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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)

OMB No. 1545-0047

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CARPENTER'S PLACE, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1149 RAILROAD AVENUE City or town, state or country, and ZIP + 4 ROCKFORD, IL 61104		D Employer identification number 36-4352283	
			E Telephone number 815-964-4105	
			G Gross receipts \$ 1,254,620.	
			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.CARPENTERSPLACE.ORG		H(c) Group exemption number ►
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 2000 M State of legal domicile IL		

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CARPENTER'S PLACE PROVIDES THE TOOLS NECESSARY FOR REBUILDING THE LIVES OF THE HOMELESS.		
	2 Check this box ► <input type="checkbox"/> 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 19		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15		
	5 Total number of employees (Part V, line 2a) 5 28		
	6 Total number of volunteers (estimate if necessary) 6 400		
	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.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,149,161. 1,178,298. 9 Program service revenue (Part VIII, line 2g) 80,991. 59,959. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,389. 1,744. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 883. 5,652. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,233,424. 1,245,653.		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 353,160. 396,810. 14 Benefits paid to or for members (Part IX, column (A), line 4) 648,836. 684,152.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 142,744. 185,479. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,187,475. 1,254,642. b Total fundraising expenses (Part IX, column (D), line 25) 45,949. <8,989.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) 598,166. 599,992. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,392. 67,422. 19 Revenue less expenses. Subtract line 18 from line 12 538,774. 532,570.		
	Expenses	20 Total assets (Part X, line 16) Beginning of Current Year 21 Total liabilities (Part X, line 26) End of Year 22 Net assets or fund balances. Subtract line 21 from line 20 538,774. 532,570.	
		20 Total assets (Part X, line 16) 538,774. 532,570.	
		21 Total liabilities (Part X, line 26) 538,774. 532,570.	
22 Net assets or fund balances. Subtract line 21 from line 20 538,774. 532,570.			
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			
Signature of officer Kay Lerrick KAY LARRICK, EXECUTIVE DIRECTOR Type or print name and title			

Paid Preparer's Use Only	Preparer's signature ► DAVID R SCHROEPFER	Date 02/09/11	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WIPFLI LLP PO BOX 5407 ROCKFORD, IL 61125-0407	EIN ►	Phone no ► (815) 399-7700	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No
 g 17

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

CARPENTER'S PLACE PROVIDES THE TOOLS NECESSARY FOR REBUILDING LIVES OF THE HOMELESS. INSPIRED BY CHRIST'S COMPASSION, CARPENTER'S PLACE OFFERS DIRECTION WITH ACCOUNTABILITY TO PEOPLE WITH BROKEN LIVES, HELPING THEM FIND PEACE WITH GOD, THEMSELVES, AND THEIR COMMUNITIES.

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 \$ 537,370. including grants of \$ 238,086.) (Revenue \$)
 FOR THE FISCAL YEAR ENDING JUNE 30, 2010, 1,464 HOMELESS MEN AND WOMEN WERE IN THE CARPENTERS PLACE CASE MANAGEMENT PROGRAM. THE GOAL OF THE PROGRAM IS TO IDENTIFY, PROVIDE, AND/OR SECURE THE SERVICES NEEDED TO REBUILD THE LIVES OF HOMELESS ADULTS SO THEY CAN REACH SELF-SUFFICIENCY. DURING THIS PERIOD, 319 OBTAINED HOUSING AND 106 SECURED EMPLOYMENT. TO LEAD TO THIS SUCCESS, A SAMPLING OF SERVICES RECEIVED INCLUDED: 135 COMPLETED JOB DEVELOPMENT TRAINING, 92 RECEIVED MENTAL HEALTH TREATMENT/COUNSELING/MEDICATION, 192 OBTAINED LINK CARDS AND 193 SECURED AN ID CARD OR DRIVERS LICENSE.

4b (Code:) (Expenses \$ 200,729. including grants of \$ 87,298.) (Revenue \$ 59,959.)
 CARPENTERS PLACE PROVIDES HOUSING FOR 52 HOMELESS ADULTS. THE TARGET POPULATIONS FOR THE PROGRAMS INCLUDE: 3 VETERANS, 12 CHRONICALLY HOMELESS ADULTS, 6 WOMEN WITH NO ATTENDANT CHILDREN, 2 HOMELESS ADULTS WITH MENTAL ILLNESS, 22 MEN THAT HAD SUCCESSFULLY COMPLETED AN IN-PATIENT REHAB PROGRAM AND UPON RELEASE WERE HOMELESS, AND 7 MEN WHO OBTAINED NEW EMPLOYMENT, BUT HAD NOT YET BECOME SELF-SUPPORTING. EACH HOUSING PROGRAM HAS A MANAGER THAT PROVIDES OVERSIGHT AND CASE MANAGEMENT FOR PARTICIPANTS.

(NOTE: EXPENSES DO NOT INCLUDE \$1,732 WORTH OF DONATED DENTAL SERVICES)

4c (Code:) (Expenses \$ 164,963. including grants of \$ 71,426.) (Revenue \$)
 CARPENTERS PLACE PROVIDES A DAY SHELTER WHERE HOMELESS MEN AND WOMEN CAN ACCESS SERVICES AND BE SAFE FROM THE DANGERS OF THE STREETS AND INCLEMENT WEATHER. FOR THE FISCAL YEAR ENDING JUNE 30, 2010, AN AVERAGE OF 111 HOMELESS INDIVIDUALS CAME TO THE DAY SHELTER DAILY, TOTALING 28,114 VISITORS. IN THAT SAME TIME, 25,071 MEALS WERE SERVED, 2,034 SHOWERS WERE TAKEN, 1,326 ATTENDED CLASSES OR SUPPORT GROUPS, AND 6,876 PHONE CALLS WERE MADE ON A PHONE THAT IS AVAILABLE FOR HOUSING, EMPLOYMENT, AND MEDICAL CALLS BY THE HOMELESS.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 903,062.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10	X	
11	X	
12	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
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	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
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	X
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	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	X
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	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
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	X

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a 19
 b Enter the number of voting members that are independent 1b 15

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X

6 Does the organization have members or stockholders? 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body? 8a X
 b Each committee with authority to act on behalf of the governing body? 8b X

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 X

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

10a Does the organization have local chapters, branches, or affiliates? 10a X
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11A X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official 15a X
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 15b X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
KAY LARRICK – 815-964-4105
1149 RAILROAD AVENUE, ROCKFORD, IL 61104

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
ALLAN BARSEMA CHAIRMAN	2.00	X	X				0.	0.	0.
LOU SETTER PRESIDENT	2.00	X	X				0.	0.	0.
JOHN MORRISSEY VICE PRESIDENT	2.00	X	X				0.	0.	0.
ROGER REITHMEIER TREASURER	2.00	X	X				0.	0.	0.
PHIL TURNER SECRETARY	2.00	X	X				0.	0.	0.
CATHY BARSEMA- DIRECTOR DIRECTOR OF GUEST SERVIC	45.00	X					49,418.	0.	10,737.
DENNIS BARSEMA DIRECTOR	2.00	X					0.	0.	0.
STACEY BARSEMA DIRECTOR	2.00	X					0.	0.	0.
JOHN BASS DIRECTOR	2.00	X					0.	0.	0.
TRACY BEARD DIRECTOR	2.00	X					0.	0.	0.
FR. DAVID BEAUV AIS DIRECTOR	2.00	X					0.	0.	0.
RANDY BENJAMIN DIRECTOR	2.00	X					0.	0.	0.
LESLY COUPER DIRECTOR	2.00	X					0.	0.	0.
LAURINDA DODGEN DIRECTOR	2.00	X					0.	0.	0.
RONALD FIET DIRECTOR	2.00	X					0.	0.	0.
FRAN KNUTSON DIRECTOR	2.00	X					0.	0.	0.
MIKE MALONE DIRECTOR	2.00	X					0.	0.	0.

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

1b Total

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 ►

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

the organization.	NONE	(A)	(B)	(C)
		Name and business address	Description of services	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**

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					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	6,272.			
d Related organizations	1d				
e Government grants (contributions)	1e	451,826.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	720,200.			
g Noncash contributions included in lines 1a-1f		108,431.			
h Total. Add lines 1a-1f		► 1,178,298.			
Program Service Revenue					
2 a PROGRAM FEES	Business Code	624100	59,959.	59,959.	
b					
c					
d					
e					
f All other program service revenue		► 59,959.			
g Total. Add lines 2a-2f		► 59,959.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		► 1,744.			1,744.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		►			
8 a Gross income from fundraising events (not including \$ 6,272. of contributions reported on line 1c). See Part IV, line 18	a	7,842.			
b Less: direct expenses	b	5,242.			
c Net income or (loss) from fundraising events		► 2,600.			2,600.
9 a Gross income from gaming activities. See Part IV, line 19	a	2,407.			
b Less: direct expenses	b	3,725.			
c Net income or (loss) from gaming activities		► <1,318.►			<1,318.►
10 a 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				
11 a MISCELLANEOUS	900099	4,370.			4,370.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		► 4,370.			
12 Total revenue. See instructions		► 1,245,653.	59,959.	0.	7,396.

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	396,810.	396,810.		
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	135,979.	32,635.	62,550.	40,794.
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	430,120.	301,317.	84,280.	44,523.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	56,692.	36,975.	12,680.	7,037.
10 Payroll taxes	61,361.	36,546.	15,716.	9,099.
11 Fees for services (non-employees):				
a Management	23,588.	14,049.	6,041.	3,498.
b Legal	2,182.		2,182.	
c Accounting	7,300.		7,300.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	20,883.	419.	1,403.	19,061.
13 Office expenses	23,874.	8,650.	4,159.	11,065.
14 Information technology	1,545.		1,545.	
15 Royalties				
16 Occupancy	52,220.	46,048.	4,672.	1,500.
17 Travel	7,734.	7,246.	411.	77.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,660.	445.	377.	838.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,032.	14,641.	2,862.	529.
23 Insurance	1,039.	278.	236.	525.
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 EQUIPMENT RENTAL AND MA	6,916.	4,473.	834.	1,609.
b VOLUNTEER EXPENSE	2,401.	643.	545.	1,213.
c DEVELOPMENT AND RECRUIT	2,137.	1,273.	547.	317.
d OUTING EXPENSE	2,066.	553.	469.	1,044.
e MISCELLANEOUS EXPENSE	103.	61.	27.	15.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,254,642.	903,062.	208,836.	142,744.
26 Joint costs. Check here ► <input type="checkbox"/> 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
	1 Cash - non-interest-bearing	24,943.	1	100.
	2 Savings and temporary cash investments	207,501.	2	241,421.
	3 Pledges and grants receivable, net	72,688.	3	47,710.
	4 Accounts receivable, net	7,103.	4	21,020.
	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	3,162.	9	9,685.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 403,148.		
	b Less: accumulated depreciation	10b 137,183.	10c 268,291.	265,965.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,478.	15	14,091.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	598,166.	16	599,992.
	17 Accounts payable and accrued expenses	59,392.	17	67,422.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	
Liabilities	26 Total liabilities. Add lines 17 through 25	59,392.	26	67,422.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	504,434.	27	439,932.
	28 Temporarily restricted net assets	32,890.	28	91,015.
	29 Permanently restricted net assets	1,450.	29	1,623.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	538,774.	33	532,570.
Net Assets or Fund Balances	34 Total liabilities and net assets/fund balances	598,166.	34	599,992.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 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	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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	X
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	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

► Attach to Form 300 or Form 300 EE. ► 300 separate instructions.

Employer identification number

36-4352283

CARPENTER'S PLACE, INC.

36-4352283

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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> 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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/> 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 <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
	(ii) A family member of a person described in (i) above?
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ►	(a) 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.")	758,374.	1135663.	1033017.	1149161.	1178298.	5254513.
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	758,374.	1135663.	1033017.	1149161.	1178298.	5254513.
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)						187,307.
6 Public support. Subtract line 5 from line 4.						5067206.

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	758,374.	1135663.	1033017.	1149161.	1178298.	5254513.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,792.	12,195.	8,256.	2,389.	1,744.	36,376.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	36,284.	56,938.	69,102.	90,118.	74,578.	327,020.
11 Total support. Add lines 7 through 10						5617909.
12 Gross receipts from related activities, etc. (see instructions)					12	307,020.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	90.20	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.09	%
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			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TAX EXEMPT RELATED ACTIVITIES

MISC

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

CARPENTER'S PLACE, INC.

Employer identification number
36-4352283

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
		Held at the End of the Tax Year
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 tax 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 acquisition, 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 programse 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 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:

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

	Amount
1c	
1d	
1e	
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	1,549.	2,058.			
b Contributions					
c Net investment earnings, gains, and losses	283.	<496.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	98.	13.			
g End of year balance	1,734.	1,549.			

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

a Board designated or quasi-endowment ► 6.40 %

b Permanent endowment ► 93.66 %

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
3a(i) X	
3a(ii)	X
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		23,331.		23,331.
b Buildings		156,544.	21,722.	134,822.
c Leasehold improvements		113,510.	32,141.	81,369.
d Equipment		109,763.	83,320.	26,443.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	265,965.

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 (Col (b) must equal Form 990, Part X, col (B) line 12) ►		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►

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

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

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

Total. (Column (b) must 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) must 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 Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,245,653.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,254,642.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<8,989. >
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	2,785.
9 Total adjustments (net). Add lines 4 through 8	9	2,785.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<6,204. >

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	1,261,107.
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	6,487.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	6,487.
3 Subtract line 2e from line 1	3	1,254,620.
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	<8,967. >
c Add lines 4a and 4b	4c	<8,967. >
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,245,653.

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

1 Total expenses and losses per audited financial statements	1	1,267,311.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	3,702.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	8,967.
e Add lines 2a through 2d	2e	12,669.
3 Subtract line 2e from line 1	3	1,254,642.
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 must equal Form 990, Part I, line 18.)	5	1,254,642.

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, line 2; 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.

PART V, LINE 4: THE ORGANIZATION HAS THREE ENDOWMENT FUNDS AT THE

COMMUNITY FOUNDATION OF NORTHERN ILLINOIS, LOCATED AT 949 N. SECOND

STREET, ROCKFORD, ILLINOIS. THE COMMUNITY FOUNDATION IS AN UNRELATED

ORGANIZATION. THERE ARE TWO (2) PERMANENTLY RESTRICTED ENDOWMENT FUNDS

AND ONE (1) QUASI-ENDOWMENT FUND AS LISTED BELOW:

1. HOWARD SMITH MEMORIAL FUND

PURPOSE: TO MEET THE SPECIAL NEED OF THE HOMELESS NOT ORDINARILY IN
THE BUDGET OF CARPENTERS PLACE.

Part XIV Supplemental Information (continued)

BALANCE AT JUNE 30, 2010: \$812.

TYPE: PERMANENTLY RESTRICTED

2. KATHLEEN CUMMINGS ADAMSON MEMORIAL FUND

PURPOSE: TO PROVIDE FINANCIAL SUPPORT FOR HOUSING FOR HOMELESS WOMEN.

BALANCE AT JUNE 30, 2010: \$812

TYPE: PERMANENTLY RESTRICTED

3. CARPENTERS PLACE

**PURPOSE: TO PROVIDE ANNUAL RESOURCES FOR CARPENTERS PLACE OF
ROCKFORD ILLINOIS IN WINNEBAGO COUNTY.**

BALANCE AT JUNE 30, 2009: \$111

TYPE: QUASI-ENDOWMENT FUND

**PART X: THE ORGANIZATION WAS INCORPORATED AS A NONPROFIT
ILLINOIS CORPORATION WHICH IS EXEMPT FROM INCOME TAXES UNDER SECTION
501(C) (3) OF THE INTERNAL REVENUE CODE.**

**THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ACCOUNTING
STANDARDS CODIFICATION 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.
THE STANDARD PROVIDES DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT
RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS
RECOGNIZED IN AN ENTERPRISES FINANCIAL STATEMENTS AND REQUIRES AN ENTITY
TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS
MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION.**

**THE ORGANIZATION ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME
TAXES ON JULY 1, 2009. THIS CURRENT ACCOUNTING STANDARD PRESCRIBES A
RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL
STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED**

Part XIV Supplemental Information (continued)

TO BE TAKEN IN TAX RETURNS. THE AMOUNT RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS MORE LIKELY THAN NOT OF BEING REALIZED UPON SETTLEMENT.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONATED SERVICES CAPITALIZED ON BALANCE SHEET, NOT INCLUDED IN 990 INCOME: 2785.

PART XII, LINE 4B, - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ARE NETTED AGAINST 990 REVENUE ON PAGE 9: \$-8,967.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ARE NETTED AGAINST 990 REVENUE ON PAGE 9: \$8,967.

SCHEDULE I
(Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CARPENTER'S PLACE, INC.

Employer identification number
36-4352283

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 ►

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

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

► _____
► _____
► _____

Schedule I (Form 990) 2009

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 Part I-IV and 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
HOUSING ASSISTANCE INCLUDING UTILITIES, RENT, MORTGAGE INTEREST, INSURANCE, PROPERTY TAX, MAINTENANCE, FURNISHINGS AND OTHER NECESSITIES	1294	213,046.	0.		
TRANSPORTATION	1024	37,683.	0.		
MEDICAL CARE, MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT PROGRAMS.	1255	33,429.	0.		
EMPLOYMENT/JOB RELATED	1191	20,469.	0.		
FOOD, MEALS AND OTHER CONSUMABLE GOODS	1963	12,965.	79,218. FMV		ALL FOOD AND MEALS DONATED TO THE ORGANIZATION ARE DIRECTLY GIVEN TO THOSE IN NEED.

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HAS STRICT INTERNAL GUIDELINES

FOR MONITORING THE USE OF ALL GRANT FUNDS, AS WELL AS EXTERNAL GUIDELINES

MANDATED BY HUD AND OTHER GRANTORS. THE ORGANIZATION IS REQUIRED TO SUBMIT

INDEPENDENT AUDITOR REPORTS AS A PART OF THE APPLICATION PROCESS, FOR GRANT

COMPLIANCE PURPOSES AND/OR FOR GRANT RENEWALS. BECAUSE THE ORGANIZATION

OFFERS DIFFERENT TYPES OF ASSISTANCE, THE RULES AND REGULATIONS FOR EACH

PROGRAM DICTATE THE SPECIFIC CRITERIA AN INDIVIDUAL MUST MEET BEFORE

RECEIVING ASSISTANCE. THE ORGANIZATION THOROUGHLY DOCUMENTS AND MAINTAINS

A DATABASE OF INDIVIDUALS WHO RECEIVE DIFFERENT ASSISTANCE AND THEIR

Part IV Supplemental Information

ELIGIBILITY CRITERIA SUCH AS HOMELESSNESS AND INCOME.

THE NUMBER OF RECIPIENTS LISTED ABOVE MAY INCLUDE ESTIMATED FIGURES.

INDIVIDUALS WHO RECEIVED MULTIPLE ASSISTANCE IN THE SAME CATEGORY ARE ONLY COUNTED ONCE. INDIVIDUALS IN CASE MANAGEMENT WHO ALSO RECEIVED EMPLOYMENT SERVICES AND TRANSPORTATION ASSISTANCE ARE COUNTED FOR IN EACH CATEGORY.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARPENTER'S PLACE, INC.

Employer identification number
36-4352283

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		15,488.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	30	79,218.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>FURNITURE</u>)	X	1	10,000.	FMV
26 Other ► (<u>GOODS FOR AUC</u>)	X	24	3,725.	FMV
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

932141
03-12-10

13410209 765677 R06644

2009.05040 CARPENTER'S PLACE, INC.

R06644_2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE AGENCY'S GIFT ACCEPTANCE POLICY MANDATES

CONTRIBUTIONS OF STOCK ARE TO BE SOLD UPON INITIAL RECEIPT. THE AGENCY

CURRENTLY USES AN INVESTMENT REPRESENTATIVE WITH EDWARD JONES TO

CONDUCT THE SALE.

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

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FORM 990, PART VI, SECTION A, LINE 2: AL BARSEMA (BOARD CHAIRMAN), DENNIS BARSEMA (DIRECTOR), CATHY BARSEMA (DIRECTOR) AND STACEY BARSEMA (DIRECTOR) ALL HAVE A FAMILY RELATIONSHIP WITH ONE ANOTHER. AL BARSEMA (BOARD CHAIRMAN) ALSO HAS A BUSINESS RELATIONSHIP WITH THE ORGANIZATION. JOHN MORRISSEY (VICE-PRESIDENT) HAS A BUSINESS RELATIONSHIP WITH THE ORGANIZATION.
ALL DIRECTORS OF THE ORGANIZATION ARE HIGHLY RESPECTED COMMUNITY MEMBERS WHO WORK IN THE PUBLIC REALM, AND MAY HAVE BUSINESS TRANSACTIONS WITH OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 3: STAFF MANAGEMENT, A PROFESSIONAL EMPLOYER ORGANIZATION OR PEO, ASSISTS THE AGENCY WITH ITS HUMAN RESOURCE FUNCTIONS, PROVIDES HEALTH INSURANCE ADMINISTRATION AND PAYROLL SERVICES INCLUDING FILING ALL PAYROLL TAX RETURNS ON BEHALF OF THE ORGANIZATION (DENOTES THE RESPONSE OF YES TO PART V QUESTION 2B). HOWEVER, THE ORGANIZATION REMAINS IN CONTROL OF MANAGEMENT DUTIES SUCH AS DECISIONS ABOUT PERSONNEL HIRING AND FIRING.

FORM 990, PART VI, SECTION B, LINE 11: AGENCY POLICY MANDATES THE FINANCE & AUDIT COMMITTEE OF CARPENTER'S PLACE REVIEW FORM 990 WITH ITS CERTIFIED PUBLIC ACCOUNTANTS AT THE SAME MEETING THAT IT REVIEWS THE DRAFT OF THE ANNUAL AUDIT REPORT WITH ITS CPAs, OR SUCH OTHER MEETING AS APPROPRIATE. AFTER ACCEPTANCE BY THE FINANCE & AUDIT COMMITTEE, AN ELECTRONIC COPY SHALL BE SENT TO EACH BOARD MEMBER AT LEAST 3 DAYS PRIOR TO NEXT BOARD OF DIRECTORS MEETING FOR THEIR REVIEW. AT THE BOARD MEETING, THE FORM 990 SHALL BE PRESENTED BY THE BOARD TREASURER AND QUESTIONS FROM BOARD MEMBERS

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

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Name of the organization

CARPENTER'S PLACE, INC.

Employer identification number
36-4352283

SHALL BE ADDRESSED, AFTER WHICH A MOTION SHALL BE ENTERED, SECONDED AND
VOTED UPON TO ACCEPT FORM 990 AS PRESENTED, OR AS REVISED AS MAY BE
REQUIRED. UPON FINAL BOARD APPROVAL, FORM 990 SHALL BE SIGNED BY THE BOARD
PRESIDENT, VICE PRESIDENT, TREASURER OR THE EXECUTIVE DIRECTOR, AS
APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS, COMMITTEE
MEMBERS, VOLUNTEERS, AND EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE IN
WRITING (PER THE CODE OF CONDUCT POLICY) ANY CONFLICTS OF INTEREST OR ANY
SITUATION THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. THE POLICY IS
STRICTLY ENFORCED BY THE BOARD PRESIDENT, EXECUTIVE COMMITTEE AND EXECUTIVE
DIRECTOR. THE CODE OF CONDUCT IS A REQUIREMENT OF THE U.S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT (H.U.D.) FOR ALL FEDERALLY FUNDED GRANTEES
AND SUB-GRANTEES. TO MEET H.U.D. REQUIREMENTS, THE CODE OF CONDUCT MUST
INCLUDE ADDITIONAL POLICIES CONCERNING THE PROPER USE OF AGENCY PROPERTY,
EMPLOYMENT PRACTICES, ETC.

FORM 990, PART VI, SECTION B, LINE 15: STAFF MANAGEMENT, A PROFESSIONAL
EMPLOYER ORGANIZATION OR PEO, ASSISTS THE AGENCY WITH ITS HUMAN RESOURCE
FUNCTIONS. THIS INCLUDES REVIEWING COMPENSATION ON BOTH AN INTERNAL AND
EXTERNAL BASIS. FURTHER, INFORMATION IS GATHERED ON OTHER LOCAL
NON-PROFITS OF SIMILAR SIZE BY THE AGENCY UTILIZING GUIDESTAR AND OTHER
WEBSITES. COMPENSATION IS REVIEWED ANNUALLY AS A PART OF THE BUDGETING
PROCESS. THE BUDGET PROCESS INCLUDES INPUT AND REVIEW BY BOTH THE
EXECUTIVE AND THE FINANCE COMMITTEES OF THE BOARD OF DIRECTORS. THE FULL
BOARD OF DIRECTORS APPROVES THE ANNUAL BUDGET

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

CARPENTER'S PLACE, INC.

Employer identification number
36-4352283

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ALONG WITH THE 990 AND APPLICATION FOR TAX EXEMPTION ARE PROVIDED ON REQUEST, AVAILABLE FOR INSPECTION AT CARPENTER'S PLACE AND POSTED ON THE GUIDESTAR AND OFFICE OF ATTORNEY GENERAL'S WEBSITES.

FORM 990, PART XI, LINE 2C

THE ORGANIZATIONS AUDIT COMMITTEE USES A SYSTEMATIC PROCESS FOR SELECTION OF INDEPENDENT AUDITORS FOR THE AUDIT OF THE ANNUAL FINANCIAL STATEMENTS. THE AUDIT COMMITTEE HAS BEEN APPOINTED THE RESPONSIBILITY TO OVERSEE THE AUDIT PROCESS INCLUDING THE CONDUCT AND REPORTING ON THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN MORRISSEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF MORRISSEY FAMILY BUSINESSES, INCLUDING STAFF MANAGEMENT, INC

(C) AMOUNT OF TRANSACTION \$ 689941.

(D) DESCRIPTION OF TRANSACTION: SEE SCHE. O

JOHN MORRISSEY IS THE OWNER OF MORRISSEY FAMILY BUSINESSES, INCLUDING STAFF MANAGEMENT, INC. THE AGENCY OUTSOURCES ITS PAYROLL AND SOME OF ITS HUMAN RESOURCES FUNCTIONS TO STAFF MANAGEMENT. TOTAL AMOUNT PAID OF \$689,941. INCLUDES REIMBURSEMENT OF SALARIES, EMPLOYER TAXES, AND INSURANCE, AND APPLICABLE ADMINISTRATIVE FEES.

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.**

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2009

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(E) SHARING OF ORGANIZATION REVENUES? = NO