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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

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 $ 19,626,648

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) ☐ 501(c) ( ) ◀ (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

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 individuals employed in calendar year 2011 (Part V, line 2a)	**5**	649
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total 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)	19,442,710	18,494,878
	9 Program service revenue (Part VIII, line 2g)	245,037	1,126,715
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,389	5,055
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,026	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,696,162	19,626,648
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,605,772	10,793,365
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,748,164	7,986,321
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶134,346		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,146,154	1,511,201
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,500,090	20,290,887
	19 Revenue less expenses Subtract line 18 from line 12	196,072	-664,239

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	6,444,110	4,779,718
	21 Total liabilities (Part X, line 26)	4,550,639	3,559,114
	22 Net assets or fund balances Subtract line 21 from line 20	1,893,471	1,220,604

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

****** | 2013-05-02
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-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00157253
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARTER HAYES ASSOCIATES PC 1952 WHITNEY AVENUE HAMDEN, CT 06517			EIN ▶ 06-1244958 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 8,792,735 including grants of $ 2,282,476) (Revenue $ 196,095)

ADULT JOB TRAINING - TOTAL OF 18,426 CUSTOMERS SERVED AT SOUTHWESTERN CTWORKS JOB CENTERS, 114 WIA ADULT PARTICIPANTS ASSIGNED INDIVIDUAL TRAINING ACCOUNTS

4b (Code) (Expenses $ 4,312,054 including grants of $ 1,039,991) (Revenue $ 930,620)

DISLOCATED WORKERS - TOTAL OF 18,426 CUSTOMERS SERVED AT SOUTHWESTERN CTWORKS JOB CENTERS, 119 WIA DISLOCATED PARTICIPANTS ASSIGNED INDIVIDUAL TRAINING ACCOUNTS

4c (Code) (Expenses $ 3,143,465 including grants of $ 1,980,011) (Revenue $)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES - TOTAL OF 18,426 CUSTOMERS SERVED AT SOUTHWESTERN CTWORKS JOB CENTERS, 2,869 JOBS FIRST PARTICIPANTS SERVED

(Code) (Expenses $ 2,729,221 including grants of $ 1,602,363) (Revenue $)

YOUTH PROGRAMS - TOTAL OF 18,426 CUSTOMERS SERVED AT SOUTHWESTERN CTWORKS JOB CENTERS, 317 YOUTH PARTICIPANTS SERVED

4d Other program services (Describe in Schedule O)

(Expenses $ 2,729,221 including grants of $ 1,602,363) (Revenue $)

4e **Total program service expenses** ▶ $ 18,977,475

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	5		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	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**	649		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	48		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								541,201	0	62,191

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	17,719,720			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	775,158			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		18,494,878			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUE	541610	1,126,715	1,126,715		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,126,715			
	3	Investment income (including dividends, interest and other similar amounts)		5,055			5,055
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		19,626,648	1,126,715	0	5,055

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	6,904,841	6,904,841		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,888,524	3,888,524		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	456,217		381,807	74,410
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	6,342,183	5,919,043	382,651	40,489
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	233,458	205,769	24,247	3,442
9	Other employee benefits	677,330	582,206	86,644	8,480
10	Payroll taxes	277,133	218,803	50,805	7,525
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	31,950	14,757	17,193	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	43,919	29,124	14,795	
13	Office expenses	184,347	131,435	52,912	
14	Information technology				
15	Royalties . .				
16	Occupancy	495,220	444,485	50,735	
17	Travel	33,681	28,260	5,421	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,066	84,890	34,176	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,022	33,265	38,757	
23	Insurance	38,830	29,912	8,918	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONTRACT SERVICES	349,391	344,876	4,515	
b	TELEPHONE	86,063	73,556	12,507	
c	EQUIPMENT MAINT	27,349	23,517	3,832	
d	POSTAGE & SHIPPING	13,644	10,842	2,802	
e					
f	All other expenses	15,719	9,370	6,349	
25	**Total functional expenses.** Add lines 1 through 24f	20,290,887	18,977,475	1,179,066	134,346
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		3,683,975	1	2,556,130
	2	Savings and temporary cash investments		258,918	2	300,428
	3	Pledges and grants receivable, net		2,156,958	3	1,424,856
	4	Accounts receivable, net		69,476	4	205,906
	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 1,125,346			
	b	Less accumulated depreciation	10b 980,734	110,016	10c	144,612
	11	Investments—publicly traded securities		144,289	11	128,633
	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		20,478	15	19,153
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,444,110	16	4,779,718
Liabilities	17	Accounts payable and accrued expenses		3,920,083	17	3,541,622
	18	Grants payable			18	
	19	Deferred revenue		630,556	19	17,492
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		4,550,639	26	3,559,114
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		551,595	27	532,914
	28	Temporarily restricted net assets		1,232,390	28	578,204
	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		1,893,471	33	1,220,604
	34	Total liabilities and net assets/fund balances		6,444,110	34	4,779,718

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	19,626,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,290,887
3	Revenue less expenses Subtract line 2 from line 1	3	-664,239
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,893,471
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,628
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,220,604

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2011

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,594,898	16,376,606	19,609,441	19,442,710	18,494,878	86,518,533
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	12,594,898	16,376,606	19,609,441	19,442,710	18,494,878	86,518,533
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						86,518,533

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	12,594,898	16,376,606	19,609,441	19,442,710	18,494,878	86,518,533
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,555	31,229	11,788	7,389	5,055	104,016
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	8	1,044	1,112	1,026		3,190
11 **Total support** (Add lines 7 through 10)						86,625,739

12	Gross receipts from related activities, etc (See instructions)	12	2,066,262

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 2011 (line 6 column (f) divided by line 11 column (f))	14	99 880 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 800 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	109,486	109,486	105,486	
b Contributions				4,000	
c Investment earnings or losses	118	727	1,519	8,371	
d Grants or scholarships	118	727	1,519	8,371	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	109,486	109,486	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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		1,125,346	980,734	144,612
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				144,612

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
(1) Financial derivatives		
(2) 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 (ASC 740) 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 (ASC740)

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	19,626,648
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,290,887
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-664,239
4	Net unrealized gains (losses) on investments	4	-8,628
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	-8,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-672,867

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	19,618,020
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	-8,628		
e	Add lines **2a** through **2d**			2e	-8,628
3	Subtract line **2e** from line **1**			3	19,626,648
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	19,626,648

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

1	Total expenses and losses per audited financial statements			1	20,290,887
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	20,290,887
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	20,290,887

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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

2011

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 listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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
(1) AMOUNTS PROVIDED THROUGH THE FEDERAL WORKFORCE INVESTMENT ACT AND VARIOUS FEDERAL AND STATE OF CONNECTICUT GRANTS FOR INDIVIDUAL TRAINING ACCOUNTS TO PAY FOR TRAINING PROGRAMS AND EDUCTAION IN VARIOUS INDUSTRIES	715	1,608,235			
(2) AMOUNTS PROVIDED THROUGH PUBLIC CONTRIBUTIONS FOR INDIVIDUAL TRAINING ACCOUNTS TO PAY FOR TRAINING PROGRAMS AND EDUCTAION IN VARIOUS INDUSTRIES	29	91,209			
(3) PROGRAM FUNDED BY THE STATE OF CONNECTICUT AND FEDERAL AGENCIES 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	137	878,479			
(4) 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	14472	440,761			
(5) PROGRAM FUNDED BY STATE OF CONNECTICUT TO OFFER INCENTIVES TO EMPLOYERS TO HIRE NEW EMPLOYEES AND CREATE JOBS THROUGH WAGE SUBSIDIES AND TRAINING PROGRAMS	129	869,840			

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
		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)	321,817				JOB TRAINING & PLACEMENT ASSISTANCE TO BORROWERS WHO HAVE GONE INTO MORTGAGE FORECLOSURE & WHO ARE UNEMPLOYED OR UNDEREMPLOYED
WESTCHESTER WIB 120 BLOOMINGDALE RD WHITEPLAINS,NY 10605	13-6007353		5,000				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
BEHAVIORAL HEALTH CONSULTANTS LLC 3018 DIXWELL AVE HAMDEN,CT 06518	06-1563820		42,500				PROVIDE COUNSELING SERVICES TO LONG TERM UNEMPLOYED AND FAMILIES
CAREER RESOURCES INC 350 FAIRFIELD AVE BRIDGEPORT,CT 06604	06-1427945	501(C)(3)	2,863,065				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
BIRMINGHAM GROUP HEALTH SERVICES INC435 EAST MAIN STREET ANSONIA,CT 06401	22-2598799	501(C)(3)	20,518				ASSIST INDIVIDUALS WITH DISABILITIES TO OBTAIN COMPETITIVE EMPLOYMENT FUNDED VIA A US DOL GRANT
BUSINESS ACCESS LLC17101 PRESTON RD DALLAS,TX 75248	75-2840271		80,000				PROVIDE TRAINING & JOB SEARCH ASSISTANCE TO EMPLOYEES & EX-EMPLOYEES OF CONNECTICUT INSURANCE AGENCIES AND DISLOCATED WORKERS THAT WOULD LIKE TO ENTER THE INSURANCE AND FINANCE SERVICES FIELD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAMSTERS LOCAL 1150150 GARFIELD AVE STRATFORD,CT 06615	06-0776845		21,500				PROVIDE TRAINING TO INCUMBENT WORKER TO UPGRADE SKILLS & ADVANCE PLACEMENT WITHIN THEIR CURRENT EMPLOY EMPLOYERS WHO PARTICIPATE & REQUIRED TO PROVIDE MATCHING FUNDS
NW REGIONAL WORKFORCE INVESTMENT BOARD249 THOMASTON AVENUE WATERBURY,CT 06702	06-1623757	501(C)(3)	30,560				PROVIDE RE-TRAINING & TEMPORARY JOB PLACEMENT TO MATURE WORKERS SEEKING TO REENTER THE JOB MARKET

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORKFORCE ALLIANCE560 ELLA T GRASSO BOULEVARD NEW HAVEN,CT 06519	06-1090440	501(C)(3)	128,321				PROVIDE RE-TRAINING & TEMPORARY JOB PLACEMENT TO MATURE WORKERS SEEKING TO REENTER THE JOB MARKET
ABRI HOMES FOR THE BRAVE655 PARK AVENUE BRIDGEPORT,CT 06604	06-1520511	501(C)(3)	170,810				JOB TRAINING & PLACEMENT TO VETERANS UPON RETURNING TO CIVILIAN LIFE

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
DCI RESOURCES INCPO BOX 9256 NEW HAVEN,CT 06533	26-4793716		17,000				INSTRUCT AT RISK STUDENTS OF CAREER OPPORTUNITIES AND CHOICES AVAILABLE
DANDELION PRODUCTIONS INC 81 HUMISTON DRIVE BETHANY,CT 06524	22-3075613		73,900				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)	102,819				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	269,100				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
FSW INC475 CLINTON AVE BRIDGEPORT,CT 06605	06-0646974	501(C)(3)	300,276				UNIVERSAL ACCESS TO COMPREHENSIVE EMPLOYMENT SERVICES THROUGH VARIOUS ONE STOP CENTERS SET UP IN SOUTHWEST CONNECTICUT
NORWALK COMMUNITY TECHNICAL COLLEGE188 RICHARDS AVENUE NORWALK,CT 06854	06-6000798		20,000				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
GIRLS INCORPORATED OF SOUTHWESTERN CONNECTICUT35 PARK PLACE WATERBURY,CT 06702	06-0646950	501(C)(3)	49,631				PROVIDE ACADEMIC AND CAREER GUIDANCE TO INDIVIDUALS SEEKING TO ENTER CAREERS IN STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS)
GOODWILL INDUSTRIES165 OCEAN TERRACE BRIDGEPORT,CT 06605	06-0662111	501(C)(3)	192,737				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
GRIFFIN HOSPITAL130 DIVISION ST DERBY,CT 06418	06-0647014		10,000				PROVIDE TRAINING TO INCUMBENT WORKERS TO UPGRADE SKILLS AND ADVANCE PLACEMENT WITHIN THEIR CURRENT EMPLOYER EMPLOYERS WHO PARTICIPATE ARE REQUIRED TO PROVIDE MATCHING FUNDS
WAVENY CARE NETWORK3 FARM ROAD NEW CANNAN,CT 06840	06-0859588		15,995				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
BRIDGEPORT AREA YOUTH MINISTRY INC506 LOGAN STREET BRIDGEPORT,CT 06601	06-1447769	501(C)(3)	121,518				UNIVERSAL ACCESS TO COMPREHENSIVE EMPLOYMENT SERVICES THROUGH VARIOUS ONE STOP CENTERS SET UP IN SOUTHWEST CONNECTICUT
MARRAKECH INC6 LUNAR DRIVE WOODBRIDGE,CT 06525	23-7148533	501(C)(3)	97,670				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
HOME BUILDERS INSTITUTE1201 15TH ST NW WASHINGTON,DC 20005	52-1266885		98,784				PREPARE INDIVIDUALS FOR JOBS IN HIGH GROWTH INDUSTRIES AS DEFINED BY A GRANT BY THE U S DEPARTMENT OF LABOR
MOUNT AERY DEVELOPMENT CORPORATION73 FRANK ST BRIDGEPORT,CT 06604	06-1432007		68,697				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY

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
PIVOT MINISTRIES 495 JANE ST BRIDGEPORT,CT 06608	06- 0893030		28,795				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY
ROSCO LABORATORIES INC 52 HARBOR VIEW AVE STAMFORD,CT 06902	04- 3101783		19,200				PROVIDE TRAINING TO INCUMBENT WORKER TO UPGRADE SKILLS & 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
WESTCHESTER COMMUNITY COLLEGE75 GRASSLAND ROAD VALHALLA,NY 10595	13-6007353		46,002				PREPARE INDIVIDUALS FOR JOBS IN HIGH GROWTH INDUSTRIES AS DEFINED BY A GRANT BY THE US DEPARTMENT OF LABOR
URBAN LEAGUE OF SOUTHERN CT46 ATLANTIC ST STAMFORD,CT 06901	06-0856692	501(C)(3)	119,620				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
ACTION FOR BRIDGEPORT COMMUNITY DEVELOPMENT INC 1070 PARK AVENUE BRIDGEPORT,CT 06604	06-0797841	501(C)(3)	86,128				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY
BRIDGEPORT HOSPITAL267 GRANT ST BRIDGEPORT,CT 06610	06-0646554		6,895				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
CARPENTER'S UNION LOCAL #210427 STILLSON ROAD FAIRFIELD,CT 06824	06-0571112		93,335				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY
CITY OF BRIDGEPORT263 GOLDEN HILL ST RM324 BRIDGEPORT,CT 06604	06-6001865	CITY OF BRIDGEPORT	60,178				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY

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
CT RETAIL MERCHANTS EDUCATIONAL AND CHARITABLE FOUNDATION60 FOREST ST HARTFORD,CT 06105	27-0056651		26,408				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY
DISABILITY RESOURCE CENTER OF FAIRFIELD80 FERRY ST SUITE 210 STRATFORD,CT 06615	06-1175590	501(C)(3)	6,175				PROVIDE TRAINING SERVICES FOR INDIVIDUALS WITH DISABILITIES

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
DOMUS FOUNDATION INC 83 LOCKWOOD AVE STAMFORD,CT 06902	06-0891998	501(C)(3)	304,999				TRAFIGURA WORK & LEARN PROGRAM
GREATER BRIDGEPORT COMMUNITY ENTERPRISES INC 570 BARNUM AVE BRIDGEPORT,CT 06604	20-5759623		143,363				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY

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
GULICK BUILDING & DEVELOPMENT LLC 1069 CONNECTICUT AVE BUILDING A SUITE 102 BRIDGEPORT,CT 06607	26-3338409		10,746				TRAINING AND JOB PLACEMENT OF INDIVIDUALS FOR JOBS IN THE GREEN INDUSTRY
NEW VISION INTERNATIONAL DEVELOPMENT CORPORATION130 GREGORY ST BRIDGEPORT,CT 06604	06-1614551	501(C)(3)	213,625				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
UNILEVER40 MERRITT BOULEVARD TRUMBELL,CT 06611	13-1840427		20,000				PROVIDE TRAINING TO INCUMBENT WORKERS TO UPGRADE SKILLS & ADVANCE PLACEMENT WITHIN THEIR CURRENT EMPLOYER EMPLOYERS WHO PARTICIPATE ARE REQUIRED TO PROVIDE MATCHING FUNDS
VALLEY MEDICAL INSTITUTE4637 MAIN STREET BRIDGEPORT,CT 06606	06-1394593		42,193				JOB TRAINING AND PLACEMENT FOR INDIVIDUALS IN THE YEAR ROUND YOUTH PROGRAM

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
CAREER TEAM EDUCATION LLC 250 STATE ST BRIDGEPORT,CT 06473	27-5083325		63,145				PROVIDE JOB SEARCH SKILLS TRAINING TO LONG TERM UNEMPLOYED
CAREER TECHNOLOGY LLC 45 MINERVA ST DERBY,CT 06418	45-3044139		126,395				PROVIDE TRAINING ON TECHNOLOGY PROGRAMS AND USE OF OFFICE MACHINES

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
COLUMBUS HOUSE INC586 ELLA T GRASSO BLVD NEW HAVEN,CT 06519	22-2511873	501(C)(3)	38,970				PROVIDE SERVICES TO VETERANS SEEKING TEMPORARY ASSISTANCE FOR DAILY LIVING NEEDS
CONCORD PERSONNEL4 WEST RED OAK LANE WHITE PLAINS,NY 10604	13-3637702		29,222				PROVIDE PAYROLL SERVICES TO PERSONNEL HIRED IN NEW YORK AS PART OF P2E GRANT

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
CT LEAGUE FOR NURSING377 RESEARCH PARKWAY MERIDEN,CT 06450	06-0760307		40,076				PROVIDE CORE SKILLS TRAINING TO PARTICIPANTS OF THE HEALTH CARE ACADEMY
FAMILY REENTRY 9 MOTT AVE SUITE 104 NORWALK,CT 06850	06-1196124	501(C)(3)	35,319				PROVIDE CASE MANAGEMENT SERVICES TO PARTICIPANTS OF GREEN UP PROGRAM

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
GESSWEIN201 HANCOCK AVE BRIDGEPORT,CT 06605	13-5101090		7,590				PROVIDE ON THE JOB TRAINING OPPORTUNITIES TO YOUTH
HOUSING DEVELOPMENT FUND INC100 PROSPECT STREET STAMFORD,CT 06902	06-1276156	501(C)(3)	6,203				PROVIDE FINANCIAL LITERACY TRAINING TO LONG TERM UNEMPLOYED INDIVIDUALS

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
LOWER NAUGATUCK VALLEY PARENT CHILD RESOURCES CENTER30 ELIZABETH ST DERBY,CT 06412	06-0925826	501(C)(3)	10,745				TRAIN STAFF IN PROGRAM TO HELP RECOGNIZE CHILD DEVELOPMENT PROBLEMS
MICROBOARD PROCESSING INC4 PROGRESS AVE SEYMOUR,CT 06483	06-1076626		40,541				PROVIDE TRAINING TO INCUMBENT WORKER TO UPGRADE SKILLS & 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
MORRISON GROUP LIMITED LIABILITY COMPANYPO BOX 4483 HAMDEN,CT 06514	06-1624828		99,660				PROVIDE TRAINING TO CANDIDATES ENROLLED IN THE HEALTH CARE OPPORTUNITY GRANT
NEW ENGLAND LABORERS TRAINING ACADEMYROUTE 97 MURDOCK RD POMFRET CENTER,CT 06259	04-2454286		32,600				TRAIN PARTICIPANTS ON VARIOUS CARPENTRY TOOLS, SAFETY PROTOCOLS, OSHA REGULATIONS

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
PARENT-CHILD HOME PROGRAM 1415 KELLUM PLACE GARDEN CITY,NY 11530	11-2495601	501(C)(3)	8,000				INSTRUCT YOUNG PARENTS ON PROPER TECHNIQUES OF READING AND OTHER PRE-SCHOOL HABITS
SNYDER GROUP INCORPORATED ONE SELLECK ST NORWALK,CT 06851	06-1478876		12,120				ESTABLISH AND MAINTAINENCE OF THE WEBSITE USED FOR THE LONG TERM UNEMPLOYED

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) JOSEPH CARBONE	(i)	204,393	0	74,376	19,125	1,500	299,394	0
	(ii)	0	0	0	0	0	0	0
(2) ADRIENNE PARKMOND	(i)	137,903	0	1,632	11,860	5,531	156,926	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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY ANY CONFLICTS THAT ARISE DURING THE YEAR ARE MONITORED THROUGH SELF DISCLOSURE
	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
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -8,628
		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 $ 2,729,221 including grants of $ 1,602,363) (Revenue $)

YOUTH PROGRAMS - TOTAL OF 18,426 CUSTOMERS SERVED AT SOUTHWESTERN CTWORKS JOB CENTERS, 317 YOUTH 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			
FRANK ORTEGA 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
TERESA GIEGENGACK BOARD MEMBER	50	X						0	0	0
JOSEPH MCGEE BOARD MEMBER	50	X						0	0	0
JENNIFER STITES 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
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
DARYL TWITCHELL BOARD MEMBER	50	X						0	0	0
KAREN ZIOMEK BOARD MEMBER	50	X						0	0	0
JOSEPH CARBONE PRESIDENT & CEO	35 00			X				278,769	0	20,625
GINO VENDITTI SECRETARY & DIR FINANCE	35 00			X				122,897	0	24,175
ADRIENNE PARKMOND EXECUTIVE VP OPERATIONS	35 00					X		139,535	0	17,391

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
JIM CAIN 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
ANDY GOLD 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
MICHAEL FERRIS BOARD MEMBER	50	X						0	0	0
SUSAN PIERSON 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
LANA WONG 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
GARRY 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