

Name of organization WORKING PARTNERSHIPS USA	Employer identification number 77-0387535
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Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>25,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>2</u>		\$ <u>65,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>3</u>		\$ <u>300,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>4</u>		\$ <u>44,087</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>5</u>		\$ <u>66,242</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>6</u>		\$ <u>25,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

WORKING PARTNERSHIPS USA

77-0387535

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>35,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>8</u>		\$ <u>100,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>9</u>		\$ <u>50,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>10</u>		\$ <u>30,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>11</u>		\$ <u>25,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
<u>12</u>		\$ <u>33,650</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization **WORKING PARTNERSHIPS USA** Employer identification number **77-0387535**

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>	_____	\$ <u>37,500</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
<u>14</u>	_____	\$ <u>97,838</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
<u>15</u>	_____	\$ <u>45,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
—	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
—	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
—	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
—	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>

Return of Organization Exempt From Income Tax

2000

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	C Please use IRS label or print or type. See Specific Instructions. 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 <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) (3) (insert no) 527 OR 4947(a)(1)

Note: H and I are not applicable to section 527 orgs.
H(a) Is this a group return filed for affiliates? Yes No
H(b) If "Yes," enter number of affiliates

J Accounting method: Cash Accrual Other (specify)

H(c) Are all affiliates included? (if "No," attach a list. See instructions) Yes No

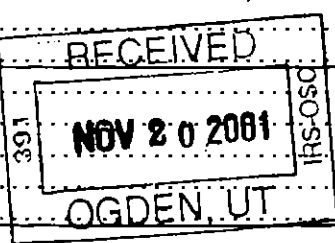
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	1,037,817		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 1,037,817 noncash \$)	1d		1,037,817	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		284,285	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		33,203	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
		(A) Securities	(B) Other		
	8a Gross amount from sales of assets other than inventory	8a			
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		203,306		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,558,611		
EXPENSES	13 Program services (from line 44, column (B))	13		1,210,960	
	14 Management and general (from line 44, column (C))	14		448,472	
	15 Fundraising (from line 44, column (D))	15		13,845	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		1,673,277	
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-114,666	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		236,054	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		121,388	



SCANNED DEC 12 2001

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Part IV Balance Sheets (See Specific Instructions on page 23.)

		(A)		(B)	
		Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	446,336	46	302,561
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable		48a	
	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	
	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	
				<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a	Investments - land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation (attach schedule)		55b	55c
	56	Investments - other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis	184,021	57a	
b	Less: accumulated depreciation (attach schedule) . S.T.M.T. 3	62,130	57b	57c	
58	Other assets (describe ► <u>SEE STATEMENT 4</u>)		58	377	
59	Total assets (add lines 45 through 58) (must equal line 74)	583,950	59	424,829	
LIABILITIES	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue	346,890	62	302,804
	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 ► <u>SEE STATEMENT 5</u>)	1,006	65	637	
66	Total liabilities (add lines 60 through 65)	347,896	66	303,441	
ASSETS OR FUNDS BALANCE	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	236,054	72	121,388
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	236,054	73	121,388	
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	583,950	74	424,829	

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 25.)

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

a Total revenue, gains, and other support per audited financial statements **▶ a 1,558,611**

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 1,558,611**

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 1,558,611**

a Total expenses and losses per audited financial statements **▶ a 1,673,277**

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 1,673,277**

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 1,673,277**

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(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
AMY B. DEAN 1448 NEWPORT AVE. SAN JOSE, CA 95125	EXEC. DIRECTO 1	0	0	0
JOAN EMSLIE 6249 CURRENT DRIVE SAN JOSE, CA 95123	DIRECTOR 0.5	0	0	0
NANCY BIAGINI 2347 VARGAS PL SANTA CLARA, CA 95050	DIRECTOR 0.5	0	0	0
MARIA FERRER 517 RIVER VIEW DR SAN JOSE, CA 95111	DIRECTOR 0.5	0	0	0
RAVI RAVINDIRAN 591 KING RD. SAN JOSE, CA 95133	DIRECTOR 0.5	0	0	0
SYLVIA RODRIGUEZ-ANDREW 1 WASHINGTON SQUARE SAN JOSE, CA 95192	DIRECTOR 0.5	0	0	0
ANDREA VILLASENOR-PERRY 372 HULL AVE. SAN JOSE, CA 95125	DIRECTOR 0.5	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 26.

Part VI Other Information (See Specific Instructions on page 26.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity... 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... 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement... 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? b If "Yes," enter the name of the organization N/A and check whether it is exempt OR 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? 85b N/A 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. 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? 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 0 ; section 4912 0 ; section 4955 0 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior 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 CALIFORNIA b Number of employees employed in the pay period that includes March 12, 2000 (See instructions.) 90b 0 91 The books are in care of AMY DEAN Telephone no. (408) 266-3790 Located at 2102 ALMADEN ROAD #107, SAN JOSE, CA ZIP code 95125 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
94 Fees and contracts from government agencies					284,285
95 Interest on savings & temporary cash investments			14	33,203	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a REFUNDS, REIMB,					17,914
b SPECIAL PROJECT AND EVENT					185,392
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				33,203	487,591
105 Total (add line 104, columns (B), (D), and (E))					520,794

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 31.)

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 Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

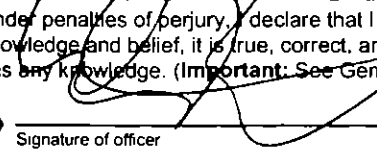
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

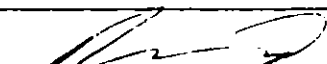
Note: If "Yes" to (b), file Form 8878 and Form 4720 (see instructions).

Please Sign Here

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. (Important: See General Instruction W, on page 14.)

Signature of officer:  Date: 11/14/01 Type or print name and title: Executive Officer

Paid Preparer's Use Only

Preparer's signature:  Date: 11/13/01 Check if self-employed: Preparer's SSN or PTIN: 546-06-4954

Firm's name (or yours if self-employed) and address, and ZIP code: J. H. LEE ACCOUNTANCY CORP., 333 HEGENBERGER ROAD, STE 810, OAKLAND, CA 94621

EIN: 94-2607219 Phone no.: (510) 632-0340

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

OMB No. 1545-0047

Supplementary Information - (See separate instructions.)

2000

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

WORKING PARTNERSHIPS USA

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...
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts...
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?
4a Do you have a section 403(b) annuity plan for your employees?
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it...

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b A community trust.
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...
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).

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	741,047	527,376	335,999	111,835	1,716,257
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	16,966	15,115	2,264	43	34,388
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	758,013	542,491	338,263	111,878	1,750,645
24 Line 23 minus line 17	758,013	542,491	338,263	111,878	1,750,645
25 Enter 1% of line 23	7,580	5,425	3,383	1,119	17,407
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 35,013
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 1996 through 1999 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 1,750,645
d Add: Amounts from column (e) for lines: 18 <u>34,388</u> 19 _____ 22 _____ 26b _____					26d 34,388
e Public support (line 26c minus line 26d total)					26e 1,716,257
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.04%
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 (which is not open to public inspection) 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 (1999) _____ (1998) _____ (1997) _____ (1996) _____					
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: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
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 1996 through 1999, 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 5 of the instructions.)

Part V Private School Questionnaire (See page 5 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
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?		
b	Has the organization's right to such aid ever been revoked or suspended?		
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.		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 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.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 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			
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 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 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:

	Yes	No	Amount
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			
g 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.

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

Employer identification number

WORKING PARTNERSHIPS USA

77-0387535

Organization type (check one) - Section:

- 501(c)(3) ◀ (enter number): 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.) ▶
Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization

Employer identification number

WORKING PARTNERSHIPS USA

77-0387535

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

WORKING PARTNERSHIPS USA

77-0387535

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

● Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
---	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
---	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
---	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

WORKING PARTNERSHIPS USA

77-0387535

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

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONTRACTUAL AGENCY	\$ 188,725	188,725		
DUES & SUBSCRIPTIONS	3,015	3,015		
FUNDRAISING EXPENSES	13,874		29	13,845
INSURANCE	19,205	12,483	6,722	
MISCELLANEOUS	1,576	1,025	551	
PROJECT EXPENSES	205,227	205,227		
STAFF EXPENSES	2,903	1,887	1,016	
TOTAL	\$ 434,525	412,362	8,318	13,845

STATEMENT 2
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	1,210,960
	\$ 0	1,210,960

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

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 184,021	62,130	121,891
TOTAL	\$ 184,021	62,130	121,891

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

	<u>ENDING</u>
ADVANCE TO EMPLOYEES	\$ 377
TOTAL	<u>\$ 377</u>

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

	<u>ENDING</u>
PAYROLL TAXES PAYABLE	\$ 637
TOTAL	<u>\$ 637</u>

PART IV, LINE 72 : BEGINNING RETAINED EARNINGS

BEGINNING BALANCE WAS ADJUSTED FOR THE FOLLOWING ITEMS

UNADJUSTED BALANCE	153,150
CASH IN BANK	30
NET FIXED ASSETS	69,096
DEPOSITS	(414)
ACCOUNTS PAYABLE	13,785
PAYROLL TAXES PAYABLE	407
ADJUSTED BALANCE	236,054

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: WORKING PARTNERSHIPS USA
Employer Identification Number: 77-0387535
Address: 2102 ALMADEN ROAD #107, SAN JOSE, CA 95125

Check type of return to be filed (file a separate application for each return):
[X] Form 990 [] Form 990-EZ [] Form 990-T (Section 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 (GEN) If this is for the whole group, check this box [] If it is part of the group, check this box [] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2001.
5 For calendar year 2000, or other tax year beginning and ending, 20
6 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension WE REQUEST ADDITIONAL TIME TO OBTAIN NECESSARY INFORMATION IN ORDER TO COMPLETE TAX RETURNS.

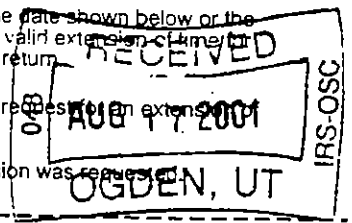
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment 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 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: [Signature] Title: CPA Date: 8/14/01

Notice to Applicant - To be Completed by the IRS

[X] 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 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: []



Director: _____ By: _____ Date: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: J. H. LEE ACCOUNTANCY CORP.
Address: 333 HEGENBERGER ROAD, STE 810, OAKLAND, CA 94621