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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 07-01-2008 and ending 06-30-2009

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
THE WORKPLACE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
350 FAIRFIELD AVENUE

City or town, state or country, and ZIP + 4
BRIDGEPORT, CT 06604

D Employer identification number
22-2484517

E Telephone number
(203) 610-8508

G Gross receipts $ 16,608,260

F Name and address of Principal Officer
gino venditti
350 fairfield avenue
bridgeport, CT 06604

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)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ n/a

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1983

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE ORGANIZATION PROVIDES JOB TRAINING, PLACEMENT, AND COUNSELING FOR DISLOCATED AND ECONOMICALLY DISADVANTAGED INDIVIDUALS IN THE BRIDGEPORT, NORWALK, STAMFORD AND VALLEY LABOR MARKET AREAS

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)	3	48
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	48
5	Total number of employees (Part V, line 2a)	5	353
6	Total number of volunteers (estimate if necessary)	6	48
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,594,898	16,379,606
9	Program service revenue (Part VIII, line 2g)	227,831	196,381
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,472	31,229
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8	1,044
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,866,209	16,608,260
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,817,812	10,583,924
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,041,463	4,990,107
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 203,841)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,164,627	1,068,923
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	13,023,902	16,642,954
19	Revenue less expenses Subtract line 18 from line 12	-157,693	-34,694

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	10,325,495	15,154,426
21	Total liabilities (Part X, line 26)	8,948,264	13,807,855
22	Net assets or fund balances Subtract line 21 from line 20	1,377,231	1,346,571

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

Please Sign Here

****** | 2010-05-17
Signature of officer | Date

gino venditti secretary and director of finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DAVID A SCARAMOZZA	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARTER HAYES ASSOCIATES PC 1952 WHITNEY AVENUE HAMDEN, CT 06517			EIN ▶ Phone no ▶ (203) 287-3990

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

THE ORGANIZATION PROVIDES JOB TRAINING, PLACEMENT, AND COUNSELING FOR DISLOCATED AND ECONOMICALLY DISADVANTAGED INDIVIDUALS IN THE BRIDGEPORT, NORWALK, STAMFORD AND VALLEY LABOR MARKET AREAS

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 (4) organizations and 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 $ 9,311,214 including grants of $) (Revenue $ 50,573)

ADULT JOB TRAINING - total of 11,854 new customers served at southwestern ctworks job centers, 317 wia dislocated and adult participants assigned individual training accounts

4b (Code) (Expenses $ 2,935,363 including grants of $) (Revenue $)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES - total of 11,854 new customers served at southwestern ctworks job centers, 2,546 jobs first participants served

4c (Code) (Expenses $ 1,837,506 including grants of $) (Revenue $)

YOUTH PROGRAMS - total of 11,854 new customers served at southwestern ctworks job centers, 5,043 youth participants served

(Code) (Expenses $ 1,253,354 including grants of $) (Revenue $ 145,808)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 15,337,437 *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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		No
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		No
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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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		No

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**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
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**		No
36	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**		No
37	Did the organization conduct more than 5 percent 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**		No

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	3		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
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	353		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 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			No
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 $75 or more?	7a			No
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			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
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			
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			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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 2-7 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 48		
b	Enter the number of voting members that are independent . .	1b 48		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
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		No
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		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
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 Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

gino venditti
350 FAIRFIELD AVE
Bridgeport, CT 06604
(203) 610-8508

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) and key employees 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, or 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-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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 ▶								491,175	0	62,484

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

			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*	**3**		No
4	For any individual listed online 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*	**4**	Yes	
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*	**5**		No

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 ▶ 0

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 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 16,020,708				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 358,898				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	16,379,606			
Program Service Revenue		Business Code				
	2a	PROGRAM REVENUE 541,610	196,381	196,381		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 196,381				
	3	Investment income (including dividends, interest other similar amounts) ▶	31,229			31,229
	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) ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 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 *Complete Schedule G if total exceeds $15,000* 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	MISCELLANEOUS REVENUE 900,099	1,044	1,044		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 1,044				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	16,608,260	197,425	0	31,229

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	8,285,066	8,285,066		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,298,858	2,298,858		
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	399,688		336,469	63,219
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	3,881,905	3,492,535		98,393
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	188,208	120,453	56,463	11,292
9 Other employee benefits	325,759	238,132	68,824	18,803
10 Payroll taxes	194,547	135,874	46,539	12,134
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	24,977	9,477	15,500	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	55,799	44,416	11,383	
13 Office expenses	92,089	64,141	27,948	
14 Information technology				
15 Royalties				
16 Occupancy	331,657	275,001	56,656	
17 Travel	46,442	35,234	11,208	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	95,283	59,262	36,021	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,536	35,212	76,324	
23 Insurance	23,166	16,584	6,582	
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 CONTRACT SERVICES	133,243	120,447	12,796	
b Telephone	77,406	63,374	14,032	
c Equipment Maint	30,605	22,440	8,165	
d DUES AND SUBSCRIPTIONS	18,405	6,906	11,499	
e STAFF TRAINING	16,355	5,217	11,138	
f All other expenses	11,960	8,808	3,152	
25 **Total functional expenses.** Add lines 1 through 24f	16,642,954	15,337,437	1,101,676	203,841
26 **Joint Costs.** Check ☐ 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	2,277,411	1	4,408,863
	2	Savings and temporary cash investments	262,745	2	172,877
	3	Pledges and grants receivable, net	7,097,520	3	10,065,628
	4	Accounts receivable, net	30,451	4	23,966
	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		9	
	10a	Land, buildings, and equipment cost basis — 10a: 1,008,497			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 796,185	261,801	10c	212,312
	11	Investments—publicly traded securities	351,770	11	182,974
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	43,797	15	87,806
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	10,325,495	16	15,154,426
Liabilities	17	Accounts payable and accrued expenses	2,489,454	17	3,878,570
	18	Grants payable		18	
	19	Deferred revenue	6,458,810	19	9,929,285
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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*	8,948,264	26	13,807,855
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	598,623	27	588,649
	28	Temporarily restricted net assets	673,122	28	648,436
	29	Permanently restricted net assets	105,486	29	109,486
		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	1,377,231	33	1,346,571
	34	Total liabilities and net assets/fund balances	10,325,495	34	15,154,426

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
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	Yes	
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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
THE WORKPLACE INC

Employer identification number
22-2484517

Part I Reason for Public Charity Status (to be completed by all organizations) (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 331/3% 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 331/3% 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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 IRC 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.)

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 ")	7,698,608	8,658,471	11,582,151	12,594,898	16,376,606	56,910,734
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	7,698,608	8,658,471	11,582,151	12,594,898	16,376,606	56,910,734
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						56,910,734

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	7,698,608		11,582,151	12,594,898	16,376,606	56,910,734
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			58,874	48,555	31,229	138,658
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)	5,275	5,723	508	8	1,044	12,558
11 **Total Support** (Add lines 7 through 10)						57,061,950

12	Gross receipts from related activities, etc (See instructions)	12	1,103,836

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**99.730 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**99.970 %**

16a **33 1/3% 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% Test - 2007.** If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 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 Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

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 for 2007 Schedule A, Part IV-A, line 27g	16

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% 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% 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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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
THE WORKPLACE INC

Employer identification number
22-2484517

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 importantly 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 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 the 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 why 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 the 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	105,486				
b Contributions	4,000				
c Investment earnings or losses	8,371				
d Grants or scholarships	8,371				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	109,486				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
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		1,008,497	796,185	212,312
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				212,312

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

(a) Description of security or cateory (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	16,608,260
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,642,954
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-34,694
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	4,034
9	Total adjustments (net) Add lines 4 - 8	9	4,034
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-30,660

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	16,612,294
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,034		
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	4,034
3	Subtract line **2e** from line **1**			3	16,608,260
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	16,608,260

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

1	Total expenses and losses per audited financial statements			1	16,642,954
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	0
3	Subtract line **2e** from line **1**			3	16,642,954
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	16,642,954

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 XIV, 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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Unrealized gains on investments

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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
THE WORKPLACE INC

Employer identification number
22-2484517

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? . . . ☑ 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 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 Additional Data Table							

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

3 Enter total number of other organizations . . . ▶

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
amounts provided through the federal workforce investment act for individual training accounts to pay for training programs and eductaion in various industries	744	637,787			
amounts provided through contributions for individual training accounts to pay for training programs and eductaion in various industries	204	231,030			
program funded by the state of connecticut to Help borrowers throughout Connecticut gain the job skills they need to be able to earn more money and become financially stable funds used to provide customized employment services, job training and job placement assistance to borrowers who are unemployed, underemployed or in need of a second job	253	971,318			
funds pay for a specific bus route thru low-income neighborhoods to areas that employers are known to employ low-income persons but it is a fixed route that anyone can take	21600	458,723			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Other Information	Part IV	the workplace, inc uses their chart of accounts to monitor amounts of grants given to organizations and companies for each grant, an expense account is established to track the expenses per grantee and source of funds each grant requires the execution of a grant award document that provides for the use of the funds, individual population to be served, number of individuals to be served and programs to be run the workplace, inc 's accounting staff is responsible for performing on sight reviews of grantees' accounting records, accounting policies and procedures, and program performance accounting staff monitor the audit requirements of the grantees' to ensure that audits are performed and submitted to the workplace, inc and if required, federal and state single audits are performed

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE WORKPLACE INC

Employer identification number
22-2484517

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH CARBONE	(i)	253,525			17,000	1,500	272,025	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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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
THE WORKPLACE INC

Employer identification number
22-2484517

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	DISLOCATED WORKERS - total of 11,854 new customers served at southwestern ctworks job centers, 317 wia dislocated and adult participants assigned individual training accounts Expenses $ 1253354 including grants of $ 0 Revenue $ 145808

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		a draft copy of the 990 is reviewed by the secretary/director of finance prior to finalizing the 990 for submission to the irs a copy of the 990 will be presented to the finance committee and discussed as needed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		board memebrs are required to annually review the conflict of interest policy any conflicts that arise during the year are monitored through self disclosure

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		ceo compensation is arrived at by review of performance and comparability data by board of director's executive committee per contract (3 years) remaining employees is done by ceo annually based on annual evaluation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		documents are made available upon request

Identifier	Return Reference	Explanation
		the board of director's finance committee is responsible for the selection of the outside accounting firm to perform the annual audit the finance committee meets with the auditors to review the draft of the audit prior to the audit being issued

Additional Data

Software ID:
Software Version:
EIN: 22-2484517
Name: THE WORKPLACE INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Seni Akinlade , BOarD MEMBER	50	X						0	0	0
Leon Bailey , Chair	50	X		X				0	0	0
Kimberly Bankston , bOarD MEMBER	50	X						0	0	0
Larry Bentley , BOarD MEMBER	50	X						0	0	0
John Berg , BOarD MEMBER	50	X						0	0	0
BarbaRA BUTLER , BOarD MEMBER	50	X						0	0	0
peter bashar , BOarD MEMBER	50	X						0	0	0
Nicholas Calace , bOarD MEMBER	50	X						0	0	0
Catherine Candland , BOarD MEMBER	50	X						0	0	0
ruben felipe , BOarD MEMBER	50	X						0	0	0
John Condlin , BOarD MEMBER	50	X						0	0	0
DENISE DAVIDOFF , vice chair	50	X		X				0	0	0
lindy lee gold , BOarD MEMBER	50	X						0	0	0
Joseph Ercolano , BOarD MEMBER	50	X						0	0	0
Jeffrey Blanco , BOarD MEMBER	50	X						0	0	0
richard knoll , BOarD MEMBER	50	X						0	0	0
Frances A Freer , BOarD MEMBER	50	X						0	0	0
Michael Freimuth , BOarD MEMBER	50	X						0	0	0
Victor Fuda , BOarD MEMBER	50	X						0	0	0
Joseph Grabinski , BOarD MEMBER	50	X						0	0	0
gary feldman , BOarD MEMBER	50	X						0	0	0
Craig Hoekenga , BOarD MEMBER	50	X						0	0	0
anita gliniecki , BOarD MEMBER	50	X						0	0	0
roger parsley , BOarD MEMBER	50	X						0	0	0
Arthur Bogen , BOarD MEMBER	50	X						0	0	0
Joseph LaVorgna , BOarD MEMBER	50	X						0	0	0
John Loeser , BOarD MEMBER	50	X						0	0	0
Henry Lugo , BOarD MEMBER	50	X						0	0	0
Kathleen Marchione , BOarD MEMBER	50	X						0	0	0
ajit gopalakrishnan , BOarD MEMBER	50	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Joseph McGee , BOarD MEMBER	50	X						0	0	0
Susan B Monteleone , BOarD MEMBER	50	X						0	0	0
Win Oppel , BOarD MEMBER	50	X						0	0	0
William Powanda , BOarD MEMBER	50	X						0	0	0
herbert grant , BOarD MEMBER	50	X						0	0	0
garret sheehan , BOarD MEMBER	50	X						0	0	0
Margaret Sheahan , BOarD MEMBER	50	X						0	0	0
Chet Valiante , BOarD MEMBER	50	X						0	0	0
Thomas Wilkinson , BOarD MEMBER	50	X						0	0	0
Clodomiro Falcon , BOarD MEMBER	50	X						0	0	0
Anthony Izzo , bOarD MEMBER	50	X						0	0	0
David Mezzapelle , bOarD MEMBER	50	X						0	0	0
Reina Marasco , bOarD MEMBER	50	X						0	0	0
JOSEPH CARBONE , PRESIDENT & CeO	35 00			X		X		253,525	0	18,500
gino venditti , secretary & DIR FINANCE	35 00			X		X		118,594	0	27,381
Adrienne Parkmond , Executive VP Operations	35 00					X		119,056	0	16,603

Additional Data Return to Form

Software ID:
Software Version:
EIN: 22-2484517
Name: THE WORKPLACE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
capital workforce partners one union place hartford, CT 06103	06-1013293	501(c)(3)	282,210				Job training & placement assistance to borrowers who have gone into mortgage foreclosure and who are unemployed or underemployed
The Business Council of Fairfield CountyOne Landmark Square Suite 300 Stamford, CT 06901	06-0865939		274,231				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
SkillPROOF Inc510 Barnum Avenue Suite 402 Bridgeport, CT 06608	83-0553889		57,380				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
Career Resources inc350 Fairfield Ave Bridgeport, CT 06604	06-1427945	501(c)(3)	2,536,742				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
Birmingham Group Health Services inc435 East Main Street Ansonia, CT 06401	22-2598799	501(c)(3)	102,522				Assist individuals with disabilities to obtain competitive employment funded via a US DOL grant
ASML US Inc	77-0568140		39,853				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
business access llc	75-2840271		202,500				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
carpenters union local #210	06-0571112		11,067				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
delta-ray industries			14,765				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
gateway community college	42-1678331		70,560				Training and job placement for mature workers who will be re-entering the job market

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Teamsters Local 1150 150 Garfield Ave Stratford, CT 06615	06-0776845		19,674				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
NW Regional Workforce Investment Board249 Thomaston Avenue Waterbury, CT 06702	06-1623757	501(c)(3)	185,768				Provide re-training and temporary job placement to mature workers seeking to reenter the job market
Workforce Alliance560 Ella T Grasso Boulevard New Haven, CT 06519	06-1090440	501(c)(3)	128,871				Provide re-training and temporary job placement to mature workers seeking to reenter the job market
Microboard Processing Inc4 Progress Ave Seymour, CT 06483	06-1076626		40,000				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
ABRI Homes for the Brave 655 Park Avenue Bridgeport, CT 06604	06-1520511	501(c)(3)	207,210				Job training & placement to veterans upon returning to civilian life
gyrus ACMI corp300 stillwater ave stamford, CT 06902	95-3079904		37,008				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
jill casner lotto607 quarter ridge rd new rochelle, NY 10804	10-2421019		91,000				Provide a research report identifying the challenges the disabled face in obtaining jobs in todays market place
manchester community collegepo box business office l-165 ms 10 manchster, CT 06045			10,413				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
minz & hoke communications grouppo box 3000 dept 5265 hartford, CT 06150	06-0871841		140,859				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
national foundation for teaching120 waki street 29th floor new york, NY 10005	13-3408731		16,644				Promote eduational tools to people with disabilities to assist them to reenter the job market

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Dandelion Productions Inc81 Humiston Drive Bethany, CT 06524	22-3075613		24,521				Job training for youth during the summer months, specifiaclly in the arts
NEON Inc98 South Main St Norwalk, CT 06854	06-0834804	501(c)(3)	309,790				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
Milford ETA70 West River St Milford, CT 06460	22-2505206	city of milford	237,050				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
FSW Inc475 Clinton Ave Bridgeport, CT 06605	06-0646974	501(c)(3)	722,523				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
Corraro Center For CareersPO Box 4015 Woodbridge, CT 06525	06-1579593		232,762				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
ConnStep Inc1090 Elm Street Suite 202 Rocky Hill, CT 06067	06-1583910	501(c)(3)	21,000				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
CCL Label15 Controls Drive Shelton, CT 06484	13-1966972		19,920				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
norwalk community technical college188 richards avenue norwalk, CT 06854	06-6000798		71,351				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
preferred tool & die30 forest pkwy shelton, CT 06484	06-6277500		9,985				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
rc bigelow inc201 black rock tnpk fairfield, CT 06825	06-0646518		10,800				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
rosebud development28 ladd rd ellington, CT 06029			12,969				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
Environmental Management Geologica PO Box 2087 Shelton, CT 06484	06-1394353		37,500				Provide job training & placement to dislocated workers who are interested in the remediation of brownfield sites
spectrum plastics group 401 birmingham blvd ansonia, CT 06401	41-1617548		8,296				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
the Business Council of manchester			42,350				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
Waveny Care Network3 Farm Road New Cannan, CT 06840	06-0859588		31,217				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
greyston foundation21 park ave yonkers, NY 10703	13-3717310		88,774				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
Capital Community College950 Main St Hartford, CT 06103	06-1398052		843,935				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field
TEAM Inc30 Elizabeth St Derby, CT 06418	06-0835182	501(c)(3)	51,296				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
Bridgeport Area Youth Ministry Inc506 logan street Bridgeport, CT 06601	06-1447769	501(c)(3)	120,000				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
Metro Hartford Alliance31 Pratt St Hartford, CT 06103	06-1614518		31,136				Provide training and job search assistance to employees and ex-employees of Connecticut insurance agencies and dislocated workers that would like to enter the insurance and finance services field

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Marrakech inc6 Lunar Drive Woodbridge, CT 06525	23-7148533	501(c)(3)	101,190				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
City of Bridgeport connecticut263 Golden Hill St Rm324 3rd floor Bridgeport, CT 06604	06-6001865	city of bridgeport	420,566				Provide youth Job training & employment opportunities during the summer months
City of Stamford connecticut888 Washington Blvd Stamford, CT 06904	06-6001897	city of stamford	15,000				Provide youth Job training & employment opportunities during the summer months
City of Norwalk connecticut125 East Ave Norwalk, CT 06854	06-6011881	city of norwalk	20,000				Provide youth Job training & employment opportunities during the summer months
City of Ansonia connecticut253 Main St Ansonia, CT 06401	06-6001869	city of ansonia	37,211				Provide youth Job training & employment opportunities during the summer months
Town of Greenwich connecticut449 Pemberwick Road Greenwich, CT 06831	06-6002006	town of greenwich	10,000				Provide youth Job training & employment opportunities during the summer months
CT Department of Veterans Affairs287 West St Rocky Hill, CT 06067	06-6000798	state of connecticut	7,000				Job training & placement to veterans upon returning to civilian life
the guidance center70 grand st new rochelle, NY 10801	13-1839684		14,519				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
The North Central Conn Workforce investment board1 union place hartford, CT 06103	06-1013293	501(c)(3)	35,625				Provide re-training and temporary job placement to mature workers seeking to reenter the job market
thomas p miller and associates6169 w 300 north greenfield, IN 46140	30-0025201		112,000				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
university of connecticut 1 university place stamford, CT 06901	06-0772160		7,500				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
west cop2269 saw mill river rd bldg 3 elmsford, NY 10523	13-2547122		63,488				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
westchester community college75 grassland road valhalla, NY 10595	13-6007353		20,909				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor