

Form **990-EZ**

**Short Form**

**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)  
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2002**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A** For the 2002 calendar year, or tax year beginning , 2002, and ending , 20

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**WORKBOUND INC**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**c/o VAN DER VAART, INC, 1436 S 15 ST**  
 City or town state or country and ZIP + 4  
**SHEBOYGAN, WI 53081-5218**

**D** Employer identification number  
**39 : 1713299**  
**E** Telephone number  
**( 920 ) 459-2400**  
**F** Enter 4-digit (GEN) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**G** Accounting method  Cash  Accrual  
 Other (specify) ▶

**I** Web site ▶ www.workbound.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  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.

**L** Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **70486**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions)

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	70486
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe ▶ <u>N/A</u> )	8	0
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	70486
		Expenses	
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	55194
13	Professional fees and other payments to independent contractors	13	475
14	Occupancy, rent, utilities, and maintenance	14	1055
15	Printing, publications, postage, and shipping	15	9563
16	Other expenses (describe ▶ <u>DIRECTOR AUTO, TRAVEL &amp; MISC</u> )	16	2756
17	<b>Total expenses</b> (add lines 10 through 16)	17	69043
18	Excess or (deficit) for the year (line 9 less line 17)	18	1443
		Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	(5829)
20	Other changes in net assets or fund balances (attach explanation) <u>Rounding</u>	20	(1)
21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	(4387)

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 39 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	171	22 468
23	Land and buildings	0	23 0
24	Other assets (describe ▶ <u>N/A</u> )	0	24 0
25	<b>Total assets</b>	171	25 468
26	<b>Total liabilities</b> (describe ▶ <u>LINE OF CR LOAN, PAYROLL TAXES PAYABLE</u> )	6000	26 4855
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	(5829)	27 (4387)

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2002)

SCANNED MAY 05 '03

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Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)	
What is the organization's primary exempt purpose? <b>SEE ATTACHED STATEMENT 1</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<b>CAREER GUIDANCE (SEE ATTACHED STATEMENT 1)</b>	(Grants \$ <b>N/A</b> )	<b>28a</b> 70468
29	<b>N/A</b>	(Grants \$ <b>N/A</b> )	<b>29a</b> <b>N/A</b>
30	<b>N/A</b>	(Grants \$ <b>N/A</b> )	<b>30a</b> <b>N/A</b>
31	Other program services (attach schedule)	(Grants \$ <b>N/A</b> )	<b>31a</b> <b>N/A</b>
32	<b>Total program service expenses</b> (add lines 28a through 31a)		<b>32</b> 70468

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions)				
(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
<b>SEE ATTACHED STATEMENT 2</b>				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
36	Was there a liquidation, dissolution, termination or substantial contraction during the year? (If 'Yes,' attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <b>N/A</b>		
b	Did the organization file Form 1120-POL for this year?		N/A
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b> <b>N/A</b>	
39	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 9	<b>39a</b> <b>N/A</b>	
b	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> <b>N/A</b>	
40a	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <b>0</b> section 4912 ▶ <b>0</b> , section 4955 ▶ <b>0</b>		
b	<b>501(c)(3) and (4) organizations</b> 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 an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <b>0</b>		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ <b>0</b>		
41	List the states with which a copy of this return is filed ▶ <b>WISCONSIN</b>		
42	The books are in care of ▶ <b>VAN DER VAART, INC (DOROTHY)</b> Located at ▶ <b>1436 S 15 ST, SHEBOYGAN, WI</b>		
43	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-</b> and enter the amount of tax-exempt interest received or accrued		

Under penalties of perjury I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here  
 Signature of officer: **Thomas E. O'Brien**  
 Type or print name and title: **THOMAS E. O'BRIEN**

Paid Preparer's Use Only  
 Preparer's signature: \_\_\_\_\_  
 Firm's name (or yours if self-employed) address and ZIP + 4: \_\_\_\_\_



**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)**

OMB No 1545-0047

**2002**

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  
**WORKBOUND, INC**

Employer identification number  
**39 1713299**

**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 2 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** (See page 2 of the instructions)

	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> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking Yes must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		✓
2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors trustees directors, officers, creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer director, trustee, majority owner or principal beneficiary? (If the answer to any question is Yes attach a detailed statement explaining the transactions)		
a Sale exchange or leasing of property?		✓
b Lending of money or other extension of credit? <u>Line of Credit Loan</u>	✓	
c Furnishing of goods, services, or facilities? <u>Corp owned by board member provides accounting services</u>	✓	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? <u>Executive Director</u>	✓	
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans etc? (See Note below)		✓
4 Do you have a section 403(b) annuity plan for your employees?		✓
<b>Note</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		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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 Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the 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 5 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 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	62150	70930	86142	77755	296977	
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
23 Total of lines 15 through 22	62150	70930	86142	77755	296977	
24 Line 23 minus line 17	62150	70930	86142	77755	296977	
25 Enter 1% of line 23	622	709	861	778		
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 5940	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 174592	
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 296977	
d Add Amounts from column (e) for lines	18 0	19 0			26d 174592	
	22 0	26b 174592			26e 122385	
e Public support (line 26c minus line 26d total)					26f 41 %	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.					
(2001)	N/A	(2000)	N/A	(1999)	N/A	
(1998)	N/A	(1997)	N/A	(1996)	N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.						
(2001)	N/A	(2000)	N/A	(1999)	N/A	
(1998)	N/A	(1997)	N/A	(1996)	N/A	
c Add Amounts from column (e) for lines	15 0	16 0			27c N/A	
	17 0	20 0	21 0			27d N/A
d Add Line 27a total	0	and line 27b total	0			27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f				27g N/A %	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.					

**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)

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		







## **WORKBOUND, INC. DESCRIPTION OF SERVICES**

Through an educational program that is combined with support from parents, teachers, employers and community resource people, all students can receive the education necessary to help them focus on their future. Academic, cultural, physical, social, and vocational education is essential to begin a career in the world of work. This is true for all students whether they begin a career directly out of high school or following college.

The skills needed by those entering the world of work have changed with the advent of a global market and economy and with ever increasing technology. These changes have made the traditional abilities obsolete. All students need academic, general, and vocational classes. The workforce for the future must be made up of people who are able to work with their heads and hands. They must be able to think and do in the world of work.

Workbound involves students, parents or significant adults, teachers, and the business community working together. Students enter the Workbound program on a voluntary basis, involvement in Workbound is not based on academic performance or financial position. Students become involved during their junior year in high school. The students choose one or two careers that interest them. Community business people in that particular field are then selected to work with the student, bringing them into the business environment so the student can receive first hand experience of the desired career. Guidance is given as to the options available to the student to achieve the desired career, along with the advantages and disadvantages of each option.

Follow up studies are being done on each student completing the Workbound program to determine the strengths and weaknesses of the program and the success the program has.

Over 250 students were involved with the program during the 2002-2003 school year.

**WORKBOUNDED, INC.  
BOARD OF DIRECTORS**

<u>Name, Company Address, Phone #</u>	<u>Position</u>	<u>Term</u>	<u>Annual Compensation</u>
Mike Muth Muth Mirror Systems 4221 High Tech Ln Sheboygan, WI 53081 (920) 451-2000	President	Ongoing	None
Jon Rost Fresh Brand Food 2215 Union Ave Sheboyga, WI 53081 (920) 457-4433	Treasurer	Ongoing	None
Brian Hanes Oostburg High School District 450 New York Oostburg, WI 53070 (920) 564-2346	Board Member	Ongoing	None
Mike Harvey Van Der Vaart, Inc 1436 S 15 St Sheboygan, WI 53082-0490 (920) 459-2400	Board Member	Ongoing	None
Dennis Ladwig 1290 North Cleveland, WI 53015 (920) 693-8213	Board Member	Ongoing	None
Joe Richardson Richardson Industries 635 PP Sheboygan Falls, WI 53085 (920) 467-4631	Board Member	Ongoing	None
Lee Riter Sheboygan Falls School District 220 Amherst Sheboygan, Falls, WI 53085 (920) 467-7893	Board Member	Ongoing	None
Tom O'Brien N4250 Van Treeck Sheboygan Falls, WI 53085 (920) 467-3775	Executive Director/ Salaried Employee	Ongoing	\$ 44,000