# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public 206

Open to Public

A	For the		ndar year, or tax year beginning Ju	<del></del>	018, and end		un 30	, <b>20</b> 19
			C Name of organization WORKFORCE DEVELOR				<del>-</del>	er identification number
B	Check if a		Doing business as	MENI SER	VICES IN		-	
=	Address o		Number and street (or P O box if mail is not delivered	to street address	s) Room,	/suto		556067 ne number
=	Name cha		839 BROADWAY	to street address.	N20		1	882-0033
_	Initial retu	1	City or town, state or province, country, and ZIP or for	revon nostal code	<del></del>	···	(219)	7 662 - 0033
=		√terminated	GARY, IN 46402-2418	eigii postai code				
믬	Amended					I		eceipts \$ 1,297,488.
	Applicatio	n pending	F Name and address of principal officer		DV TV 44			subordinates? Yes No
			DENISE DILLARD, 839 BROADWAY, ST			~~/		s included?   Yes   No a list (see instructions)
<u> </u>	Tax-exem			no)	1) or 527	<del>U (</del> )	p exemption	
<u>J</u>	Website:		WW.WDSGROUP.ORG  X Corporation ☐ Trust ☐ Association ☐ Other ►	1	L Year of form		<del> </del>	of legal domicile IN
	art				L Tear Of Tori	nation 200	73 W State	or legal domicile IIV
		Summ	scribe the organization's mission or most si	anificant activ	ution: Wom	lefamas Don	-1	Commisse Trails
60								
Activities & Governance	4	ASSIST	in meeting training & employment	needs of	workers a	ing emproye	ers in N	orthwest Indiana.
Ë	1 2	Chaple th	is box ▶☐ if the organization discontinued i		or diaposo	d of more the	n 250/ of	ita not accata
Ş						u oi more ma	.   3	_
Ğ			of voting members of the governing body (Pa of independent voting members of the gover			 h\	. 4	<u>8</u> 7
SS			nber of individuals employed in calendar yea	•			5	
įį				11 2016 (Part	v, iiie zaj		. 6	
ğ			nber of volunteers (estimate if necessary) . elated business revenue from Part VIII, colur	 nn (C) line 10		•	. 7a	9
•			ated business taxable income from Form 99			•	. 7a	0.
	b	Net unre	ated business taxable income nom Form 99	0-1, iiile 36	· · · · · · · · · · · · · · · · · · ·	Prior		Current Year
		Contribu	cons and grants (Part VIII lipe 4hb	* DE	-			
Revenue	8 (	Drogram	service revenue (Part VIII, line 2g)	K KE	CEIVE	1,23	1,273.	1,297,488.
			nt income (Part VIII, column (A), lines 3, 4, ai	 nd 7d\		-		
Re	10	Otherra	int income (Part VIII, column (A), lines 3, 4, al	13400 alldla	19.6 2021			0.
	11 1	Other rev	renue (Part VIII, column (A), line <b>t fl</b> 62, <b>6</b> 2 <b>2</b> enue—add lines 8 through 11 (must equal Par	K NOC, alon	(A) line 12)	1 26	1 272	
			nd similar amounts paid (Part IX, column (A),		yry, lille 12y	1,25	1,273.	1,297,488.
	14	Bonofite	paid to or for members (ParOKNGINN AT	SERVICE	<b>CENTE</b>	:R		
	145	Calariae	other compensation, employee benefits (Part I)	X column (A)	lines 5-10)	3 6	36,149.	682,727.
Expenses	15		onal fundraising fees (Part IX, column (A), line		11103 5-107	36	00,149.	002,727.
en	16a		draising expenses (Part IX, column (D), line 2		0.	<del> </del>		
X	b		penses (Part IX, column (A), lines 11a-11d, 1			9.3	22,219.	699,706.
	1 ''		penses Add lines 13–17 (must equal Part IX,		 ine 25)		8,368.	1,382,433.
			less expenses Subtract line 18 from line 12				7,095.	-84,945.
		Nevenue	less expenses oubtract line to from line 12	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Beginning of C		End of Year
ts or	20	Total acc	ets (Part X, line 16)			3.6	3,894.	289,828.
ASS	21		ulities (Part X, line 26)				31,353.	281,353.
Net Assets	22		ts or fund balances. Subtract line 21 from lin	ne 20 .		<del></del>	32,541.	8,475.
	art II		ture Block			<del>!</del>	···	<u> </u>
			ry, I declare that I have examined this return, including a	ccompanying sc	hedules and st	atements, and to	the best of	my knowledge and belief, it is
tru	ue, correct,	and comp	ete Declaration of preparer (other than offices) is based	on all information	of which prep	arer has any kno	wledge	
		<b>1</b>	mise Oncer DI				10/30/2	2019
Si	gn	Sign	ature of officer			Ţ	Date	
Here DENISE DILLARD, CEO								
			e or print name and title		<del></del>			
			pe preparer's name Preparer's signa	ture		Date	Check	T if PTIN
	aid roporo	CURTI	S A. WHITTAKER, CPA CURTIS A.	. WHITTAK	ER, CPA	07/14/20		ployed P00629216 J
	repare	' <del></del>				Fi	rm's EIN ▶	14-1857445
U:	se Only	y ——	ddress ▶ 201 E. 5th Avenue, Suite		, IN 464			19)880-0850
N 4 2	av the IR		s this return with the preparer shown above				<del></del>	X Yes ☐ No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Workforce Development Services, Inc.'s
	Assist in meeting training & employment needs of workers and employers in Northwest Indiana.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 759,879. including grants of \$ 608,994.) (Revenue \$ 2,000.)  JOB TRAINING - JOB TRAINING AND RELATED SUPPORT IS PROVIDED UNDER  WORKFORCE INVESTMENT ACT FUNDING.
4b	(Code ) (Expenses \$ 347,054. including grants of \$ 403,399.) (Revenue \$ 0.)  CHILD CARE- TO ASSIST THE EMPOWERMENT ZONE IN BUSINESS EXPANSION JOB  CREATION ENREPRENEURIAL INITIATIVES, JOB TRAINING AND JOB SUPPORT  SERVICES SUCH AS CHILDCARE AND TRANSPORTATION SERVICES.
4c	(Code ) (Expenses \$ 69,401. including grants of \$ 94,989.) (Revenue \$ 0.)  COMMUNITY OUT REACH - ENGAGING COMMUNITY TO PARTICIPATE IN COLLECTIVE  IMPACT STRATEGIES TO BOLSTER COMMUNITY PROTECTIONS AND REDUCE RISKS IN  THE AREAS OF MENTAL HEALTH SUBSTANCE ABUSE VIOLENCE AND DELINQUENCY,
	AND FAMILY CONFLICT TROUGH PROGRAMING AND ENNVIRONMENTAL STRATEGIES.
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,176,334.

Form 99	, 0 (2018)	1,7	י ע	Page 3
Part				- ugo c
			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	- "	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<u> </u>	×
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	!	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20 a	- 1	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 #EVGRAU 16 PROPILE Schedule I, Parts I and II	21		×

Form 99	0 (2018)		F	age 4
Part I	V Checklist of Required Schedules (continued)		,	· ,
			Yes	Nδ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	×	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		•	×
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		<u> </u>
С	Schedule L, Part IV	28b		×
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		×
30	Did the organization receive more than \$25,000 in horizontal treasures, or other similar assets, or qualified	23		
31	conservation contributions? If "Yes," complete Schedule M	30 31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		×
Part				
		<del></del>	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	V. Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	5 to the combon of combons or control on 5 on M/O To combon of Many and To	Ø1914 / 53	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	O.L		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	10844	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		×
b	If "Yes," enter the name of the foreign country: >			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	×
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	19 TO 180	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	300 Emili	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	**************************************	e.\m2567.04
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?		A STATE	6X 553
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	MANAGE.	3
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11 a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Current Hot For	Ministra Sour
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	######	180 ET 18
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	134	200 Apr	
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			X.
С	Enter the amount of reserves on hand	1885)		558
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	ļ	
	If "Yes," see instructions and file Form 4720, Schedule N			2.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
		Forr	ո 990	(2018)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		truct	
Coati	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<del></del>	<u> X </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .   1a   8	Sister S		RASS
••	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		×
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?  Details a supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>×</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		×
		<b> </b>		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			-
	stockholders, or persons other than the governing body?	7b	W. M. V.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	4
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, 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.	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	<del> </del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	_
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	55.00
b	Other officers or key employees of the organization	15b	×	<del> </del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	#82/E	12.534	
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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	3000	<b>建</b>	X Maria
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	,	<u> </u>	т—
17	List the states with which a copy of this Form 990 is required to be filed ▶	-		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. Upon request. Other (explain in Schedule O)	,		(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and repensed DILLARD, 839 BROADWAY, SUITE N-208, GARY, IN 46402 (219)882-0033	cords	<b>&gt;</b>	

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F	art VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest C	ompensated	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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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 neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B)  Average hours per week (list any	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Alyce Butler Board Member	1.00	×						0.	0.	0.
(2)Octavia Natthews Board Member	1.00	×						0.	0.	0.
(3) Eddie Melton Board Member	1.00	×						0.	0.	0.
(4) Walter Watkins Board Member	1.00	×						0.	0.	0.
(5) Michael Spiccia Board Vice President	1.00	×		×				0.	0.	0.
(6) David Waxton Board Secretary	1.00	×		×				0.	0.	0.
(7) Denise Dillard Board President/CEO	40.00	×		×				15,000.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										-

	(A) Name and title		box, u	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	from amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	comper from organi and re organiz	the zation lated
(15)												
(16)										<u></u>		
(17)												
(18)											<del></del>	
(19)							_					
(20)							! <u></u>	ļ			-	
(21)								<u> </u>			-	
(22)												
(23)										<del></del>	-	
(24)			_									
(25)								_				
1b	Sub-total	<u> </u>			L			<b></b>	15,000.	0		0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c).	VII, Sectio						<b>▶</b>	15,000.	0		0.
2	Total number of individuals (including but reportable compensation from the organic	not limited					above	e) w				
3	Did the organization list any former of		tor. c	or tr	uste	ee.	kev e	emp	olovee, or high	est compensa		Yes No
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the	Schedule J	for su	ıch	ındı	vidu	ıal				. 3	×
•	organization and related organizations individual											×
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ		×
Section	on B. Independent Contractors	, , , ,						0, 0				^
1	Complete this table for your five highest compensation from the organization. Repyear											ı's tax
	(A) Name and business add	ress					_		(B) Description of s	ervices	(C) Compensat	tion
	Total number of independent contractor	ars (includir	ים אי	ıt n	O† 1	lm:+	ed to	**	nose listed abo	ave) who		
_	received more than \$100,000 of compens	ation forms	.g DC	46 11	J. 1		-	, u	iose iisted abt	740) 1110		

Fan	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
ts, Grants Amounts	1a	Federated campaigns	·							
Gra	b	Membership dues .					ng Decimality			
Gifts, ilar Ar	C d	Fundraising events . Related organizations								
<u> </u>	e	Government grants (con		1,188,236.						
Sign	f	All other contributions, g		1,100,230.			recommendation of the second			
but		and similar amounts not inc		109,252.	filipp illigiotamany quintum administra	ns. , co. , co., popular month		All and manager and the francism of		
Contributions, Gift and Other Similar	g	Noncash contributions includ	ied in lines 1a-1f: \$		nningstage z <b>gr</b> . Greek Landonyon	MARION COLOR COLOR DE LA C	mineral in the contraction	n people, despoyant statement of the country		
	h	Total. Add lines 1a-1	<u>f</u> .	▶	1,297,488.					
Program Service Revenue				Business Code						
evel	2a					•				
ez.	b							<u> </u>		
ĬŽ.	d									
Š	e e		•••••							
gra	f	All other program sen								
- <u>P</u>	g	Total. Add lines 2a-2		>						
	3	Investment income and other similar amo	ounts)							
	4	Income from investmen	•	•						
	5	Royalties	(ı) Real	(ii) Personal		5 20 CPC 20 20 20 20 20 20 20 20 20 20 20 20 20	G77672-0474-254-2522-2744-1	**************************************		
	6a	Gross rents	(l) Fleat	(ii) F Croonar						
	b	Less: rental expenses								
	c	Rental income or (loss)								
,	d	Net rental income or (	(loss) .	▶	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	dimini-mar-a-1807445-733054-189000	minimum 4 million 2 10% 5 % th 2 10% 10%	######################################		
•	7a	Gross amount from sales of	(i) Securities	(II) Other						
		assets other than inventory								
	b	Less. cost or other basis								
	_	and sales expenses								
	d	Gain or (loss) Net gain or (loss) .					**************************************			
ne		Gross income from fu	undraising							
Other Reven		events (not including \$ of contributions reported			and the manufacture of	in the state of th	organism pipus annus.	Thinning the state of the state		
ē		See Part IV, line 18 .	a							
퉏	ь	Less: direct expenses								
_	С	Net income or (loss) f		events . ▶	STATE AND ADDRESS OF THE ADDRESS OF	All the second s	a see almostocambers 17.17.15.	100021/32002E31/9F-1, Z93/64 [, 194/2413		
	9a	Gross Income from ga	•		turiationalisti kaytoolikalisi	A Maring and a second	and the same of the same	Phylogen and the property of the party of th		
	١.	,	a							
	b	Less direct expenses  Net income or (loss) f								
	10a	Gross sales of in		ivities P						
	,	returns and allowance			อาการที่สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถ	A A A A A A A A A A A A A A A A A A A		handangangahananga (\$5.5) salabah		
	, b	Less: cost of goods a	sold h					Mary Transactor as a Cal		
	С	Net income or (loss) f	from sales of inv	entory . 🕨						
		Miscellaneous F	Revenue	Business Code		(A) 10 (A) (A)				
	11a						<del></del>			
	b									
	C d	All other revenue			0.	0.	0.	0.		
	e	Total. Add lines 11a-	 -11d		0.					
	40	Total revenue Con u			1 207 400	V	O THE PARTY OF THE	D. C.		

#### 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) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . . 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 . . . . 467,921 459,921 8,000 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 97,826. 95,815. 2,011. 0. 10 Payroll taxes . 116,980. 114,980. 2,000. 0 . . Fees for services (non-employees) 11 а Management . b Legal . 1,436 1,436. Ο. 0.\_ C Accounting 84,454. 9,864. 74,590. 0. d Lobbying 6 Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 7,690. 422,969 415,279. O Advertising and promotion . . 12 1,288. 1,288. 0. 0. 0. 13 Office expenses 21,007. 20,057. 950. . 14 Information technology . 33,000. 33,000. 0. 0. 15 Royalties 6,703 16 Occupancy 6,703 ο. 0. Travel . 17 0. 0. 0. 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 0. 14,075 14,075. 0. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 4,461. Ο. 4,461. 0. 23 7,513 0. 7,513. 0. Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Bank fees 4,209. 4,209. 0. 0. 0.\_ 7,457. 7,457. Donations/Contributios Ο. BAD DEBT EXPENSE 69,605. 69,605. 0. ٥. 6,000. MISCELLANEOUS 7,750. 0. 1,750. 0.\_ 500. All other expenses 13,779. 13,279. Total functional expenses. Add lines 1 through 24e 1,382,433 25 1,176,334. 206,099. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . . .

Form 990 (2018)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		🔲
			(A) Beginning of year	·	<b>(B)</b> End of year
	1	Cash—non-interest-bearing	21,550.	1	21,550.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	329,420.	4	259,815.
	5	Loans and other recoivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	STOCKING CONTRACTOR STOCKING	5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	4,000.	6	. 4,000.
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10, 411.			
	b	Less. accumulated depreciation 10b 5,948.	8,924.	10c	4,463.
	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)	363,894.	16	289,828.
	17	Accounts payable and accrued expenses	87,400.	17	101,875.
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1-71	21	\$25.77 #445245456666666666666666666666666666666
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	179,478.	22	179,478.
Lial	23	Secured mortgages and notes payable to unrelated third parties	173,478.	23	175,476.
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D	14,475.	25	0.
	26	Total liabilities. Add lines 17 through 25	281,353.	26	281,353.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and	201/333.	***	2027000
ces		complete lines 27 through 29, and lines 33 and 34.	22 511		2.75
<u>la</u>	27	Unrestricted net assets	82,541.	27	8,475.
ä	28	Temporarily restricted net assets		28 29	•
Pur	29	Permanently restricted net assets		29	
or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	82,541.	32	8,475.
ž	33	Total net assets or fund balances	363,894.	34	289,828.
	34	Total liabilities and net assets/fund balances	303,074.	<u> </u>	Form <b>990</b> (2018)

Page	1	2
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Part	XI Reconciliation of Net Assets	<del></del>		-;-	, -
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	97,4	188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	82,4	33.
3	Revenue less expenses. Subtract line 2 from line 1	3		84,5	945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		82,5	41.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		-2,4	104.
Part	XIII: Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 🗵 Accrual 🔲 Other		- " · · ·	1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ın	)   ";	٠ ا	
	Schedule O				
2a	The same of the sa		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	oiled or	١.,.	,	-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1 (etc.)		
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	1 . J		19.4
	separate basis, consolidated basis, or both.				1 45
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		23.4		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t		
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			· 1
	Schedule O.		. * 5		, ,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	ı		
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Forr	n <b>99</b> 0	(2018)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ.

▶ Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

		rganization					Employer Identification	number
		E DEVELOPMENT SERVI					05-0556067	<u> </u>
Par	t I	Reason for Public Char	rity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
The c	organiz	ation is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
1	□ A c	church, convention of church	nes, or association	on of churches descri	bed in <b>se</b>	ction 17	D(b)(1)(A)(i).	07
2	□ A s	school described in section	170(b)(1)(A)(ii). (	Attach Schedule E (Fo	orm 990 (	or 990-EZ	<u>Z</u> ).)	()1
3	□ A b	nospital or a cooperative hos	spital service org	anization described in	n section	170(b)(1	)(A)(iii).	O
4	□Ar	medical research organizatio	n operated in co	njunction with a hosp	ital desci	ribed in <b>s</b>	ection 170(b)(1)(A)(	(iii). Enter the
	ho	spital's name, city, and state	e:					
5	□An	organization operated for t	he benefit of a	college or university	owned o	operate	d by a government	al unit described in
		ction 170(b)(1)(A)(iv). (Comp		,		•	, ,	
6	□Af	federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7		organization that normally						the general public
-	_	scribed in section 170(b)(1)		•		a gava		· ····o go···o··a. pabo
8		community trust described in		•	Part II \			
9	_						aanumatian uuth a l	
3		agricultural research organi university or a non-land-grai						
		iversity:	in college of agri	culture (see mstructio	ilis). Lille	i iiie iiaii	ie, city, and state of	the conege of
10		organization that normally r	aceives: (1) more	than 331/2% of its si	inport fro	m contrib	outions membershir	o fees and ares
	rec	ceipts from activities related	to its exempt fur	nctions—subject to ce	ertain exc	eptions.	and (2) no more that	n 33¹/3% of its
	su	pport from gross investment	income and unr	elated business taxal	ole incom	e (less se	ection 511 tax) from	businesses
		quired by the organization a					· ·	
11		organization organized and	•	•	-			
12		organization organized and						
		one or more publicly support						
	- Cn	neck the box in lines 12a thro	•	• • • •		•	•	· · · · · ·
а		Type I. A supporting organ						
		the supported organization				-	he directors or trusti	ees of the
		supporting organization. Ye	•					
b		Type II. A supporting organ						
		control or management of				persons	that control or mana	age the supported
		organization(s). You must						
С		Type III functionally integ						ally integrated with,
		its supported organization(		•				
d		Type III non-functionally i	<b>ntegrated.</b> A sup	pporting organization	operated	I in conne	ection with its suppo	orted organization(s)
		that is not functionally integ						d an attentiveness
		requirement (see instruction	ns). <b>You must c</b> e	omplete Part IV, Sec	tions A a	ind D, an	id Part V.	
е		Check this box if the organ	zation received	a written determinatio	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
		functionally integrated, or T	ype III non-func	tionally integrated sur	porting o	organızatı	on.	
f	Ente	er the number of supported o	organizations .					
g	Prov	ride the following information	about the supp	orted organization(s).				
	(i) Nam	ne of supported organization	(ii) EIN	(III) Type of organization	(IV) Is the o		(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ir governing nent?	support (see instructions)	other support (see instructions)
				above (see manuchons))			instructions,	mod dollond)
					Yes	No		
/A\								
(A)								
(B)				-				
(5)								
(C)								
( <del>U</del> )								
(D)								
(D)								
/E\								
(E)								

Total

Part II

	Part III. If the organization fails to						ally under
	on A. Public Support						,
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received. (Do not					,	
•	include any "unusual grants.")	1,660,458.	436,220.	311,768.	1,291,123.	1,156,836.	4,856,405.
2.	Tax revenues levied for the					. •	
	organization's benefit and either paid			. 1		-	
	to or expended on its behalf			<u>'</u>		Ţ	
3	The value of services or facilities	-	1		<b>.</b>	l	
•	furnished by a governmental unit to the organization without charge	-	,		'.		' '
1	Total. Add lines 1 through 3.	1,660,458.	436,220.	211 760	1 201 122	1 156 936	4,856,405.
-		*1 *1000, 438.	430,220.	311,766.	26 27 23	1,130,030.	4,030,403.
5	The portion of total contributions by	Mark that				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	each person (other than a governmental unit or publicly						
ř.	supported organization). included on						•
	line 1 that exceeds 2% of the amount	17 19 74					
•	shown on line 11, column (f)			7.	2.00		
6	Public support. Subtract line 5 from line 4	7.50	77/2/3 6.45	57000000	1.120.00	Te ALVES	4,856,405.
Secti	on B. Total Support	•					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,660,458.	436,220.	311,768.	1,291,123.	1,156,836.	4,856,405.
8	Gross income from interest, dividends,			, ,	,		<u>,</u> ,
	payments received on securities loans,	· .	l ` .			_	
	rents, royalties, and income from			r			1
_	similar sources	Ţ	-	1			
. 9	Net income from unrelated business	, ,			. Y c		
	activities, whether or not the business is regularly carried on	•		, ,			
10	Other income. Do not include gain or	<u> </u>					· · · · · · · · · · · · · · · · · · ·
10	loss from the sale of capital assets				,	·	
	(Explain in Part VI.)		,		,	•	` - ',,,
11	Total support. Add lines 7 through 10	11-20-500	6-00121570-0014	X2225-6-8	u ve ve ve	7575 23768	4,856,405.
12	Gross receipts from related activities, etc			17 (4705 J2 ) FACIO	1	12	127557255
13 ¹	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u>.</u>		· · ·	· · · · ·	🟲 🔲
Secti	on C. Computation of Public Suppo				-		
14	Public support percentage for 2018 (line					14	100%
15	Public support percentage from 2017 Sc					15	100 %
16a	331/3% support test—2018. If the organ						
, In	box and stop here. The organization qua						_
b	331/3% support test—2017. If the organ this box and stop here. The organization						·
4.	•	1		, -			_
17a	10%-facts-and-circumstances test—2	1018. If the orga	anization did n	ot check a bo	x on line 13, 1	ba, or 16b, an	d line 14 is
	10% or more, and if the organization meats the						
	organization						
b	10%-facts-and-circumstances test-2						
U	15 is 10% or more, and if the organization	_			•		•
	Explain in Part VI how the organization						
					_	•	
18	Private foundation. If the organization d						
	instructions						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part					· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	
	(Complete only if you checked the	he box on line	e 10 of Part I	or if the orga	nızation faıled	d to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support						··· <del>·</del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
_	received. (Do not include any "unusual grants.")						-
2	Gross receipts from admissions, merchandise	1					
	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				1/		
	or expended on its behalf			/			"
5	The value of services or facilities	1		7			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	#		<del>/</del>			<del></del>
	Amounts included on lines 1, 2, and 3		1	/	<del> </del> -		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		\ /				
D	received from other than disqualified	<b>;</b>					
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year		X				
_	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from	为 主线 13 WE W A M &	SKSEATIS SPECIES	A MANDALA PROVISIA PODRA PO	Secure Season Services	REST REPORT OF MERCH	
0	line 6.)		/952 <b>/\</b> \	10.00	77.20 PM	15 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	
Sacti	on B. Total Support	<b>国现代公司的特殊</b>	MARINE MARKET TO THE	A. W. W. S. W. W. S. W.	大学がある者が生まれ	概要是特殊知识	
	dar year (or fiscal year beginning in)	(a) 20,1/4	(b) 2015 \	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 20,14	(0) 2013	(6) 2010	(0) 2017	(6) 2016	(i) Total
10a	Gross income from interest, dividends,	/		\			
iva	payments received on securities loans, rents,			1			
	royalties, and income from similar sources.			1			
	· ·	,			<del></del>	-	
D	Unrelated business taxable income (less section 511 taxes) from businesses			\			1
	acquired after June 30, 1975			\			
			-	<del>\</del>		<del> </del>	<del></del>
	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			<u> </u>			
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets				\	]	
	(Explain in Part VI)						
13	Total support. Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	<u> </u>		<b>ل</b> ــــــــــــــــــــــــــــــــــــ	
14	First five years. If the Form 990 is for the	•			1		n 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · \ · ·	· · · · ·	· · <b>&gt;</b> [
Secti	on C. Computation of Public Suppo					<del></del>	<del></del>
15	Public/support percentage for 2018 (line		-		'	15	%
16	Public support percentage from 2017 Sc			<u> </u>	· · · · /·	16	<u>%</u>
	on D. Computation of Investment In				(0)	<u>\</u>	<del></del>
17	Investment income percentage for 2018					17	<u>%</u>
18/	Investment income percentage from 201					18	<u>%</u>
19á	331/3% support tests—2018. If the organ						
(	17 is not more than 331/3%, check this box					1	
b	331/3% support tests—2017. If the organi						
	line 18 is not more than 331/3%, check this					\ -	_
00	Drivata foundation If the example tion d	id not shook a	hay an line 14	100 or 10b	chack this hav	and continetru	strone 🖎 II

Voc No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If, "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)	-		- Go G
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2.82	a Dais	349+4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			100
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations ,	1		
1"	Did the directors, trustees, or membership of one or more supported organizations have the power to	Fait (NA)	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		SERVING.
2	Did the organization operate for the benefit of any supported organization other than the supported			******
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations	Т		
4	NATIONAL AND	Alexander Co	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	*****	
Secti	on D. All Type III Supporting Organizations	<u> </u>	-	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	25		<b>发育</b>
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Li ku ka	. 240.020ms, 54
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		7	
•	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
•	·	2	4442AR	320924
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.	3	To the second	incolors.
Secti	on E. Type III Functionally Integrated Supporting Organizations	<del></del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	sce ins		I
2	Activities Test. Answer (a) and (b) below.	486586	Yes	No Ex-MINE
<sub>.</sub> a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			$y_{r,j}$
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	Attuandum		ormania.
•	that these activities constituted substantially all of its activities.	2a	ZY E	NYSEC.
. b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Toping (Milita	2804 <b>)</b> 2804 <b>)</b> 2804)
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	,//4 <b>1</b> /h)	1
3	Parent of Supported Organizations. Answer (a) and (b) below.		<b>2</b> 577	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			700
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	·	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		-
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	And the second of the second o	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	ACCOMMON TO THE REST	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organ	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive ,	
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	Service Control of the Control of th	なない。大学の対象の	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
. h	From 2014			
C	From 2015			
d	From 2016			A Taylor March Comment of the Commen
е	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			PHECOMORPH PROPERTY.
h	Applied to 2018 distributable amount	THE TOTAL PROPERTY.	行為はいる。などの名が	
i	Carryover from 2013 not applied (see instructions)		理的子建筑的影響。	
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:	managing the Art 1 and 1	P. T. C. Diller Plats And Commission Co. Co. Co. Co. Co.	
<u> </u>	Applied to underdistributions of prior years			W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W-100-W
b	Applied to 2018 distributable amount	AND THE RESIDENCE OF THE PARTY		
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:	HORIZ DE SANCOR LA	eraneommataya	Harry Control
а	Excess from 2014			
b	Excess from 2015			
_ C	Excess from 2016		and the contract of the contra	AC SPECIAL DESCRIPTION AND APPLICATION OF THE PROPERTY OF THE
d	Excess from 2017	THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE OF THE		Mark September 1975
ë	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Page	8
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

### SCHEDULE D · (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization WORKFORCE DEVELOPMENT SERVICES INC 05-0556067 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part									
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and ot	her recor	ds, chec	k any of th	e follov	ving that are a si	gnificant us	e of its
а	☐ Public exhibition		d [	Loan	or exchang	e prog	rams		
b	☐ Scholarly research		е [	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	and expla	in how tì	ney further	the org	janization's exem	pt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							□ No
Part	Complete if the organization 990, Part X, line 21.		' on For	n 990, F	Part IV, line	e 9, or	reported an am	ount on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er interm	ediary fo	r contribut	ions or		t Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	lowing ta	able <sup>.</sup>		An	nount	
С	Beginning balance	•				10	:		
d	Additions during the year					1d			
е	Distributions during the year .					1e	1		
f	Ending balance .					1f			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21. for e	scrow or cu	ustodia	account liability	?   Yes	□No
b	If "Yes," explain the arrangement in Pa						•	<del>-</del>	Ē
	V. Endowment Funds.			1			<del></del>	<del></del>	
	Complete if the organization	answered "Yes"	" on For	n 990. F	Part IV. line	e 10.			
	, , , , , , , , , , , , , , , , , , , ,	(a) Current year	(b) Prio		(c) Two year		(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
ď	Grants or scholarships								
e	Other expenditures for facilities and						<del></del>		
	programs								
f	Administrative expenses								
g	End of year balance						-		
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1a	, column (a	)) held	as.	<del></del>	
а	Board designated or quasi-endowmer		%	, ,	,	,,			
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in the organization by			ation tha	at are held	and ad	ministered for the	e Ye:	s No
	(i) unrelated organizations .							3a(i)	+
	(ii) related organizations							3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requir	ed on So	hedule R?			3b	+-
4	Describe in Part XIII the intended uses							<u></u>	
Pari									
	Complete if the organization		" on Fori	n 990. F	Part IV. line	e 11a.	See Form 990.	Part X. line	10
<u>,,,</u>	Description of property	(a) Cost or ot (investm	her basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book va	
1a	Land		0.						0.
b	Buildings					<del></del>			
c	Leasehold improvements .								
d	Equipment				10,411.		5,948.	4 .	463.
e	Other				,				
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9		. column	(B), line 10	)c).		4.	463.

Part VII	Investments-Other Securi			<del> </del>	
	Complete if the organization		<u>rm 990, Part IV,</u>	line 11b. See For	m 990, Part X, line 12.
	(a) Description of security or cat (including name of security		(b) Book value		flethod of valuation nd-of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					· · · · · · · · · · · · · · · · · · ·
(G)					
(G) (H)			<del> </del>		
	h) must equal Form 000, Part V, and /B) line 10	· · · · · · · · · · · · · · · · · · ·		######################################	
Part VIII	b) must equal Form 990, Part X, col (B) line 12. Investments—Program Rela				
r.art VIII.	Complete if the organization		rm 990 Part IV	line 11c See For	m QQA Part Y June 13
	(a) Description of investme.		(b) Book value	· · · · · · · · · · · · · · · · · · ·	Method of valuation
	(a) Bosonphon of investmen	•	(b) Book value		nd-of-year market value
(1)				<del></del>	
(2)					
(3)		<del></del>			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13	<b>  </b>			
Part IX	Other Assets.				
	Complete if the organization		rm 990, Part IV,	line 11d. See For	
	···	(a) Description		·	(b) Book value
(1)		<del></del>			· · · · · · · · · · · · · · · · · · ·
(2)					
(3)					
(4)					<del>.  </del>
(5)					
(6)				· · · · · · · · · · · · · · · · · · ·	<del> </del>
(7)		<u> </u>			
(8)					
(9)	mn (b) must equal Form 990, Part	X. col. (B) line 15.)			<u>-</u>
Part X	Other Liabilities.	, co. (2)			!
A GITCA	Complete if the organization	answered "Yes" on Fo	rm 990. Part IV.	line 11e or 11f. S	ee Form 990. Part X.
	line 25.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
1.	(a) Description of liability	(b) Book value		ary yy syfyros yronnilopiaeau ainhuinty lebiell.	od vojek k. s. se da de minimum minimum menografija (7,7,7,3,40,10,11).
(1) Federal ır	ncome taxes				A Park
(2) CREDIT	CARDS PAYABLE		0.		A CONTRACTOR OF
	L LIABILITIES		0 200		
(4)					
(5)					
(C)				propriorities of the state of t	Tomashmendinyminiminishnelalilikanan (* 1990).
(7)				onnins, austrillionaumon erreinionn 1839 m	magadhanadhanat (* 2. julius palana sanada salah (* 55 ). Pala Pangadhanadhanat (* 55 ).
(8)					arte des regions.
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.		0. 30*30.00		
2. Liability for	runcertain tax positions. In Part XIII,	provide the text of the footn	ote to the organiza	ation's financial stater	ments that reports the
organization'	s liability for uncertain tax positions u	nder FIN 48 (ASC 740) Che	eck nere if the text	or the footnote has b	een provided in Part XIII

Page	4
rade	~

Schedule D (Form 990) 2018 Page <b>4</b>					
Part	· · · · · · · · · · · · · · · · · · ·		er Return.	•	
	Complete if the organization answered "Yes" on Form 990				
1	Total revenue, gains, and other support per audited financial statement	ts .	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	_		
d	Other (Describe in Part XIII )	. 2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	. ,	. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	_		
b	Other (Describe in Part XIII )	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iii		5		
Part			per Return.		
	Complete if the organization answered "Yes" on Form 990	0, Part IV, line 12a.	T . T		
1	Total expenses and losses per audited financial statements		. 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
a	Donated services and use of facilities	. 2a	<b></b> ∤		
b	Prior year adjustments	. 2b	<b>-</b>		
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		. 2e		
3	Subtract line 2e from line 1	· · ·	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
c	Add lines 4a and 4b		. 4c		
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18) .	. 5		
Part		and A. Dowl IV. bear discount	05 D-+1/ 1 4	D-47 b	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa			Part X, line	
2,141	t XI, littles 20 and 45, and t art XII, littles 20 and 45 XISO complete this pe	art to provide any additiona	IIIIOIIIIatioii		
	•				
			·		
		······································			
	***************************************	•			
	•••••••••••••••••••••••••••••••••••••••				

#### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WORKFORCE DEVELOPMENT SERVICES INC

Employer identification number

05-0556067

Par	Excess Benefit Transac Complete if the organiza	ctions (section 501(c)(3), section 501(c)(4), and 5 tion answered "Yes" on Form 990, Part IV, line 2		t V, line 4	40b.	
4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction		(d) Corre	
•	(a) Name of disquamed person	organization	(c) Description of transaction	\	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurrence under section 4958 .	urred by the organization managers or disqua	lified persons during the year	\$		
3	Enter the amount of tax, if any	y, on line 2, above, reimbursed by the organizati	on <b>&gt;</b>	\$		

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	from	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) in d	lefault?	(h) App by bo comm	ard or	(i) W agree	ntten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) DENISE DILLARD	CEO	CASH FLOW	×		78,570.	94,478.		×	×		×	
(2)					·							
(3)												
(4)												
(5)						_						
(6)							Ī					
(7)	1											
(8)												
(9)												
(9) (10)												
Total					<b>•</b>	\$ 94,478.						•

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) SUSAN GALANTER	EMPLOYEE		CASH ADVANCE	LOAN
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

BAA

REV 11/06/18 PRO

chedule D (Form 990) 2018 Page <b>5</b>							
Part XIII	Supplemental Information (continued)						
		-					
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		·····					
		***************************************					

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
					Yes	No
(1) (2)						
(2) (3)					-	-
(4)					-	┢
(5)						
(6) (7)					<del> </del>	
(8)				· · · · · · · · · · · · · · · · · · ·		├-
(9)						
10)				·····		
Part V	Supplemental Information.  Provide additional information	for responses to questions	on Schedule L (see	instructions)		
				,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
						<b>-</b>
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· <b></b>						
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					·	<b>-</b>
· <b></b>						
·						

### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORKFORCE DEVELOPMENT SERVICES INC

Employer identification number

05-0556067 Pt VI, Line 15a: The board reviewed compensation of other organizations of similar size and similar missions to determine compensation. The board also reviewed budget to determine the affordability of what could be paid. Pt VI, Line 15b: The board reviewed compensation of other organizations of similar size and similar missions to determine compensation. The board also reviewed budget to determine the affordability of what could be paid. Pt VI, Line 12c: Annually the conflict of interest policies are reviewed and required to be updated at the beginning of the year. Pt VI, Line 11b: Board members were provided with a copy of the Form 990 at the board meeting. The form is reviewed, discussed, and approved upon Pt IX, Line 11g: Description: PARTICIPANT TRAINING CLASSES Total: \$132,764 Program services: \$132,764 Management and general: \$0 Fundraising: \$0 Description: TANF-GRANT ADMIN EXPENSES Total: \$118,173 Program services: \$118,173 Description: SUPPORTIVE SERVICES Total: \$4,190 Program services: \$3,000 Management and general. \$1,190 Fundraising: \$0 Description: PROFESSIONAL FEES

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
WORKFORCE DEVELOPMENT SERVICES INC	05-0556067
Total: \$167,842	
Program services: \$161,342	
Management and general: \$6,500	
Pt IX, Line 24e:	
Description: SECURITY	
Total: \$500	
Program services: \$0	
Management and general: \$500	
Fundraising: \$0	······
Description: STAFF DEVELOPMENT	·
Total: \$2,928	
Program services: \$2,928	·
Management and general: \$0	
Fundraising: \$0	
Description: EQUIPMENT RENTAL	
Total: \$8,403	
Program services: \$8,403	
Management and general: \$0	
Fundraising: \$0	
Description: MEALS AND CATERING	
Total: \$1,948	
Program services: \$1,948	
Management and general: \$0	
Fundraising: \$0	