6c	
<u>ه</u> ا	7			estment income (describe	(1) 0	Γ.			_)_	7	
Revenue	8			nount from sales of assets other	(A) Securities	_	 	(B) Other			
á			nan inve	•		8a			\dashv		
				st or other basis and sales expenses		8b	 				
				loss) (attach schedule)	L	8c	<u>i</u>			0.4	
	9			or (loss) (combine line 8c, columns (A) and (vents and activities (attach schedule). If any a	* *	boro I			ŀ	_8d	· · · · · · · · · · · · · · · · · · ·
	1 -			venue (not including \$	·	nere j			1	1	
				on line 1a)	or contributions	9a	1				
				Policypenses other than fundraising expenses	1	9b			$\neg \neg$		
		I		ne or thus I in appellar events (subtract line						9c	
	10	18	es sa	les of inventory, less returns and allowances	,] 10a	}		Ī		
		12	ss.VQ	les of inventiory, less returns and allowances.		10b					
		e d	i o sa p ri	ofit or (loss) from sales of inventory (attach s	chedule) (subtract line 10b fro	m line	10a)			10c	
	116			Prue (from Part VII, 169 03)						11	
_	12			enue add und 5 td, 2, 3, 4, 5, 6c, 7, 8d, 9c,	0c, and 11)		<u>.</u>			12	1,116,856.
,,	13	Р	rogram	services (from line 44, column (B))					Į	13	1,045,528.
Frnenses	14	M	Managen	nent and general (from line 44, column (C))					1	14	106,485.
90	15	F	undraisi	ing (from line 44, column (D))					Ĺ	15	71,537.
Ĺ	16			s to affiliates (attach schedule)					Ļ	16	
	17			penses (add lines 16 and 44, column (A))						17	1,223,550.
	_φ 18			r (deficit) for the year (subtract line 17 from I						_18	<u><106,694.</u> >
Net	19			ts or fund balances at beginning of year (from			a===		_	19	1,245,354.
-	Q			anges in net assets or fund balances (attach o		EE	STAT	EMENT	1	20	<u><45,055.</u> >
423	21			is or fund balances at end of year (combine li					1	21	1,093,605.
01-	3001 13-05	LΗ	1A F0	or Privacy Act and Paperwork Reduction Act	mouce, see the separate inst	TUCTION	18.				Form 990 (2004)

WORKING PARTNERSHIPS USA <u>77-0387535</u> Statement of 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. Page 2 Part II Functional Expenses Do not include amounts reported on line (B) Program services (C) Management and general (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I 22 Grants and allocations (attach schedule) 22 noncash \$ 23 Specific assistance to individuals (attach schedule) Benefits paid to or for members (attach schedule) 24 Compensation of officers, directors, etc. 57,692. 57,692. 0. 25 0. 491,886. 489,124. 2,762. Other salaries and wages 26 26 27,855 24,791. Pension plan contributions 27 3,064 27 28 113,546. 101,056. 12,490 Other employee benefits 28 Payroll taxes 29 51,472. 45,810. 5,662. 29 30 Professional fundraising fees 24,808. 22,079. 2,729 31 Accounting fees 32 16,646. 14,815. 1,831. Legal fees Supplies 5,782. 5,146. 33 636. 33 13,078. Telephone 34 11,639. 439. 34 35 7,146. 6,360. 786 Postage and shipping 61,909. 55,099. 6,810. Occupancy 36 36 15,537 13,828 Equipment rental and maintenance 37 1,709 <u>5,600</u>. 4,984. 616. Printing and publications 38 38 8,768. 7,804. 964. 39 39 Conferences, conventions, and meetings 6,494 5,780. 40 714. 40 41 13,789 12,272. 1,517. 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): 43a 43Ь 43c

		430				
•	SEE STATEMENT 2	43e	301,542.	224,941.	5,064.	71,537.
44	Total functional expenses (add lines 22 through 43), Organizations completing columns (B)-(0), carry these totals to lines 13-15	44 1	,223,550.	1,045,528.	106,485.	71,537.
	nt Costs. Check 🕨 🔲 if you are following SOP 98					
Аге	any joint costs from a combined educational campaig	gn and fundi	raising solicitation re	ported in (B) Program service	es? ►[Yes X No
lf "Y	es," enter (i) the aggregate amount of these joint cos	ts \$;	(ii) the amount allocated to P	rogram services \$;
(iii)	the amount allocated to Management and general \$; and ((iv) the amount allocated to F	undraising \$	
P	art III Statement of Program Service	ce Acco	mplishments			
Wh	at is the organization's primary exempt purpose?	SEE	STATEMENT	3		
						Program Service Expenses
ach	organizations must describe their exempt purpose achievements evements that are not measurable (Section 50 1(c)(3) and (4) organized to others)					(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	CREATE PROGRAMS, RAISE	FUNDS	, EDUCATE	AND PROVIDE	RESEARCH	
	INTO ISSUES PERTAINING	TO TH	E ECONOMI	C AND SOCIAL	WELL-BEING_	
	OF WORKING PEOPLE AND T	HEIR_	FAMILIES	IN THE SILICO	N VALLEY	
	AND NEIGHERBORING COMMU	<u>NITIE</u>	S. (0	Grants and allocations \$)	<u>1</u> ,045,5 <u>28.</u>
þ			· · · · · · · · · · · · · · · · · · ·	·		
				 		
					- <u></u> -	
_	·		((Grants and allocations \$		
C						
						
_			((Grants and allocations \$)	
d						
						
				Grants and allocations \$	}	
	Other program services (attach schedule)	00.44.00!	`	Grants and allocations \$		1 045 500
	Total of Program Service Expenses (should equal li	me 44, colui	iiii (B), Program Serv	vices)		1,045,528.

Part IV Balance Sheets

: Whe	re required, attached schedules and amount uld be for end-of-year amounts only	s within the desc	cription column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			646,947.	45	
46	Savings and temporary cash investments	234,007.	46	985,118		
47 a	Accounts receivable	47a	87,175.			
1		47b	30,473.	88,288.	47c	56,702
48 a	_	48a	122,765.			
b		48b		352,500.	48c	122,765
49	Grants receivable	-		49		
50	Receivables from officers, directors, trustees, and key employees				50	
51 a		51a			30	
Б.		51b			51c	
52	Inventories for sale or use	0.5			52	
53	Prepaid expenses and deferred charges			1,342.	53	6,645
54	Investments - securities	▶ [☐ Cost ☐ FMV		54	
1	Investments - land, buildings, and	_				
	equipment: basis	55a				
þ	•	55b			55c	
56	Investments - other	1 1	165 005		56	
57 a		57a	165,027.	22 020		27 250
1	Less, accumulated depreciation	57b	137,677.	32,829.	57c	27,350
58	Other assets (describe				58	
59	Total assets (add lines 45 through 58) (must ed	iual line 74)		1,355,913.	59	1,198,580
60	Accounts payable and accrued expenses			110,559.		104,975
61	Grants payable		Γ		61	
62	Deferred revenue				62	- <u>-</u> <u>-</u> -
63	Loans from officers, directors, trustees, and key	employees			63	
64	a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable				64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)			110,559.	66	104,975
Orga	anizations that follow SFAS 117, check here	X and comple	ete lines 67 through			
	69 and lines 73 and 74.				!	
67	Unrestricted		<u> </u>	<u>859,034.</u>	67	848,395
68	Temporarily restricted		Ļ	<u>386,32</u> 0.	68	245,210
69	Permanently restricted	. —	-		69	
Orga	anizations that do not follow SFAS 117, check he	complete lines				
	70 through 74.		70			
70		Capital stock, trust principal, or current funds				
71	Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated in		vds -		71 72	
72	Total net assets or fund balances (add lines 67				12	
73	column (A) must equal line 19; column (B) mus		co / U uni uugii / Z,	1,245,354.	73_	1,093,605
1	Total liabilities and net assets / fund balances		⊢	1,355,913.	74	1,198,580

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

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

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

92

	, , , , , , , , , , , , , , , , , , ,			d business income		I by section 512, 513, or 514	
	er gross amounts unless other	wise	(A)		(C)		(E)
ındıcated			Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt
	am service revenue:	-	code		code		function income
a <u>S</u> T	AFFING & RESEAR	CH					<u> 163,583.</u>
b	· · · · · · · · · · · · · · · · · · ·						<u>, </u>
c							
		1					
е							
f Medic	care/Medicaid payments						
a Fees	and contracts from government ag	encies					
•	bership dues and assessments	·					
	st on savings and temporary cash	investments			14	3,768.	
	ends and interest from securities			· , · · · · · · · · · · · · · · · ·	 - 	317000	_ · · · · · · · · · · · · · · · · · · ·
• •	ental income or (loss) from real est	tate.					
	financed property	1			+-+		
		ŀ		· · · · · · · · · · · · · · · · · · ·	 -		
	ebt-financed property	al aronarti					······
	ental income or (loss) from person	al property			 		
•••••	investment income	-	·				
	or (loss) from sales of assets						
	than inventory						
	come or (loss) from special events	Г					
	s profit or (loss) from sales of invei	ntory			 		
103 Other	revenue:						
a							
b					-		
c							
d					\bot		
e						<u>-</u> -	
104 Subto	otal (add columns (B), (D), and (E)) [0	•	3,768.	
105 Total	(add line 104, columns (B), (D), a	nd (E))				•	167,351.
Note: Line	105 plus line 1d, Part I, should	d equal the amou	int on line 12	P, Part I			<u> </u>
Part V	II Relationship of Acti	ivities to the	Accompli	shment of Exem	ipt Purp	oses (See page 34 of the	instructions.)
Line No.	Explain how each activity for wh	•		· ·	ted importar	ntly to the accomplishment	of the organization's
	exempt purposes (other than by	providing funds fo	or such purpo:	ses).			
	SEE STATEMENT	' 5					
							
				·			
Part IX			Subsidiari	es and Disregar	ded Ent	ities (See page 34 of the	instructions.)
Name a	(A) ddress, and EIN of corporation,	(B) Percentage of	}	(C) Nature of activities		(D) Total income	(E) End-of-year
parti	nership, or disregarded entity	ownership interes	st			Total moonic	assets
		· ·	%				
	N/A	•	%				
			%				
		C	%	_			
Part X	Information Regard	ing Transfers	s Associa	ted with Persona	al Benef	it Contracts (See pag	e 34 of the instructions)
(a) Did	the organization, during the year, r	eceive any funds, d	irectly or indir	ectly, to pay premiums of	on a person	al benefit contract?	Yes X No
	the organization, during the year, p						Yes X No
	"Yes" to (b), file Eerif)8870 and						
Please	Under penalties of perjury, I declare the correct, and complete begaration of p	at I have examined this	return, including	accompanying schedules a	nd statements	s, and to the best of my knowled	ge and belief, it is true.
Sign	N 4 / 1. / XX	peparar (otto man otto	001,70 20000 011	* 11/14 55 N	Dha	By Blir books	Franke Dricher
Here	Signature of officer	,	···-	Date	Type or prii	nt name and title.	/
	Preparer's	//	1 - 1		Date	Check if	Preparer's SSN or PTIN
Paid	signature	alt C		<i></i>	11/10/2	self- employed >	
Preparer's	Firm's name (or ADMANT	NO MCKEN	NA LLP		1:/-	EIN >	<u> </u>
Use Only	vours if			ARD, SUITE	500	CIIV P	
423161	address, and ZIP + 4 SAN RA		94583	-	500	Phono no ► /	925) 790-2600
01-13-05		<u> </u>				טון טווטווי ון 📂 🕻	

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.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

WORKING PARTNERSHIPS USA			77, 03875	35
Part I Compensation of the Five Highest Paid Employ (See page 1 of the instructions List each one. If there are none, enter				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVE PREMINGER	COM SER DIR			
C/O 2102 ALMADEN #107, SAN JOSE, CA	40 HRS/WK	64,693.	7,706.	<u> </u>
BOB_BROWNSTEIN	POLICY DIR			
C/O 2102 ALMADEN #107, SAN JOSE, CA	40 HRS/WK	82,641.	13,600.	
SARAH ZIMMERMAN	ASSOC DIR			
C/O 2102 ALMADEN #107, SAN JOSE, CA	40 HRS/WK	65,060.	11,672.	
	-			
	-			
Total number of other employees paid over \$50,000	0			<u> </u>
Part II Compensation of the Five Highest Paid Independent (See page 2 of the instructions. List each one (whether individuals or	endent Contractors f		al Services	
(a) Name and address of each independent contractor paid more the	nan \$50,000	(b) Type of s	service	(c) Compensation
HAL PLOTKIN				
PO BOX 61164, PALO ALTO, CA 94306	J	OURNALIST		73,855.
				_
Total number of others receiving over \$50,000 for professional services	0		<u></u>	

Schedule A (Form 990 or 990-EZ) 2004 WORKING PARTNERSHIPS USA	77-038753	5 P	age 2
Part III Statements About Activities (See page 2 of the instructions)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	38, Part VI-A, ecking ributors,	х	
person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is attach a detailed statement explaining the transactions) SEE STATEMENT 6 a Sale, exchange, or leasing of property?	-		x
b Lending of money or other extension of credit?	<u>2b</u>		X
c Furnishing of goods, services, or facilities?	2c	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?		ļ	Х
 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) b Do you have a section 403(b) annuity plan for your employees? 	3a 3b		X
 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 	4a 4b	-	X X
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	40		<u> </u>
The organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(ii) A school. Section 170(b)(1)(A)(iii) (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization that is not controlled by any disqualified persons (other than foundation managers) and supports of (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See see Provide the following information about the supported organizations. (See page 5 of the instructions)	n 170(b)(1)(A)(iv). al public. , and gross 33 1/3% of esses acquired) rganizations described in ction 509(a)(3)) ons)		
(a) Name(s) of supported organization(s)		ne num	
An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.			
13 La Caracteria a Sampara and about the property operation operation of the intermetions.	<u> </u>		

(2003)(2002)(2000)Add: Amounts from column (e) for lines 16 27c N/A 27d N/A d Add: Line 27a total and line 27b total Public support (line 27c total minus line 27d total) N/A 27e Total support for section 509(a)(2) test. Enter amount on line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g N/A N/A h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **▶** 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

Schedule A (Form 990 or 990-EZ) 2004 WORKING PARTNERSHIPS USA

Part V Private School Questionnaire (See page 7 of the instructions.)

)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
LJ	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		
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.)			
		- -		
32	Does the organization maintain the following:	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
		_		ļ !
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	33b		<u> </u>
C	Employment of faculty or administrative staff?	33c		<u> </u>
đ	Scholarships or other financial assistance?	33d		<u> </u>
е	Educational policies?	33e	<u> </u>	<u> </u>
f	Use of facilities?	_33f	<u> </u>	 -
g	Athletic programs?	33g	<u> </u>	<u> </u>
ħ	Other extracurricular activities?	33h		
	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?	34a		ļ
b	Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	{	1	1
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2004

Schedule A (Form 990 or 990-EZ) 2004 WORKING PARTNERSHIPS USA **77-0387535** Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ b Check ► a if the organization belongs to an affiliated group. if you checked "a" and "limited control" provisions apply. (a) (b) **Limits on Lobbying Expenditures** Affiliated group To be completed for ALL totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -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 over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 on page 11 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					. 0

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

	r - r	
Yes	No	Amount
-	X	
X		
	X	
	X	
	X	
	X	
X		4,047.
	X	
		4,047.
	CEE	CMAMEMENTO O

SEE STATEMENT 8
Schedule A (Form 990 or 990-EZ) 2004

Schedul <u>e</u>	A (Form 990 or 990-EZ) 2004	WORKING PARTNE	RSHIPS USA		387535 Page 6
Part '				Relationships With Nonchar	itable
	Exempt Organia	zations (See page 11 of the inst	tructions.)		
		irectly or indirectly engage in any of			
50)1(c) of the Code (other than s	section 501(c)(3) organizations) or	in section 527, relating to po	litical organizations?	<u> </u>
	, ,	ganization to a noncharitable exemp	ot organization of:		Yes No
•	i) Cash				51a(i) X
(i	i) Other assets				a(ii) X
b 01	ther transactions:				
(i) Sales or exchanges of asse 	ts with a noncharitable exempt orga	anization		b(i) X
(i	 i) Purchases of assets from a 	noncharitable exempt organization			b(ii) X
(ii	 i) Rental of facilities, equipme 	ent, or other assets			b(iii) X
(i)	 Reimbursement arrangeme 	ents			b(iv) X
()	v) Loans or loan guarantees				b(v) X
(٧	 i) Performance of services or 	membership or fundraising solicita	itions		b(vi) X
c SI	naring of facilities, equipment,	mailing lists, other assets, or paid e	employees		C X
			* *	always show the fair market value of the	
-		given by the reporting organization	-		
tr	ansaction or sharing arrangen	nent, show in column (d) the value of	of the goods, other assets, or	r services received:	
(a)	(b)	(C)	vamat area sization	(d)	/ abassa assasasasas
Line no.	Amount involved	Name of noncharitable ex	xempt organization	Description of transfers, transactions, and	
			· · · · · · · · · · · · · · · · · · ·	SHARED MANAGERIAL,	ACCOUNTING,
				COMMUNICATIONS &	
<u>C</u>	37,000.	SO BAY AFL-CIO	LABOR COUNCIL	ADMINISTRATIVE COST	s
BIII	57,842.	SO BAY AFL-CIO	LABOR COUNCIL	OFFICE SPACE SUBLEA	SE
					
					
			 		
		<u> </u>			
		<u></u>			·
					
	<u> </u>			<u> </u>	
	the organization directly or in ode (other than section 501(c)		one or more tax-exempt org	anizations described in section 501(c) of the	X Yes No
b If	"Yes," complete the following:	schedule:	·	,	
	(a)	(b)	(c)	
	Name of or	ganization	Type of organization	Description of relation	_
				WORKING PARTNERSHIP	
			 	INCURS CERTAIN COST	S WITH THE
<u>SOUI</u>	<u>'H BAY AFL-CIO</u>	LABOR COUNCIL	501(C)(5)	SOUTH BAY AFL-CIO	
			<u> </u>		
					FFILIATED
	 			,	ARIOUS
<u>soui</u>	H BAY AFL-CIO	LABOR COUNCIL	501(C)(5)	MANAGERIAL,	
		· · · · · · · · · · · · · · · · · · ·	<u></u>		
			<u> </u>		
100151			<u> </u>		

Working Partnerships USA Schedule of Fixed Assets

FYE: 12/31/04

	Beg. Balance 2004	Additions	Dispositions	Ending 2004
Furniture, fixtures and equipment	133,494	8,310	-	141,804
Leasehold Improvements	23,223	-	-	23,223
	156,717			165,027
Accumulated Depreciation	(123,888)	(13,789)		(137,677)
Totals	32,829	(13,789)		27,350

EIN#: 77-0387535

FORM 990 OTHER C	HANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	1
DESCRIPTION				AMOUNT	
PRIOR PERIOD ADJUSTMENT			-	<45,05	55.
TOTAL TO FORM 990, PART	I, LINE 20		-	<45,0	55.
FORM 990	ОТНЕ	REXPENSES		STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISII	1G
CONSULTANTS AND CONTRACTORS MISCELLANEOUS UNION COMM RESOURCE	15,516. 82,501. 111,907.	9,739. 55,080. 111,907.	5,777. 25,552.	1,8	59.
POLICY & RESEARCH EXPENSE FUNDRAISING	91,618.	91,618.			
ALLOCATION	0.	<43,403.>	<26,265.	> 69,6	68.
TOTAL TO FM 990, LN 43	301,542.	224,941.	5,064.	71,5	37.
FORM 990 STATEMENT O	F ORGANIZATION'	S PRIMARY EXE	MPT PURPOSE	STATEMENT	3
	PART				
EXPLANATION					

TO PROVIDE RESEARCH, EDUCATION AND CREATE PROGRAMS & SERVICES FOR WORKING PEOPLE IN THE SILICON VALLEY AND SURROUNDING COMMUNITIES.

FORM 990	STATEMENT CONCERNING LIQUIDATION,	STATEMENT	4
	TERMINATION, ETC PART VI, LINE 79	<u> </u>	-

EXPLANATION

EFFECTIVE JANUARY 2004, THE ORGANIZATION ELECTED TO DISCONTINUE ITS STAFFING SERVICE OPERATIONS.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 5
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A THE ORGANIZATION OPERATED A STAFFING SERVICE TO PROVIDE SERVICES FOR WORKERS AND THEIR FAMILIES TO MEET THEIR SOCIAL, ECONOMIC AND EDUCATIONAL NEEDS. THE ORGANIZATION ALSO PROVIDES PROGRAMS & RESEARCH PERTAINING TO THE ECONOMIC AND SOCIAL WELLBEING OF WORKING PEOPLE OF THE SILICON VALLEY AND SURROUNDING COMMUNITIES.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH STATEMENT 6
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC,.
PART III, LINE 2

THE ORGANIZATION HAS A CONSULTING AGREEMENT WITH AN ORGANIZATION AFFILIATED WITH A BOARD MEMBER TO PROVIDE ACCOUNTING, COMMUNICATIONS AND ADMINISTRATIVE SUPPORT SERVICES. THE AGREEMENT IS AT ARM'S-LENGTH AND HAS BEEN REVIEWED AND APPROVED BY THE BOARD.

SCHEDULE A	OTHER INCOME		STATEMENT 7		
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
	5,532.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	5,532.	0.	0.	0.	

SCHEDULE A

STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT

8

SALARY ALLOCATIONS TO STAFF MEMBERS FOR POLICY BRIEFINGS WITH CITY COUNCIL OF SAN JOSE REGARDING COMMUNITY BENEFITS, VTA FISCAL STRATEGY DISCUSSIONS WITH THE VALLEY TRANSIT AUTHORITY BOARD INCLUDING CITY AND COUNTY ELECTED OFFICIALS, POLICY MEETINGS WITH CITY COUNCIL REGARDING THE SAN JOSE CONVENTION CENTER AND MEETINGS WITH STATE LEGISLATORS CONCERNING FISCAL AND IT POLICY.