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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: WORKFORCE ALLIANCE, INC
Doing Business As:
Number and street (or P O box if mail is not delivered to street address): 560 ELLA T GRASSO BOULEVARD
Room/suite:
City or town, state or country, and ZIP + 4: NEW HAVEN CT 06519

D Employer Identification number: 06-1090440

E Telephone number: 203-624-1493

G Gross receipts $: 10,471,174

F Name and address of principal officer: WILLIAM VILLANO 560 ELLA GRASSO BLVD, NEW HAVEN, CT 06519

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW RWDB ORG

H(c) Group exemption number ►

K Type of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1978

M State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE JOB TRAINING THROUGH VARIOUS PROGRAMS	
	2	Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31
	5	Total number of employees (Part V, line 2a)	28
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
	b	Net unrelated business taxable income from Form 990-T, line 34	

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,501,779	10,466,039
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,584	5,135
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue–add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,524,363	10,471,174
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,108,592	6,120,574
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,868,520	2,172,949
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,583,916	2,119,543
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,561,028	10,413,066
	19 Revenue less expenses Subtract line 18 from line 12	-36,665	58,108

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,734,098	8,355,598
	21 Total liabilities (Part X, line 26)	2,519,140	8,082,532
	22 Net assets or fund balances Subtract line 21 from line 20	214,958	273,066

Part II Signature Block

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

Sign Here

Signature of officer: William P Villano Date: 7-3-10

Type or print name and title: William P. Villano Executive Director

Paid Preparer's Use Only

Preparer's signature: [signature] Date: 1/29/2010 Check if self-employed ☐ Preparer's identifying number (see instructions) P00108306

Firm's name (or yours if self-employed), address, and ZIP + 4: SOLAKIAN, CAIAFA AND COMPANY, LLC, 71 HARRISON AVENUE, BRANFORD, CT 06405-3607 EIN ► Phone no ► 203-483-8115

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

(HTA)

SCANNED MAR 08 2010

10

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission
PROVIDE JOB TRAINING THROUGH VARIOUS PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 1,442,067 including grants of $) (Revenue $)
INDIVIDUAL TRAINING FOR APPROX 220 DISLOCATED WORKERS WHO PARTICIPATED IN A VARIETY OF ACTIVITIES TO BE RETRAINED AND LEARN NEW JOB SKILLS TO ASSIST IN THEIR EMPLOYMENT EFFORTS

4b (Code) (Expenses $ 2,830,097 including grants of $) (Revenue $)
CLASSROOM AND JOB TRAINING FOR OVER APPROX 280 YOUTHS TO TEACH JOB SKILLS TO REMAIN IN SCHOOL OR OBTAIN EMPLOYMENT

4c (Code) (Expenses $ 1,631,484 including grants of $) (Revenue $)
INDIVIDUAL AND CLASSROOM JOB TRAINING FOR APPROX 267 ADULTS TO TEACH JOB SKILLS SO THEY CAN OBTAIN EMPLOYMENT

4d Other program services. (Describe in Schedule O)
(Expenses $ 3,745,004 including grants of $) (Revenue $)

4e Total program service expenses ► $ 9,648,652 *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ► ---------- See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions				
1a	Enter the number of voting members of the governing body	1a	31		
b	Enter the number of voting members that are independent	1b	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9a	Does the organization have local chapters, branches, or affiliates?	9a			X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11			X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CT

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARK SULLIVAN 203-624-1493
560 ELLA GRASSO BLVD, NEW HAVEN, CT 06519

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM VILLANO EXEC DIR	40			X	X	X		152,928		
SEE ATTACHED DIR	2									

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								152,928		

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	10,240,970			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	225,069			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a–1f		10,466,039			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,135			5,135
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less. direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,471,174			5,135

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,120,574	6,120,574		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,793		151,793	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,021,156	1,690,344	330,812	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	245,025	178,782	66,243	
14 Information technology				
15 Royalties				
16 Occupancy	455,836	367,916	87,920	
17 Travel	89,667	47,037	42,630	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,289	25,146	2,143	
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRANSPORTATION CONTRACTS	408,737	408,737		
b CONTRACTED SERVICES & PROFESSIONAL FEE	244,545	182,729	61,816	
c MARKETING & ADVERTISING	129,883	108,826	21,057	
d CLIENT SUPPORT & PROGRAM SUPPLIES	91,295	91,295		
e VOUCHER AND TUITION CONTRACTS	427,266	427,266		
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	10,413,066	9,648,652	764,414	
26 **Joint Costs.** Check here ▶ [X] if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		1,289,398	2	1,950,003
	3	Pledges and grants receivable, net		1,334,294	3	6,288,853
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,951	9	41,644
	10a	Land, buildings, and equipment cost basis	10a 747,582			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 672,484	94,455	10c	75,098
	11	Investments–publicly traded securities			11	
	12	Investments–other securities See Part IV, line 11			12	
	13	Investments–program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,734,098	16	8,355,598
Liabilities	17	Accounts payable and accrued expenses		1,334,988	17	1,115,913
	18	Grants payable			18	
	19	Deferred revenue		1,184,152	19	6,966,619
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,519,140	26	8,082,532
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		148,787	27	206,895
	28	Temporarily restricted net assets		66,171	28	66,171
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		214,958	33	273,066
	34	Total liabilities and net assets/fund balances		2,734,098	34	8,355,598

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
WORKFORCE ALLIANCE, INC	06-1090440

Part I **Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,768,489	8,091,355	10,022,668	10,501,779	10,466,039	46,850,330
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					9	9
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1-3	7,768,489	8,091,355	10,022,668	10,501,779	10,466,048	46,850,339
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						46,850,339

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7,768,489	8,091,355	10,022,668	10,501,779	10,466,048	46,850,339
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,005	22,584	5,135	30,724
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						46,881,063
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99 93%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.99%

16a **33 1/3% support test–2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support test–2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances-test–2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test–2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% support tests–2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests–2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: WORKFORCE ALLIANCE, INC

Employer identification number: 06-1090440

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ----------

4 Number of states where property subject to conservation easement is located ▶ ----------

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

(ii) Assets included in Form 990, Part X ▶ $ ----------

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

b Assets included in Form 990, Part X ▶ $ ----------

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶
b Permanent endowment ▶
c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		747,582	672,484	75,098
e Other				
Total. Add lines 1a–1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				75,098

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,471,174
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,413,066
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	58,108
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4–8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	58,108

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,471,174
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	10,471,174
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,471,174

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,413,066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	10,413,066
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,413,066

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

WORKFORCE ALLIANCE, INC.

Employer identification number

06-1090440

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULE							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 40

3 Enter total number of other organizations . . . . . ► 10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2 ORGANIZATION MONITORS ALL GRANT FUNDS BY SUBMITTING APPLICATIONS TO FORMAL COMMITTEE THAT APPROVES BASED ON PREDETERMINED CRITERIA

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

WORKFORCE ALLIANCE, INC

Employer identification number

06-1090440

Form 990 Part VI Section A Line 10 REVIEWED BY CFO, CEO, AND TREASURER AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO BEING FILED

Form 990 Part VI Section B Line 12 BOD REVIEWS ALL CONFLICT OF INTEREST MATTERS AND DOCUMENTS WHEN APPROPRIATE

Form 990 Part VI Section B Line 15 BOD REVIEWS THIRD PARTY INFO AS WELL AS PUBLISHED SALARY RANGES

Form 990 SEE ATTACHED LIST FOR ALL STATES WHERE FORM 990 IS FILED

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

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)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	WORKFORCE ALLIANCE, INC	06-1090440
	Number, street, and room or suite no If a P O box, see instructions 560 ELLA T GRASSO BOULEVARD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. NEW HAVEN CT 06519	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► MARK SULLIVAN 560 ELLA GRASSO BLVD NEW HAVEN CT 06519

Telephone No ► 203-624-1493 FAX No ►

- 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 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [ ] calendar year _____ or

► [X] tax year beginning 7/1/2008 , and ending 6/30/2009 .

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

3 a	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	3a	$
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	3b	$
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.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash		Non Cash
1	Federated Campaigns		1	
2	Membership dues		2	
3	Fundraising events		3	
4	Related organizations		4	
5	Government grants (contributions)	10,240,970	5	
6	All other contributions, gifts, grants, and similar amounts not included above CONTRIBUTIONS	225,069		
	Other contributions total	225,069	6	
7	Total	10,466,039	7	

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	Description	27,289 (A) Total	25,146 (B) Program services	2,143 (C) Management and general	(D) Fundraising
1	VARIOUS	27,289	25,146	2,143	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Grants receivable	1	1,334,294	6,288,853		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11				
12 Total pledges and grants receivable	12	1,334,294	6,288,853		

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									747,582	645,194	672,484		94,455	75,098
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	EQUIPMENT AND FURNITURE				X				747,582	645,194	672,484		94,455	75,098
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

	Armed Forces the Americas		Louisiana		Palau
	Armed Forces Europe		Massachusetts		Rhode Island
	Alaska		Maryland		South Carolina
	Alabama		Maine		South Dakota
	Armed Forces Pacific		Marshall Islands		Tennessee
	Arkansas		Michigan		Texas
	American Samoa		Minnesota		Utah
	Arizona		Missouri		Virginia
	California		Commonwealth of the Northern Mariana Islands		U S Virgin Islands
	Colorado		Mississippi		Vermont
X	Connecticut		Montana		Washington
	District of Columbia		North Carolina		Wisconsin
	Delaware		North Dakota		West Virginia
	Florida		Nebraska		Wyoming
	Federated States of Micronesia		New Hampshire		
	Georgia		New Jersey		
	Guam		New Mexico		
	Hawaii		Nevada		
	Iowa		New York		
	Idaho		Ohio		
	Illinois		Oklahoma		
	Indiana		Oregon		
	Kansas		Pennsylvania		
	Kentucky		Puerto Rico		

WORKFORCE ALLIANCE, INC.
FORM 990 - PART IX - LINE 1
EIN # 06-1090440

Subrecipient	Address	Contract #	Program Description	Amount
OJT Contracts	Various	OJT	To provide on the job training to individuals in various businesses	1,267 00
New Haven Family Alliance	25 Science Park New Haven, CT 06511	JFES 08/09-01	To provide case management services to TANF and WTW participants	92,768 00
Human Resources Agency	180 Clinton Street New Britain, CT 06053	One Stop	One Stop Transition Services	2,838,731 26
		Assessment	Assessment Administrator	30,000 00
		MW08/09-01	Maturity Works	90,673 59
		NEG-08-01	Quebecor	49,227 96
New Haven Board of Education	54 Meadow Street New Haven, CT 06519			
		01-0703	Graphics Futures	11,030.00
		01-0707	Special Education Internship	4,403 00
		01/0807	Special Education Internship	13,096 19
		01-0721	Nursing Careers Pathway	8,988 00
		01-0821	Nursing Careers Pathway	18,504 01
		0802 DoL Youth PY08	Graphic Solutions	20,172 00
New Haven Adult Education	560 Ella Grasso Blvd. New Haven, CT 06519			
		TANF 08/09-13	Health Care Office Skills Training	56,209 65
		TANF 08/09-16	Patient Care Technician Training	57,000 00
New Haven YMCA	52 Howe Street New Haven, CT 06511			
		CT DOL 0801 PY 08	Youth Employment	44,000 00
Hamden Public Schools	60 Putnam Avenue Hamden, CT 06517	01-0712	Limited Internship Program	1,169 41
		#08-0812 PY08 WIA Y	Limited Internship Program	21,274 66
City of West Haven	355 Main Street West Haven, CT 06516	MOA PY08	Summer/Year Round Youth Program	118,159.83
West Haven Board of Education- Adult Education	1 Mcdonough Plaza West Haven, CT 06516	TANF 08/09-09	Occupational Skills Training	75,696.00
		#01-0804 PY 08	Out of School Youth	30,416.42
Gateway Community College	60 Sargent Drive New Haven, CT 06519			
		MOA PY07	21st Century	7,766 40
		MOA PY 08 Man	Health Careers Advisor	60,861.99
Greater N H Chamber of Commerce				
		DOL Youth PY08	Youth Science Fair	15,000.00
Marrakech, Inc.	6 Lunar Drive Woodbridge, CT	01-0801	Human Service Worker Training	69,028 17
Knowledge Network	134 Amity Road New Haven, CT 06515	01-0722	Computer Training	5,000 00
		01-0822	Computer Training	45,865 66

WORKFORCE ALLIANCE, INC.
FORM 990 - PART IX - LINE 1
EIN # 06-1090440

Subrecipient	Address	Contract #	Program Description	Amount
		JFES 08/09-14	Computer Training	8,520.00
City of Meriden	142 East Main Street Meriden, CT 06450	01-0816	School Employability Program	35,875 52
		MOA PY08 CT DOL Youth	Summer/Year Round Youth Program	114,845 00
Middlesex Chamber of Commerce	393 Main Street Middletown, CT 06457	MOA PY08	Summer/Year Round Youth Program	96,138 00
Middletown Adult Education	398 Main Street Middletown, CT 06457	01-0813	Youth Employability Program - School to Career	8,827.30
Town of Hamden	2750 Dixwell Avenue Hamden, CT 06514	JFES 08/09-12	More Than Just A Job Program	61,378 00
		TANF 08/09-12	More Than Just A Job Program	104,500 00
		MOA PY08 CT Dol Youth	Summer/Year Round Youth Program	58,873.38
Area Coop. Educational Services	350 State Street North Haven, CT 06473			
		01-0709	Youth Employability Program	19,957.00
		01/0809 PY08 WIA Youth	Youth Employability Program	50,758 32
		MOA PY08 CT DOL Youth	Summer/Year Round Youth Program	43,521.00
City of Milford	70 West River Street Milford, CT 06460			
		01-0815	Certified Nurse Assistant	20,000.00
		TANF 08/09-03	Certified Nurse Assistant	30,000 00
		MOA PY08 CT Dol Youth	Summer/Year Round Youth Program	48,749 00
West Haven Community House	227 Elm Street West Haven, CT 06516			
		01-0705	Employability for High School Girls - Career Exploration Program	22,128 50
Women & Families Center	169 Colony Street Meriden, CT	01-0802	Open DOHR Program - C.N.A., Medical Receptionist, Customer Service Trg	94,160 00
		TANF 08/09-07	Open DOHR Program - C.N A., Medical Receptionist, Customer Service Trg	72,288.00
Career Team, LLC	121 West Meadow Road Hamden, CT 06518	TANF 08/09-18	Job Readiness	42,384 30
		TANF 08/09-19	Job Readiness	94,375 69
Youth Continuum	746 Chapel Street New Haven, CT	01-0820 PY08	Youth Offenders and Economically Disadvantaged Youth Employment Pgm	40,271 00
Collins Group	267 South Union St. Guilford, CT 06437	MOA PY07	Workshops	3,000 00
Community Renewal Team	555 Windsor Street Hartford, CT 06120	01-0723	Youth Employment Program	22,983.18
		01-0823	Youth Employment Program WIA	80,000 00
		TANF 08/09-08	C N A. Healthcare Training	49,493 00
Capitol Region Education Council	111 Charter Oak Ave. Hartford, CT 06106	TANF 08/09-10	Transition to Employment	45,399.78

WORKFORCE ALLIANCE, INC.
FORM 990 - PART IX - LINE 1
EIN # 06-1090440

Subrecipient	Address	Contract #	Program Description	Amount
Sound Manne Skills, Inc.	82 South Water St. New Haven, CT 06519	08/09-01	Certified Marine Technician Training	69,796 50
Hospital of St. Raphael	1450 Chapel St. New Haven, CT 06513	MOA PY07	Employment Preparation Program	71,750 00
Robinson Tape	32 Park Dr , East Branford, CT 06405	MOA PY07	Incumbent Worker Training	5,333.00
Old Saybrook	302 Main St. Old Saybrook, CT 06475	MOA PY08 CT DOL Youth	Youth Employment and Career Development	10,198 76
City of New Haven	165 Church St. New Haven, CT 06510	MOA PY08 CT DOL	Youth @ Work Program	353,275 00
Town of East Haven	250 Main St. East Haven, CT 06512	MOA PY08	Summer/Year Round Youth Program	25,030.50
		#01-0825	Out of School Youth	6,000.00
Yale-New Haven	20 York St. New Haven, CT 06510	MOA PY08	21st Century	26,550 00
AirBorne Industries State GF	6 Sycamore Way Branford, CT 06405	MOA PY08	Incumbent Worker Training	7,500 00
Tri Town Precision Plastics	12 Bridge Street Deep River, CT 06417	MOA PY08 St	Job Development	20,000 00
Allegheny Ludlum	80 Valley Street Wallingford, CT 06492	MOA PY08 St	Job Development	26,174.50
Future Industries	135 Research Drive Milford, CT 06460	MOA PY08 IWTS	Job Development	19,875 00
Branford Hills	129 Alps Road Branford, CT 06405	MOA PY08 IWT ST	Job Development	20,000 00
Meriden Chamber	3 Colony Street Ste 3011 Meriden, CT 06451	MOA PY08 WIA DW	Job Development	4,254 00
CT School of Prof Studies	109 Boston Post Road Orange, CT 06477	DAP PY 08	Job Development	9,120.00
Orange Research	140 Cascade Blvd Milford, CT 06460	MOA PY08 IWT WIA	Job Development	12,833 75
Harco Labs	186 Cedar Street Branford, CT 06405	MOA PY08 WIA 15% IWT	Incumbent Work Training	5,500 00
Middletown Transit	340 Main Street Middletown, CT 06457	RGC 2009-05	Transportation Services	46,440.00
Greater New Haven Transit	840 Sherman Avenue Hamden, CT 06517	RGC 2009-04 P	Transportation Services	95,130.00

WORKFORCE ALLIANCE, INC.
FORM 990 - PART IX - LINE 1
EIN # 06-1090440

Subrecipient	Address	Contract #	Program Descnption	Amount
CT Transit	100 Leibert Road Hartford, CT 06141	RGC 2009-01 PY 08	Transportation Services	138,692 98
Town of Guilford	31 Park Street Guilford, CT	MOA PY 08 Youth	Summer Year Round Youth	4,000.00
Town of North Haven	18 Church Street North Haven, CT 06473	MOA 08-CT Dol Youth	Summer Year Round Youth	16,041 07
		MOA#2CT DOL Youth PY08	Youth At Work	18,405 00
Children's Community	446A Blake St Suite 100 New Haven, CT 06515	#01-0824	Youth Dev Life Skills Program	32,023 00
Casa Otonal	135 Sylvan Avenue New Haven, CT 06519	#01-0826 PY 08 WIA Youth	Latino Youth Employment Initiative	12,960 00
DCI Computers	P.O Box 9256 New Haven, CT 06533	INCEN 0801 PY08	Training for In school youth	8,956 00

Grand Total 6,120,574.23

WORKFORCE ALLIANCE MEMBERSHIP-2009

Robyn-Jay Bage, CEO
The Women and Families Center
169 Colony Street
Meriden, CT 06451

Iris Mellow-Barnes
District Director
Bureau of Rehabilitation Services
414 Chapel Street, Suite 301
New Haven, CT 06511

Peggy Brennan
Economic Development Director
City of Meriden
142 East Main Street
Meriden, CT 06450

Lois Campanelli, Director
Hamden Job Center
37 Marne Street
Hamden, CT 06514

Ken Cesca
Vice President, Human Resources
MidState Medical Center
435 Lewis Ave
Meriden, CT 06451

Nancy Collins
Director Recruitment & Staffing
Yale New Haven Hospital
20 York Street
New Haven, CT 06504

Benedict Cozzi - **Treasurer**
Business Manager & President
Operating Engineers Local 478
1965 Dixwell Ave
Hamden, CT 06514

Peggy Dillinger, Dir Of
Employment & Employee Relations
Saint Raphael Healthcare System
656 George Street
New Haven, CT 06511

John F Fisher
Executive Director
CAPA - Shubert Theater
247 College Street
New Haven, CT 06510

Earl W. Foster, Jr.
Human Resources Department
Knights of Columbus
1 Columbus Plaza
New Haven CT. 06510-3326

James N. Galvin
Chief Financial Officer
Clinton Nurseries
517 Pond Meadows Road
Westbrook, Connecticut 06498

Robin Golden
The Jerome N Frank Legal Serv.
P O Box 209090
New Haven, CT 06520-9090

Lindy Lee Gold
Senior Development Specialist
CT State Department of Economic
and Community Development
505 Hudson St
Hartford, CT 06106

Noel Grant
168 Tuthill Street
West Haven, CT 06516

Marlowe Gronbeck
Vice President of Finance
Pyramid Technologies
45 Gracey Avenue
Meriden, CT 06451

John W. Harrity, Director
Grow-Jobs CT
365 New Britain Road
Kensington, CT 06037

James Ieronimo – **Vice Chair**
Executive Director
United Way of Meriden-Wallingford
35 Pleasant Street, Suite 1E
Meriden, CT 06450

Nichole Jefferson
Executive Director
Commission on Equal Opportunity
200 Orange Street 4th fl suite 402
New Haven, CT 06510

Dr. Dorsey Kendrick, Ph D , Pres
Gateway Community College
60 Sargent Drive
New Haven, CT 06511

Larry McHugh, President
Middlesex Chamber of Commerce
393 Main Street
Middletown, CT 06457

Stephen McPherson, CEO
Masonicare
22 Masonicare Ave
Wallingford, CT 06492

Joseph Mirra-**Chair,** President
Business Resource Center
300 Church Street
Yalesville, CT 06492

Susan Monteleone
Vocational Rehabilitation Counselor
Board of Education and Services
For the Blind
184 Windsor Avenue
Windsor, CT 06095

Sean Moore-**Secretary**, President
Greater Meriden Camber of
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5 Colony Street
Meriden, CT 06451

Dr. Wilfredo Nieves, Ed.D, Pres
Middlesex Community College
100 Training Hill Road
Middletown, CT 06457

Richard A Pearce, Partner
EVOLUTION Enterprises LLC
P.O Box 185636
Hamden, CT 06518

Anthony Rescigno, President
Chamber of Commerce
900 Chapel Street 10th Fl.
New Haven, CT 06510

Ron Roberts
Regional Administrator
CT Department of Social Services
194 Bassett Street
New Haven, CT 06511

Center Director
CT Job Corps Center
455 Wintergreen Ave
New Haven, CT 06515

Cindy Semrau, Vice President
Quinnipiac Chamber of Commerce
100 S. Turnpike Road
Wallingford, Connecticut 06492

Allen Stanwix
Director of Manufacturing
Greenwald Industries
212 Middlesex Avenue
Chester, CT 06412

Toni Walker, Coordinator
NH Adult Education
580 Ella Grasso Blvd.
New Haven, CT 06519

Part III, Line 4d (990) - Program Service Accomplishments

(Code _____) (Expenses $ 3,745,004 including grants of $ _____) (Revenue $ _____)

PROVIDED JOB READINESS, CAREER PLANNING, ON-THE-JOB TRAINING AND POST PLACEMENT SUPPORT SERVICES THAT ASSISTED APPROX 1300 WELFARE RECIPIENTS

(Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

(Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

(Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

(Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)