

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
WORK FORCE DEVELOPMENT CENTER
"A RESOURCE FOR OUR FUTURE"
 Number and street (or P O box if mail is not delivered to street address) Room/suite
11215 47TH AVENUE W
 City or town, state or country, and ZIP + 4
MUKILTEO, WA 98275

D Employer identification number
91-1518808

E Telephone number
425-349-1800

F Accounting method Cash Accrual
 Other (specify) _____

G Web site **N/A**

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

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**

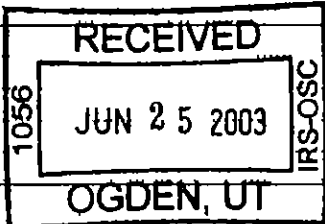
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,276,018.**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN _____

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		
Revenue	1	Contributions, gifts, grants, and similar amounts received								
		a	Direct public support		34,483.					
		b	Indirect public support							
		c	Government contributions (grants)							
		d	Total (add lines 1a through 1c) (cash \$ 10,518. noncash \$ 23,965.)						34,483.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)						1,236,478.	
		3	Membership dues and assessments							
		4	Interest on savings and temporary cash investments						5,057.	
		5	Dividends and interest from securities							
		6	a	Gross rents		8a				
			b	Less rental expenses		8b				
			c	Net rental income or (loss) (subtract line 6b from line 6a)				6c		
		7	Other investment income (describe _____)						7	
	8	a	Gross amount from sale of assets other than inventory		(A) Securities		(B) Other			
		b	Less cost or other basis and sales expenses		8a					
		c	Gain or (loss) (attach schedule)		8b					
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c				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			
	10	a	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		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)						12	1,276,018.	
Expenses	13	Program services (from line 44, column (B))						13	1,009,632.	
	14	Management and general (from line 44, column (C))						14	420,149.	
	15	Fundraising (from line 44, column (D))						15		
	16	Payments to affiliates (attach schedule)						16		
		17	Total expenses (add lines 16 and 44, column (A))						17	1,429,781.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)						18	-153,763.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))						19	1,890,719.	
	20	Other changes in net assets or fund balances (attach explanation)						20	0.	
		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)						21	1,736,956.



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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

Page 2

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 (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	138,141.	91,455.	46,686.
26 Other salaries and wages	26	709,040.	512,426.	196,614.
27 Pension plan contributions	27	13,189.	11,785.	1,404.
28 Other employee benefits	28	66,792.	49,924.	16,868.
29 Payroll taxes	29	112,630.	85,536.	27,094.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	24,927.	12,690.	12,237.
34 Telephone	34	24,520.	15,631.	8,889.
35 Postage and shipping	35			
36 Occupancy	36	35,199.	23,598.	11,601.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	74,198.	55,230.	18,968.
42 Depreciation, depletion, etc (attach schedule)	42	119,008.	89,256.	29,752.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e	112,137.	62,101.	50,036.
44 Total functional expenses (add lines 22 through 43) <small>Organizations completing columns (B) (D) carry these totals to lines 13-15</small>	44	1,429,781.	1,009,632.	420,149.

Joint Costs Check if you are following SOP 98 2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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 \$ _____)	1,009,632.
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)		1,009,632.

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Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	8,383.	17,242.
	46 Savings and temporary cash investments	337,611.	351,163.
	47 a Accounts receivable	101,567.	
	b Less allowance for doubtful accounts		
		168,166.	101,567.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	34,749.	23,327.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
Liabilities	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
	56 Investments - other	4,078.	
	57 a Land, buildings, and equipment, basis	2,896,567.	
	b Less accumulated depreciation STMT 4	667,846.	
	58 Other assets (describe ▶ DEPOSITS)	4,000.	3,000.
59 Total assets (add lines 45 through 58) (must equal line 74)	2,854,776.	2,725,020.	
Liabilities	60 Accounts payable and accrued expenses	30,710.	75,382.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 5	933,347.	912,682.
65 Other liabilities (describe ▶)			
66 Total liabilities (add lines 60 through 65)	964,057.	988,064.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	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	0.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.
	72 Retained earnings, endowment, accumulated income, or other funds	1,890,719.	1,736,956.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,890,719.	1,736,956.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,854,776.	2,725,020.

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.

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Form 990 (2002)

91-1518808 Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	1,276,018.
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)	0.
c	Line a minus line b	1,276,018.
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)	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	1,276,018.

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

a	Total expenses and losses per audited financial statements	1,429,781.
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)	0.
c	Line a minus line b	1,429,781.
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)	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	1,429,781.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(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
CURTIS YOUNG 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	PRESIDENT 5	0.	0.	0.
SCOTT FOX 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	TREASURER 3	0.	0.	0.
JIM PATTERSON 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	SECRETARY 2	0.	0.	0.
STEVE BOHOT 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	MEMBER 1	0.	0.	0.
MARK MATTKE 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	MEMBER 1	0.	0.	0.
DAVID TRADER 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	GENERAL MANAGER 40	59,638.	5,213.	0.
DAVID KOENIGS 11215 - 47TH AVENUE WEST MUKILTEO, WA 98275	FORMER EXECUTIVE DIRECTOR 40	78,503.	3,487.	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? If "Yes," attach schedule Yes No Form 990 (2002)

WORK FORCE DEVELOPMENT CENTER
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Form 990 (2002)

91-1518808

Page 5

Part VI Other Information		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	76		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	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a 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?	80a		X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b Did the organization file Form 1120-POL for this year?	81b		X
82 a 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 in Part III.) 82b N/A			
83 a 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	
84 a 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? N/A	84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
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 on line 85f? N/A	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
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 301.7701-3? If "Yes," complete Part IX	88		X
89 a 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 on line 89c, above, reimbursed by the organization ▶ 0.			
90 a List the states with which a copy of this return is filed WASHINGTON			
b Number of employees employed in the pay period that includes March 12, 2002 90b 55			
91 The books are in care of DAVID TRADER Telephone no 425-349-1800			
Located at 11215 47TH AVENUE W, MUKILTEO, WA ZIP + 4 98275			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

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Form 990 (2002)

91-1518808

Page 6

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PROGRAM SERVICE REVENUE					1,236,478.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,057.	
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 or (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 _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		5,057.	1,236,478.
105 Total (add line 104, columns (B), (D), and (E))					1,241,535.

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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	STUDENTS PERFORM SERVICES IN LIEU OF SCHOOL TO PROVIDE EDUCATION OF VOCATIONAL SKILLS AND RECEIVE SCHOOL CREDIT.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a
- Note** If "Yes" to (b), file Form 8870 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 furnished to preparer.	
	Signature of officer	Date
Paid Preparer's Use Only	Preparer's signature	
	Firm's name (or yours if self-employed), address and ZIP + 4	VINE DAHLEN & CO. PLLC 19203 36TH AVENUE W. #20 LYNNWOOD, WA 98036

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

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 **WORK FORCE DEVELOPMENT CENTER**
"A RESOURCE FOR OUR FUTURE" Employer identification number
91 1518808

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
<u>RON BEST</u> ----- 11501 HWY 99 SUITE #9, EVERETT, WA	IT MANAGER 40	51,907.	3,539.	
<u>TAMARRA JEU</u> ----- 11501 HWY 99 SUITE #9, EVERETT, WA	ASSOC. DIR. 40	50,826.	3,276.	

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
<u>NONE</u> -----		

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

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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 ► \$ _____ \$ _____ (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	1	X
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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note 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)

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01 22 03

WORK FORCE DEVELOPMENT CENTER

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting** N/A
 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.)					
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	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24	▶	26a	N/A
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 sum of all these excess amounts	▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	N/A
e Public support (line 26c minus line 26d total)	▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	N/A %

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) (2000) (1999) (1998)				
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) (2000) (1999) (1998)				
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	N/A	
d Add Line 27a total _____ and line 27b total _____	▶	27d	N/A	
e Public support (line 27c total minus line 27d total)	▶	27e	N/A	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	N/A %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	N/A %	

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

WORK FORCE DEVELOPMENT CENTER

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)

		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?	X	
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?	X	
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) <u>THE CENTER'S VOCATIONAL DIRECTOR WORKS WITH LOCAL PUBLIC SCHOOLS TO SELECT STUDENTS WITH A SPECIAL NEED ENROLLED IN THOSE DISTRICTS ON A RACIALLY NONDISCRIMINATORY BASIS.</u>	X	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
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)	X	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		X
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		X
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	X	

WORK FORCE DEVELOPMENT CENTER

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group

Check b if you checked "a" and "limited control" provisions apply

Table with 3 columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred), (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

- 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)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

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 12 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, equipment, 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

N/A

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

52 a 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 N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization WORK FORCE DEVELOPMENT CENTER "A RESOURCE FOR OUR FUTURE"	Employer identification number 91-1518808
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 11215 47TH AVENUE W	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MUKILTEO, WA 98275	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until AUGUST 15, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 2002 or

▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

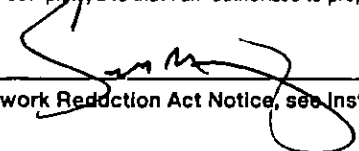
3a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a 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 \$ N/A

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 ▶  Title ▶ CPA Date ▶ 4/15/03

LHA For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

COPY

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	AUTOMOTIVE EQUIPMENT	VARI	ESSL	5.00	16	82,498.			82,498.	65,939.		10,284.
2	FURNITURE AND EQUIPMENT	VARI	ESSL	7.00	16	99,416.			99,416.	84,139.		5,740.
3	PRODUCTION EQUIPMENT	VARI	ESSL	5.00	16	107,516.			107,516.	72,056.		11,879.
4	COMPUTER EQUIPMENT	VARI	ESSL	5.00	16	217,862.			217,862.	127,670.		42,119.
5	BUILDINGS	VARI	ESSL	40.00	16	1542539.			1542539.	188,610.		42,035.
6	PARKING LOT	VARI	ESSL	40.00	16	278,026.			278,026.	10,424.		6,951.
7	LAND	VARI	ESL			370,960.			370,960.			0.
8	LAND FOR FUTURE EXPANSION	VARI	ESL			197,750.			197,750.			0.
	* TOTAL 990 PAGE 2 DEPR					2896567.		0.	2896567.	548,838.	0.	119,008.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMPUTER SUPPLIES	3,470.	3,470.		
EDUCATION	2,778.	2,778.		
INSURANCE	11,335.	11,335.		
PROFESSIONAL SERVICES	15,645.	15,645.		
REPAIR AND MAINTENANCE	9,339.	9,339.		
FOOD AND EVENTS	15,876.	15,876.		
VEHICLE EXPENSE	2,031.	2,031.		
ADVERTISING	1,627.	1,627.		
COMPUTER SUPPLIES	1,633.		1,633.	
EDUCATION	4,920.		4,920.	
INSURANCE	4,858.		4,858.	
MISCELLANEOUS	489.		489.	
PROFESSIONAL SERVICES	27,512.		27,512.	
FOOD AND EVENTS	9,914.		9,914.	
ADVERTISING	710.		710.	
TOTAL TO FM 990, LN 43	112,137.	62,101.	50,036.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

WORK FORCE DEVELOPMENT CENTER "A RESOURCE FOR OUR FUTURE", THE ORGANIZATION, STRIVES TO PROVIDE GUIDANCE TO "SPECIAL NEEDS" STUDENTS IN THEIR TRANSITION FROM SCHOOL TO WORK. TO THIS END, THE ORGANIZATION COMMITS TO THE IMPROVEMENT OF EDUCATIONAL, PHYSICAL, AND SOCIAL ABILITIES OF OUR YOUNG ADULTS. OUR STUDENT CLIENTELE IS VIEWED AS A PRIORITY DUE TO THE FINANCIAL RESOURCES ALREADY ALLOCATED BY THE STATE OF WASHINGTON. WE SEEK TO CAPITALIZE ON THIS ALREADY EXISTING INVESTMENT BY OFFERING A VOCATIONAL OPTION.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

TO ACHIEVE OUR OBJECTIVES, HANDS ON TRAINING IN THE MANUFACTURING ENVIRONMENT IS PROVIDED IN: BLUE PRINT READING, SEAL, PAINTING, RIVET, ASSEMBLY, JOB SAFETY, CUSTOMER SPECIFICATIONS, QUALITY ASSURANCE, AND SHIPPING/RECEIVING. ALL ROTATIONS HAVE BEEN DEVELOPED TO MAXIMIZE VERSATILITY IN THE STUDENTS.

IN ADDITION TO THE TECHNICAL SKILLS MENTIONED ABOVE, OTHER BENEFITS DO EXIST. STUDENTS EARN CREDITS TOWARDS THEIR EDUCATIONAL REQUIREMENTS, RECEIVE MINIMUM WAGE THROUGHOUT THEIR TRAINING PERIOD, OBTAIN SKILLS AND BEHAVIORS THAT ASSIMILATE REALISTIC WORK ENVIRONMENTS, AND DEVELOP PERSONAL RESPONSIBILITIES TOWARDS FINANCIAL INDEPENDENCE. MOREOVER, POSITIVE ROLE MODELS ARE PROVIDED TO EACH STUDENT DURING THEIR TENURE AT OUR FACILITY.

OVERALL, THIS PROGRAM IS A STEPPING STONE FOR THOSE IN TRANSITION. THE ORGANIZATION HAS CHOSEN THIS MODEL AS OUR CONCERTED EFFORT TO MAKE A DIFFERENCE IN THE LIVES OF YOUNG ADULTS. APPROXIMATELY 77 STUDENTS WERE SERVED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,009,632.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
AUTOMOTIVE EQUIPMENT	82,498.	76,223.	6,275.
FURNITURE AND EQUIPMENT	99,416.	89,879.	9,537.
PRODUCTION EQUIPMENT	107,516.	83,935.	23,581.
COMPUTER EQUIPMENT	217,862.	169,789.	48,073.
BUILDINGS	1,542,539.	230,645.	1,311,894.
PARKING LOT	278,026.	17,375.	260,651.
LAND	370,960.	0.	370,960.
LAND FOR FUTURE EXPANSION	197,750.	0.	197,750.
TOTAL TO FORM 990, PART IV, LN 57	2,896,567.	667,846.	2,228,721.

