

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1999

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning 1999, and ending

B Check if: Change of address, Initial return, Final return, Amended return. C WORKING PARTNERSHIPS USA, 2102 ALMADEN ROAD #107, SAN JOSE, CA 95125. D Employer identification number 77-0387535. E Telephone number (408) 266-3790. F Check application is pending.

G Type of organization Exempt under section 501(c) (3) (insert number) OR section 4947(a)(1) nonexempt charitable trust. Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No. (b) If "Yes," enter the number of affiliates for which this return is filed. (c) Is this a separate return filed by an organization covered by a group ruling? Yes No. I If either box in H is checked "Yes," enter four-digit group exemption number (GEN). J Accounting method: Cash Accrual Other (specify).

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes items like Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sale of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning and end of year.

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**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. (See Specific Instructions on page 19.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att. sch.) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att. sch.)	23			
24	Benefits paid to or for members (att. sch.)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	501,389	501,389	
27	Pension plan contributions	27	14,997	14,997	
28	Other employee benefits	28	51,738	51,738	
29	Payroll taxes	29	41,835	41,835	
30	Professional fundraising fees	30			
31	Accounting fees	31	3,823	3,823	
32	Legal fees	32	1,200	1,200	
33	Supplies	33	9,867	9,867	
34	Telephone	34	20,766	20,766	
35	Postage and shipping	35	5,881	5,881	
36	Occupancy	36	46,328	46,328	
37	Equipment rental and maintenance	37	14,510	14,510	
38	Printing and publications	38	2,533	2,533	
39	Travel	39	13,018	13,018	
40	Conferences, conventions, and meetings	40	20,017	20,017	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	14,837	14,837	
43	Other expenses (itemize): a STATEMENT 2	43a	218,596	72,217	119,329
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	981,335	72,217	882,068

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? PUBLIC BENEFIT	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3   (Grants and allocations \$ 0)	72,217
b   (Grants and allocations \$ )	
c   (Grants and allocations \$ )	
d   (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	72,217

**Part IV Balance Sheets** (See Specific Instructions on page 22.)

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>ASSETS</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	504,373	46 446,306
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50
	51 a Other notes and loans receivable (attach schedule)	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities (attach schedule)		54
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	55c
56 Investments - other (attach schedule)		56	
57 a Land, buildings, and equipment: basis	57a 91,925		
b Less: accumulated depreciation (attach schedule) STMT. . . . 4	57b 23,407	47,873 57c 68,518	
58 Other assets (describe ►SEE STATEMENT 5 )	412	58 414	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	552,658	59 515,238	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	13,785	60 13,785
	61 Grants payable		61
	62 Deferred revenue	374,967	62 346,890
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64 a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ►SEE STATEMENT 6 )	694	65 1,413
66 <b>Total liabilities</b> (add lines 60 through 65)	389,446	66 362,088	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds	163,212	72 153,150
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	163,212	73 153,150	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	552,658	74 515,238	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 24.)

a Total revenue, gains, and other support per audited financial statements ▶ **a 971,273**

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . . \$

(2) Donated services and use of facilities . . \$

(3) Recoveries of prior year grants . . . . . \$

(4) Other (specify):  
\$

Add amounts on lines (1) through (4) . . . . ▶ **b**

c Line a minus line b . . . . . ▶ **c 971,273**

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$

(2) Other (specify):  
\$

Add amounts on lines (1) and (2) . . . . . ▶ **d**

e Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ **e 971,273**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a Total expenses and losses per audited financial statements . . . . . ▶ **a 981,335**

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities . . . \$

(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$

(3) Losses reported on line 20, Form 990 . . . . . \$

(4) Other (specify):  
\$

Add amounts on lines (1) through (4) . . . . ▶ **b**

c Line a minus line b . . . . . ▶ **c 981,335**

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . . . \$

(2) Other (specify):  
\$

Add amounts on lines (1) and (2) . . . . . ▶ **d**

e Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ **e 981,335**

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 24.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . .  Yes  No  
If "Yes," attach schedule - see Specific Instructions on page 25.

Part VI Other Information (See Specific Instructions on page 25.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
b	Number of employees employed in the pay period that includes March 12, 1999 (See instructions.)	90b	0
91	The books are in care of <u>AMY DEAN</u> Telephone no. <u>(408) 266-3790</u> Located at <u>2102 ALMADEN ROAD #107, SAN JOSE, CA</u> ZIP + 4 <u>95125</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings & temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain/loss from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue: a REFUNDS, REIMB, Subtotal, and Total.

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 Specific Instructions on page 30.)

Table with 2 columns: 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). Entry: N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instruction on page 30)

Table with 5 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets. Entry: N/A

Declaration section: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Includes signature of officer, preparer's signature, firm name (J. H. LEE ACCOUNTANCY CORP.), address (333 HEGENBERGER ROAD, STE 810 OAKLAND, CA), EIN (94-2607219), and ZIP (94621).

**SCHEDULE A  
(Form 990)**

**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

OMB No. 1545-0047

**1999**

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.**

Name of the organization

WORKING PARTNERSHIPS USA

Employer identification number

77-0387535

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
NONE				

Total number of other employees paid over \$50,000 ▶ 0

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the 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	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part III** Statements About Activities

	Yes	No
1 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. ▶ \$ <u>N/A</u> 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.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
e Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .		X
4a Do you have a section 403(b) annuity plan for your employees? . . . . .		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 4 of the 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, page 4.)
  - 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 hospital's name, city, and state  
▶ \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  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 fees, and gross receipts from activities related to its charitable, etc., functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (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 section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)



**Part IV A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . .	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	527,376	335,999	111,835	115,785	1,090,995
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .					
18 Gross income from interest, dividends, amounts received from payments on securities (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 . . . . .	15,115	2,264	43		17,422
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 sch. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22 . . . . .	542,491	338,263	111,878	115,785	1,108,417
24 Line 23 minus line 17 . . . . .	542,491	338,263	111,878	115,785	1,108,417
25 Enter 1% of line 23 . . . . .	5,425	3,383	1,119	1,158	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					26a 22,168
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . .					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					26c 1,108,417
d Add: Amounts from column (e) for lines: 18 <u>17,422</u> 19 _____					26d 17,422
22 _____ 26b _____					
e Public support (line 26c minus line 26d total) . . . . .					26e 1,090,995
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					26f 98.43%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A (1998) _____ (1997) _____ (1996) _____ (1995) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total) . . . . .					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . .					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . .					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)					

Part V

Private School Questionnaire (See page 4 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
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? .....		
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? .....		
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.)		
.....		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
.....		
.....		
34a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
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, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. ....	35	

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a [ ] if the organization belongs to an affiliated group. Check here b [ ] if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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 7 of the instructions.)

Table for 4-Year Averaging Period with columns (a) 1999, (b) 1998, (c) 1997, (d) 1996, and (e) Total. Rows 45-50 detailing lobbying nontaxable amounts and ceilings.

Part VI-B

Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

N/A

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:

Table with columns Yes, No, and Amount. Rows a-l detailing lobbying activities like volunteers, staff, media, mailings, etc.

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 page 8 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash.....  
 (ii) Other assets.....

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization.....  
 (ii) Purchases of assets from a noncharitable exempt organization.....  
 (iii) Rental of facilities, or other assets.....  
 (iv) Reimbursement arrangements.....  
 (v) Loans or loan guarantees.....  
 (vi) Performance of services or membership or fundraising solicitations.....

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.....

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name: **WORKING PARTNERSHIPS USA**

Employer Identification number: **77-0387535**

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address):  
**2102 ALMADEN ROAD #100**

City, town or post office, state, and ZIP code. For a foreign address, see instructions.  
**SAN JOSE, CA 95125**

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until 10/15, 2000, to file (check only one):
- |  |  |   |                                    |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust)           | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input checked="" type="checkbox"/> Form 990-T (most other than above) | <input type="checkbox"/> Form 3520-A                    | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)         | <input type="checkbox"/> Form 4720                      | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                                   | <input type="checkbox"/> Form 5227                      | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                                     | <input type="checkbox"/> Form 6069                      | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box.

- 2a For calendar year 1999, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4 State in detail why you need the extension WE REQUEST ADDITIONAL TIME TO OBTAIN NECESSARY INFORMATION IN ORDER TO COMPLETE TAX RETURNS.

- 5a If this form is for Form 706-GS(D), Form 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ 0

### Signature and Verification

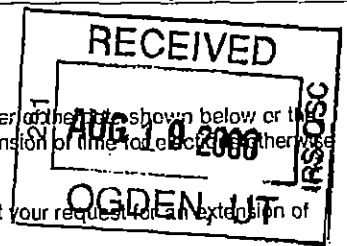
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 8/14/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

### Notice to Applicant - To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time to file, and any tax required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: Extension granted until 11/5/00



Director: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: **J. H. LEE ACCOUNTANCY CORP.**

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address):  
**333 HEGENBERGER ROAD, STE 810**

City, town or post office, state, and ZIP code. For a foreign address, see instructions.  
**OAKLAND, CA 94621**

EXTENSION APPROVED

AUG 25 2000

RICHARD CREAMER, DIRECTOR  
OGDEN SUBMISSION PROCESSING CENTER

ENVELOPE POSTMARK DATE AUG 19 2000

CLIENT 1088A

WORKING PARTNERSHIPS USA

77-0387535

11/13/00

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STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE EXPENSES	\$ 531		531	
AUTOMOBILE	2,915		2,915	
CONTRACTUAL AGENCY	78,570		78,570	
CONTRIBUTIONS	192		192	
DUES & SUBSCRIPTIONS	2,094		2,094	
EDUCATION & TRAINING	1,500		1,500	
FUNDRAISING EXPENSES	27,050			27,050
INSURANCE	7,860		7,860	
MISCELLANEOUS	44		44	
ON-LINE SERVICE	8,342		8,342	
PROJECT EXPENSES	72,217	72,217		
REIMBURSEMENTS	15,060		15,060	
STAFF EXPENSES	2,221		2,221	
<b>TOTAL</b>	<b>\$ 218,596</b>	<b>72,217</b>	<b>119,329</b>	<b>27,050</b>

STATEMENT 3  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE 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.	\$ 0	72,217
	<u>\$ 0</u>	<u>72,217</u>

STATEMENT 4  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 91,925	23,407	68,518
<b>TOTAL</b>	<b>\$ 91,925</b>	<b>23,407</b>	<b>68,518</b>

CLIENT 1088A

WORKING PARTNERSHIPS USA

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**STATEMENT 5  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

	ENDING
DEPOSITS .....	\$ 412
ROUNDING .....	2
TOTAL	<u>\$ 414</u>

**STATEMENT 6  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

	ENDING
PAYROLL TAXES PAYABLE .....	\$ 1,413
TOTAL	<u>\$ 1,413</u>

**STATEMENT 7  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. CONTRIB.	EXPENSE PLN ACCOUNT/ OTHER
AMY B. DEAN 1448 NEWPORT AVE. SAN JOSE, CA 95125	EXEC. DIRECTOR 1	\$ 0	0	0
JOAN EMSLIE 6249 CURRENT DRIVE SAN JOSE, CA 95123	DIRECTOR 0.5	0	0	0
MANUEL ARES	DIRECTOR 0.5	0	0	0
NANCY BIAGINI 2347 VARGAS PL SANTA CLARA, CA 95050	DIRECTOR 0.5	0	0	0
MARIA FERRER	DIRECTOR 0.5	0	0	0
MIKE GARCIA	DIRECTOR 0.5	0	0	0

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STATEMENT 7 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
RAVI RAVINDIRAN	DIRECTOR 0.5	0	0	0
SYLVIA RODRIGUEZ-ANDREW	DIRECTOR 0.5	0	0	0
ANDREA VILLASENOR-PERRY	DIRECTOR 0.5	0	0	0
BILLIE WACHTER	DIRECTOR 0.5	0	0	0
		TOTAL \$	<u>0</u>	<u>0</u>



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STATEMENT 1  
FORM 990, PART I, LINE 1D  
CONTRIBUTIONS, GIFTS, AND GRANTS

NOT OPEN TO PUBLIC INSPECTION

DIRECT CONTRIBUTIONS:

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	AMOUNT OF CONTR.
		\$ 25,000
		27,000
		40,000
		105,956
		131,844
		89,474
		42,512
		37,917
		115,952
		15,000
		18,000
		15,000
		25,000
DIRECT CONTRIBUTIONS LESS THAN 2% OF LINE 1D		\$ 52,392
TOTAL DIRECT CONTRIBUTIONS, LINE 1A		\$ 741,047
TOTAL CONTRIBUTIONS, LINE 1D		\$ 741,047