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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 19,892,639

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 Website: ▶ n/a

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1983 | **M** State of legal domicile CT

Part I Summary

Activities & Governance

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 net 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	427
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	16,379,606	19,609,441
9	Program service revenue (Part VIII, line 2g)	196,381	270,298
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,229	11,788
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,044	1,112
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,608,260	19,892,639
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,583,924	11,700,596
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)	4,990,107	6,525,675
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 226,118		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,068,923	1,310,674
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,642,954	19,536,945
19	Revenue less expenses Subtract line 18 from line 12	-34,694	355,694

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	15,154,426	10,853,966
21	Total liabilities (Part X, line 26)	13,807,855	9,152,343
22	Net assets or fund balances Subtract line 21 from line 20	1,346,571	1,701,623

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2011-05-16
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 identifying number (see instructions)
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

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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 10,041,804 including grants of $ 6,014,284) (Revenue $ 271,410)

ADULT JOB TRAINING - total of 14,635 new customers served at southwestern ctworks job centers, 193 wia adult participants and 99 stimulus adult participants assigned individual training accounts

4b (Code) (Expenses $ 2,854,090 including grants of $ 2,310,612) (Revenue $)

DISLOCATED WORKERS - total of 14,635 new customers served at southwestern ctworks job centers, 113 wia dislocated and 277 stimulus dislocated participants assigned individual training accounts

4c (Code) (Expenses $ 2,993,182 including grants of $ 1,313,256) (Revenue $)

YOUTH PROGRAMS - total of 14,635 new customers served at southwestern ctworks job centers, 5,362 youth participants served

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 2,398,236 including grants of $ 2,062,444) (Revenue $)

4e **Total program service expenses** ▶ $ 18,287,312

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	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**		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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 sections 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	1		
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**			
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**	427		
b	If at least one is reported on line 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 (see instructions)	**2b**			No
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**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?	**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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
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	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, 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 current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	508,440	0	63,499

2 Total number of individuals (including but not limited to those listed above) 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 on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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 but not limited to those listed above) 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 sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	18,675,052			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	934,389			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		19,609,441			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUE	541,610	270,298	270,298		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		270,298			
	3	Investment income (including dividends, interest and other similar amounts)		11,788			11,788
	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	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900,099	1,112	1,112		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,112			
	12	**Total revenue.** See Instructions		19,892,639	271,410	0	11,788

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	9,395,933	9,395,933		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,304,663	2,304,663		
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	425,181		357,026	68,155
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	5,305,305	4,895,810	301,645	107,850
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	191,324	156,563	25,594	9,167
9 Other employee benefits	391,730	323,308	51,019	17,403
10 Payroll taxes	212,135	157,231	42,710	12,194
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	29,338	11,811	17,527	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	77,363	68,942		8,421
13 Office expenses	112,509	94,331	18,178	
14 Information technology				
15 Royalties				
16 Occupancy	452,754	407,510	45,244	
17 Travel	36,024	30,891	5,133	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	107,612	77,698	26,986	2,928
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,155	45,151	67,004	
23 Insurance	33,175	28,474	4,701	
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	196,409	179,212	17,197	
b Telephone	85,788	63,554	22,234	
c Equipment Maint	30,687	25,098	5,589	
d DUES AND SUBSCRIPTIONS	18,967	9,433	9,534	
e Postage & Shipping	10,690	7,977	2,713	
f All other expenses	7,203	3,722	3,481	
25 **Total functional expenses.** Add lines 1 through 24f	19,536,945	18,287,312	1,023,515	226,118
26 **Joint costs.** Check here ▶ ☐ 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		4,408,863	1	3,824,936
	2	Savings and temporary cash investments		172,877	2	575,002
	3	Pledges and grants receivable, net		10,065,628	3	5,815,505
	4	Accounts receivable, net		23,966	4	24,983
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 or other basis *Complete Part VI of Schedule D*	10a 1,038,912			
	b	Less accumulated depreciation	10b 866,033	212,312	10c	172,879
	11	Investments—publicly traded securities		182,974	11	163,164
	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		87,806	15	277,497
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,154,426	16	10,853,966
Liabilities	17	Accounts payable and accrued expenses		3,878,570	17	3,650,139
	18	Grants payable			18	
	19	Deferred revenue		9,929,285	19	5,502,204
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		13,807,855	26	9,152,343
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		588,649	27	559,913
	28	Temporarily restricted net assets		648,436	28	1,032,224
	29	Permanently restricted net assets		109,486	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		1,346,571	33	1,701,623
	34	Total liabilities and net assets/fund balances		15,154,426	34	10,853,966

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE WORKPLACE INC

Employer identification number
22-2484517

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,658,471	11,582,151	12,594,898	16,376,606	19,609,441	68,821,567
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 lines 1 through 3	8,658,471	11,582,151	12,594,898	16,376,606	19,609,441	68,821,567
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						68,821,567

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,658,471	58,874	12,594,898	16,376,606	19,609,441	68,821,567
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		58,874	48,555	31,229	11,788	150,446
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	5,723	508	8	1,044	1,112	8,395
11 **Total support** (Add lines 7 through 10)						68,980,408

12 Gross receipts from related activities, etc (See instructions)	12	1,090,338

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** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 770 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 730 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement in Part XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if 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	109,486	105,486			
b Contributions	0	4,000			
c Investment earnings or losses	1,519	8,371			
d Grants or scholarships	1,519	8,371			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	109,486	109,486			

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,038,912	866,033	172,879
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				172,879

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote 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	19,892,639
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,536,945
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	355,694
4	Net unrealized gains (losses) on investments	4	-642
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-642
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	355,052

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	19,891,997
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-642		
e	Add lines **2a** through **2d**			2e	-642
3	Subtract line **2e** from line **1**			3	19,892,639
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	19,892,639

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

1	Total expenses and losses per audited financial statements			1	19,536,945
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	19,536,945
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	19,536,945

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Organization adopted the provisions of FASB ASC 740, Accounting for Uncertainty in Income Taxes, on July 1, 2009 As a result of the implementation, the Organization did not recognize any liability for uncertain tax positions The Organization has no open tax years prior to 2006 The Organization's tax returns are subject to examination, generally for three years after they were filed
Part XII, Line 2d - Other Adjustments		Net unrealized loss 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 United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(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
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" to 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	1623	1,727,742			
amounts provided through contributions for individual training accounts to pay for training programs and eductaion in various industries	71	130,529			
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	119	50,004			
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	13200	396,388			

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

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

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 partnersone union place hartford, CT 06103	06-1013293	501(c)(3)	148,063				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		125,773				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
arthur riley30 old dyke rd trumbull, CT 06611	00-4946780		7,000				training and job placement of individuals for jobs in the green industry
Career Resources inc350 Fairfield Ave Bridgeport, CT 06604	06-1427945	501(c)(3)	3,371,219				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)	110,865				Assist individuals with disabilities to obtain competitive employment funded via a US DOL grant
business access llc17101 preston rd dallas, TX 75248	75-2840271		356,750				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
cooper surgical inc95 corporate dr trumbull, CT 06611	94-3132521		26,310				provide training to incumbent workers to upgrade skills and advance placement within their current employer employers who participate are required to provide matching funds
connecticut business and industry association (CBIA) 350 church street hartford, CT 06103	22-2474078		20,000				provide training to incumbent workers to upgrade skills and advance placement within their current employer employers who participate are required to provide matching funds
gateway community college 60 sargent dr new haven, CT 06511	42-1678331		44,887				Training and job placement for mature workers who will be re-entering the job market
Teamsters Local 1150150 Garfield Ave Stratford, CT 06615	06-0776845		20,142				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
NW Regional Workforce Investment Board249 Thomaston Avenue Waterbury, CT 06702	06-1623757	501(c)(3)	188,348				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)	298,894				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		34,514				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)	68,666				Job training & placement to veterans upon returning to civilian life
cubed technologies921 main st monroe, CT 06468	51-0347782		12,500				provide training to incumbent workers to upgrade skills and advance placement within their current employer employers who participate are required to provide matching funds
edward kennedy91 fairfield ave naugatuck, CT 06770	04-4343263		6,000				training and job placement of individuals fo jobs in the green industry
manchester community collegepo box business office l-165 ms 10 manchster, CT 06045	06-1269050		71,957				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		154,801				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		33,357				Promote eduational tools to people with disabilities to assist them to reenter the job market
Dandelion Productions Inc81 Humiston Drive Bethany, CT 06524	22-3075613		42,147				Job training for youth during the summer months, specifiaclly in the arts

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
NEON Inc98 South Main St Norwalk, CT 06854	06-0834804	501(c)(3)	237,947				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	251,250				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)	807,858				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
Corraro Center For Careers PO Box 4015 Woodbridge, CT 06525	06-1579593		22,713				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)	36,500				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
family reentry9 mott avenue norwalk, CT 06850	06-1196124	501(c)(3)	20,181				prepare individuals for jobs in the green industry
norwalk community technical college188 richards avenue norwalk, CT 06854	06-6000798		135,466				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
food automation - service techniques inc905 honeyspot rd stratford, CT 06615	06-0863609		18,000				provide training to incumbent workers to upgrade skills and advance placement within their current employer employers who participate are required to provide matching funds
girls incorporated of southwestern connecticut35 park place waterbury, CT 06702	06-0646950	501(c)(3)	27,500				provide academic and career guidance to individuals seeking to enter careers in stem (science, technology, engineering, mathematics)
goldenrod25 lncaster dr beacon falls, CT 06405	22-2598935		12,500				provide training to incumbent workers to upgrade skills and advance placement within their current employer 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
Environmental Management GeologicaPO Box 2087 Shelton,CT 06484	06-1394353		191,300				Provide job training & placement to dislocated workers who are interested in the remediation of brownfield sites
goodwill industries165 ocean terrace bridgeport,CT 06605	06-0662111	501(c)(3)	66,950				universal access to comprehensive employment services through various one stop centers set up in southwestern connecticut
griffin hospital130 division st derby,CT 06418	06-0647014		28,200				provide training to incumbent workers to upgrade skills and advance placement within their current employer employers who participate are required to provide matching funds
Waveny Care Network3 Farm Road New Cannan,CT 06840	06-0859588		17,545				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 greyston foundation21 park ave yonkers,NY 10703	13-3717310		176,222				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
Capital Community College 950 Main St Hartford,CT 06103	06-1398052		308,876				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
groundwork bridgeport inc510 barnum avenue bridgeport,CT 06608	06-1556949	501(c)(3)	16,050				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
Bridgeport Area Youth Ministry Inc506 logan street Bridgeport,CT 06601	06-1447769	501(c)(3)	253,500				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		17,987				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
Marrakech inc6 Lunar Drive Woodbridge,CT 06525	23-7148533	501(c)(3)	84,731				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut

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
hall neighborhood house inc 52 george e pipkins way bridgeport, CT 06608	06-0676851	501(c)(3)	45,000				Universal access to comprehensive employment services through various One Stop Centers set up in Southwest Connecticut
home builders institute1201 15th st nw washington, DC 20005	52-1266885		36,397				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
housatonic community college900 lafayette blvd bridgeport, CT 06604	13-4310869		106,826				training and job placement for mature workers who will be re-entering the job market
mount aery development corporation73 frank st bridgeport, CT 06604	06-1432007		26,680				training and job placement of individuals for jobs in the green industry
pivot ministries485 jane st bridgeport, CT 06608	06-0893030		27,750				training and job placement of individuals for jobs in the green industry
premier manufacturing group dba eca10 mountain view dr shelton, CT 06494	20-4736715		23,650				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 guidance center70 grand st new rochelle, NY 10801	13-1839684		187,784				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
putnumnorthern boces200 boles dr yorktown heights, NY 10598	13-6007349		217,549				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
rosco laboratories inc52 harbor view ave stamford, CT 06902	04-3101783		41,000				Provide training to incumbent worker to upgrade skills and advance placement within their current employ Employers who participate are required to provide matching funds
swrpa888 washington blvd 3rd flr stamford, CT 06901	06-0788886		64,000				prepare individuals for jobs in high growth industries as defined by a grant by the u s 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
southwestern area health education center inc5520 park ave suite 109 trumbull, CT 06611	06-1615577		20,000				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
westchester community college75 grassland road valhalla, NY 10595	13-6007353		197,874				Prepare individuals for jobs in high growth industries as defined by a grant by the US Department of Labor
superior plating2 lacey place southport, CT 06490	06-0686034		19,400				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 westchester county108 corporate park dr whiteplains, NY 10604	13-1701636		20,150				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
the connecticut economic resource center inc805 brook st bldg 4 rocky Hill, CT 06067	06-1369657		35,000				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
the county of westchester75 grasslands rd valhalla, CT 10595	13-6007353		5,968				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
to design llc114 west main st new britain, CT 06051	06-1468874		6,000				training and job placement of individuals for jobs in the green industry
urban league of southern ct 46 atlantic st stamford, CT 06901	06-0856692		96,632				universal access to comprehensive employment services through various one stop centers set up in southwestern connecticut
westchester wib120 bloomingdale rd whiteplains, NY 10605	13-6007353		146,375				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
women's business development center888 washington blvd 19th flr stamford, CT 06901	06-1493737		45,000				universal access to comprehensive employment services through various one stop centers set up in southwestern connecticut

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
yerwood center inc90 fairfield ave stamford, CT 06902	06-0646958		20,000				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor
yonkers wib20 south broadway yonkers, NY 10701	13-6007340		95,053				prepare individuals for jobs in high growth industries as defined by a grant by the u s department of labor

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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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other 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 reportable compensation				
JOSEPH CARBONE	(i)	196,508	0	64,381	18,857	1,500	281,246	0
	(ii)	0	0	0	0	0	0	0

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

Additional Data

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE WORKPLACE INC

Employer identification number
22-2484517

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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 are 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 III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,398,236 including grants of $ 2,062,444) (Revenue $)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES - total of 14,635 new customers served at southwestern ctworks job centers, 2,983 jobs first participants served

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
laure aubuchon 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
michael labella 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 taft 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
david levinson 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
jim lohr BOarD MEMBER	50	X						0	0	0
Arthur Bogen BOarD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
eileen lopez-cordone 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
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
matthew mcspeadon bOarD MEMBER	50	X						0	0	0
marc napolitano bOarD MEMBER	50	X						0	0	0
bruce silverstone bOarD MEMBER	50	X						0	0	0
corey sneed boarD MEMBER	50	X						0	0	0
JOSEPH CARBONE PRESIDENT & CeO	35 00			X		X		260,889	0	20,357
gino venditti secretary & DIR FINANCE	35 00			X		X		120,201	0	27,060
Adrienne Parkmond Executive VP Operations	35 00					X		127,350	0	16,082

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACT SERVICES	196,409	179,212	17,197	
Telephone	85,788	63,554	22,234	
Equipment Maint	30,687	25,098	5,589	
DUES AND SUBSCRIPTIONS	18,967	9,433	9,534	
Postage & Shipping	10,690	7,977	2,713	