

Leslie Foster
The Gathering Place
1535 High Street
Denver, CO 80218

Dear Leslie:

Enclosed are the original and one copy of your income tax returns for the period ended September 30, 2008 for:

The Gathering Place as follows...

2007 990 - Return of Organization Exempt from Income Tax
2007 Schedule A - Organization Exempt Under 501(c)(3)
2007 Schedule B - Schedule of Contributors
2007 8879 - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,



Ehrhardt Keefe Steiner & Hottman PC

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: THE GATHERING PLACE. D Employer identification number: 84-1021059. E Telephone number: (303) 321-4198. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.THE-GATHERINGPLACE.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 3,774,660.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Columns include description, sub-rows (a, b, c), and totals. Total revenue is 3,322,419 and total expenses is 3,345,750.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule),	62,048.	62,048.	STMT 2	
24	Benefits paid to or for members (attach schedule),				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	342,060.	185,438.	104,415.	STMT 3 52,207.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	942,369.	942,369.		
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27	120,828.	107,882.	8,070.	4,876.
29	Payroll taxes	123,448.	106,385.	9,508.	7,555.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	51,501.	48,704.	379.	2,418.
34	Telephone	22,003.	15,748.	980.	5,275.
35	Postage and shipping	56,622.	15,813.	1,330.	39,479.
36	Occupancy,	313,333.	230,642.	41,798.	40,893.
37	Equipment rental and maintenance				
38	Printing and publications	85,928.	21,366.	1,682.	62,880.
39	Travel,	74,549.	74,549.		
40	Conferences, conventions, and meetings	19,058.	19,024.		34.
41	Interest,	213,834.	50,143.	3,021.	160,670.
42	Depreciation, depletion, etc. (attach schedule)	329,584.	273,556.	16,479.	39,549.
43	Other expenses not covered above (itemize):				
43a	STMT 4	588,585.	439,406.	110,200.	38,979.
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	3,345,750.	2,593,073.	297,862.	454,815.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	176,096.	45	552,005.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	626,458.		
	b Less: allowance for doubtful accounts		48c	626,458.
	49 Grants receivable	289,969.	49	41,209.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	18,051.	53	27,050.
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	546,735.	54a	214,088.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	8,302,057.		
	b Less: accumulated depreciation (attach schedule)	372,936.	57c	7,929,121.
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	10,449,402.	59	9,389,931.	
Liabilities	60 Accounts payable and accrued expenses	701,641.	60	45,557.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	3,148,256.	64b	3,118,118.
	65 Other liabilities (describe <input type="checkbox"/>)	422,629.	65	72,711.
	66 Total liabilities. Add lines 60 through 65	4,272,526.	66	3,236,386.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,957,007.	67	6,111,333.
	68 Temporarily restricted	1,219,869.	68	42,212.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	6,176,876.	73	6,153,545.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,449,402.	74	9,389,931.

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 486,811. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members N/A 85d Section 162(e) lobbying and political expenditures N/A 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 N/A b Gross receipts, included on line 12, for public use of club facilities N/A 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. X 88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI. X 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? X f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? X g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A 90a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 35 91a The books are in care of LESLIE FOSTER Telephone no. 303-321-4198 Located at 1535 HIGH STREET DENVER, CO ZIP + 4 80205

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					405,594.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,944.	
96 Dividends and interest from securities			14	9,442.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	40,406.	
101 Net income or (loss) from special events			01	251,965.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER REVENUE _____			01	15,188.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				325,945.	405,594.
105 Total (add line 104, columns (B), (D), and (E))					731,539.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93G	THE GATHERING PLACE RECEIVES FEDERAL EMERGENCY SHELTER GRANTS FROM STATE AND LOCAL AGENCIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here


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.

CLIENT COPY

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature		Date	7/15/2009	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EHRHARDT KEEFE STEINER & HOTTMAN PC	EIN	84-0869721	Phone no.	303-740-9400
	7979 E. TUFTS AVENUE, SUITE 400		80237-2843		
	DENVER, CO				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

THE GATHERING PLACE

Employer identification number

84-1021059

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ▶ NONE

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 16		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Substantial contributors; 2a-e. Specific transactions; 3a-d. Grants and other activities; 4a-c. Donor advised funds; 4d-f. Fund details.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines; e Public support; f Public support percentage; 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000; c Add: Amounts from column (e) for lines; d Add: Line 27a total and line 27b total; e Public support; f Total support for section 509(a)(2) test; g Public support percentage; h Investment income percentage; 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000	41	
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule of Contributors

2007

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

THE GATHERING PLACE

Employer identification number

84-1021059

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE GATHERING PLACE

Employer identification number

84-1021059

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JANE QUINETTE 1535 HIGH STREET DENVER, CO 80218	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AV HUNTER TRUST 650 S CHERRY STREET, #535 DENVER, CO 80246	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANSCHUTZ FAMILY FOUNDATION 555 SEVENTEENTH STREET, SUITE 2400 DENVER, CO 80202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DANIELS FUND 101 MONROE STREET DENVER, CO 80206	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MILE HIGH UNITED WAY 2505 18TH STREET DENVER, CO 80211	\$ 199,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	POST NEWS SEASON TO SHARE FUND 101 W COLFAX AVE DENVER, CO 80202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	THE GATHERING PLACE	Employer identification number	84-1021059
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE DENVER FOUNDATION 55 MADISON, 8TH FLOOR DENVER, CO 80206	\$ 300,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NORD FAMILY FOUNDATION 747 MILAN AVENUE AMHERST, OH 44001	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE CYDNEY AND TOM MARISCO FAMILY FOUND 1535 HIGH STREET DENVER, CO 80218	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MEL WOLF FOUNDATION 6825 E TENNESSEE STE 235 DENVER, CO 80224	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CITY AND COUNTY OF DENVER DIV OF HOUSING 201 W COLFAX AVE, 2ND FLOOR DEPT 1005 DENVER, CO 80202	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	FINANCIAL DESIGNS, LTD. 1775 SHERMAN ST., STE. 1800 DENVER, CO 80203	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE GATHERING PLACE	Employer identification number 84-1021059
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JUDE BLUM 1535 HIGH STREET DENVER, CO 80218	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	GATES FAMILY FOUNDATION 3575 CHERRY CREEK NORTH DRIVE, SUITE 100 DENVER, CO 80209	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	BETSY'S CUPBOARD 1535 HIGH STREET DENVER, CO 80218	\$ 165,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE GATHERING PLACE

Employer identification number

84-1021059

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	SUPPLIES	\$ 165,380.	12/31/2007
		\$	
		\$	
		\$	
		\$	
		\$	

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
BROWN BAG GALA	341,939.	89,974.	251,965.
TOTALS	341,939.	89,974.	251,965.
	=====	=====	=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

=====

DESCRIPTION	PROGRAM SERVICES
-----	-----
EMERGENCY FOOD, SHELTER & CLOTHING	62,048.
TOTALS	----- 62,048. =====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

=====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
MARY ELLEN ARTHUR COMPENSATION:	49,395.	NONE	NONE
LESLIE FOSTER COMPENSATION:	30,220.	69,635.	NONE
RHONDA MORRONI COMPENSATION:	40,920.	27,280.	NONE
BRENDA ROUSH COMPENSATION:	15,293.	7,500.	52,207.
JUSTINE ZOLLO COMPENSATION:	49,610.	NONE	NONE
TOTALS	----- 185,438. =====	----- 104,415. =====	----- 52,207. =====

FORM 990, PART II - OTHER EXPENSES

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DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
DUES & SUBSCRIPTIONS	14,867.	5,965.	422.	8,480.
COMPUTER/IT	14,574.	8,053.	2,436.	4,085.
INSURANCE	40,226.	33,388.	2,011.	4,827.
PROFESSIONAL SERVICES	143,491.	46,659.	77,308.	19,524.
BANK FEES	19,778.		19,674.	104.
MISCELLANEOUS	822.	471.	322.	29.
CONTRIBUTED SUPPLIES	248,306.	248,306.		
OTHER TRAVEL	2,972.	1,980.	175.	817.
EQUIPMENT	15,164.	6,199.	7,852.	1,113.
BAD DEBT EXPENSE	86,000.	86,000.		
SALES TAX	2,385.	2,385.		
TOTALS	588,585.	439,406.	110,200.	38,979.

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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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THE GATHERING PLACE IS DENVER'S ONLY ORGANIZATION PROVIDING DROP-IN,
DAYTIME SAFETY AND SERVICES TO WOMEN AND CHILDREN EXPERIENCING
HOMELESSNESS.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

THE GATHERING PLACE (TGP) OFFERS OPPORTUNITIES FOR EDUCATION, SELF-SUFFICIENCY, AND PERSONAL DEVELOPMENT TO AN AVERAGE OF 505 WOMEN EACH MONTH. EACH MONTH TGP'S KITCHEN SERVES OVER 5,828 MEALS WHILE "BETSY'S CUPBOARD" PROVIDES NEARLY 405 WOMEN AND FAMILIES WITH FOOD AND HYGIENE SUPPLIES. THE CHILDREN'S AREA PROVIDES A SANCTUARY FOR OVER 100 CHILDREN ENABLING THEIR MOTHERS TO PARTICIPATE IN PROGRAMS. WOMEN CAN PARTICIPATE IN ADULT EDUCATION SUPPORTED BY A GED PREPARATION PROGRAM, A WRITER'S GROUP AND A COMPUTER LAB. THEY CAN ALSO CREATE NOTECARDS, EARNING \$1.50 FOR EACH \$2.00 CARD SOLD. TGP STRIVES TO HELP WOMEN FEEL ACCEPTED AND CARED FOR, SO THEY CAN COLLECT THEIR INNER RESOURCES AND MAKE WISE CHOICES THAT WILL SUPPORT THEM IN REBUILDING THEIR LIVES.

PROGRAM SERVICE ACCOMPLISHMENT B

WITH FUNDING FROM DENVER'S ROAD HOME, THE GATHERING PLACE INITIATED A HOUSING STABILIZATION PROGRAM IN 2007-08. THIS PROGRAM ASSISTED 40 HOMELESS WOMEN FIND HOUSING WITHIN THE FIRST YEAR BY PROVIDING CASE MANAGEMENT, RENTAL ASSISTANCE, UTILITY ASSISTANCE, FURNITURE, HELP OBTAINING LEGAL IDENTIFICATION, TRANSPORTATION ASSISTANCE, AND ACCESS TO HOMELESS COURT TO CLEAR UP OUTSTANDING LEGAL ISSUES. THE GATHERING PLACE ASSOCIATION PROVIDED "WELCOME HOME" GIFT BASKETS TO ALL THE WOMEN SERVED, WHICH CONTAINED NECESSARY HOUSEKEEPING SUPPLIES.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	27,050.
TOTALS	----- 27,050. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
MONEY MARKET FUND	NONE	FMV
CERTIFICATES OF DEPOSIT	NONE	FMV
CASH AND CASH EQUIVALENTS	214,088.	FMV
TOTALS	----- 214,088. =====	

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: UMB BANK
 ORIGINAL AMOUNT: 340,584.
 INTEREST RATE: 6.250000
 DATE OF NOTE: 08/09/2004
 MATURITY DATE: 08/09/2009
 REPAYMENT TERMS: \$2,176 MONTHLY, BALLOON PAYMENT ON 08/09/2009
 SECURITY PROVIDED: 1535 AND 1559 HIGH STREET, DENVER, COLORADO
 PURPOSE OF LOAN: RESIDENTIAL LOAN

BEGINNING BALANCE DUE 337,123.
 ENDING BALANCE DUE NONE

LENDER: UMB BANK
 ORIGINAL AMOUNT: 3,398,000.
 INTEREST RATE: 8.250000
 DATE OF NOTE: 09/12/2007
 MATURITY DATE: 02/01/2008
 REPAYMENT TERMS: INTEREST PAYABLE MONTHLY, BALLON PAYMT ON 07/01/08
 SECURITY PROVIDED: 1501 - 1535 HIGH STREET, DENVER, COLORADO
 PURPOSE OF LOAN: RESIDENTIAL

BEGINNING BALANCE DUE 2,811,133.
 ENDING BALANCE DUE NONE

LENDER: COLORADO HOUSING AND FINANCE AUTHORITY
 ORIGINAL AMOUNT: 2,500,000.
 INTEREST RATE: 6.380000
 DATE OF NOTE: 07/15/2008
 MATURITY DATE: 08/01/2038
 REPAYMENT TERMS: INTEREST AND PRINCIPLE DUE MONTHLY

BEGINNING BALANCE DUE NONE
 ENDING BALANCE DUE 2,497,687.

LENDER: COLORADO HOUSING AND FINANCE AUTHORITY
 ORIGINAL AMOUNT: 621,000.
 INTEREST RATE: 6.430000
 DATE OF NOTE: 07/15/2008
 MATURITY DATE: 08/01/2038
 REPAYMENT TERMS: INTEREST AND PRINCIPLE DUE MONTHLY
 SECURITY PROVIDED: 2ND MORTGAGE 1535 HIGH STREET

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	620,431.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	3,148,256.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	3,118,118.
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FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ACCRUED PAYROLL	72,711.
LINE OF CREDIT	NONE
TOTALS	----- 72,711. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
ENDOWMENT FUND - NET INVESTMENT LOSS	76,994.
ENDOWMENT FUND - PROGRAM SERVICES EXPENSE	23,909.

TOTAL	100,903.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MARY ELLEN ARTHUR 1535 HIGH STREET DENVER, CO 80218	VP OF PROGRAMS & SERVICES 40.00	49,395.	4,200.	NONE
LESLIE FOSTER 1535 HIGH STREET DENVER, CO 80218	PRESIDENT CEO 40.00	99,855.	4,200.	NONE
RHONDA MORRONI 1535 HIGH STREET DENVER, CO 80218	VP OF OPERATIONS 40.00	68,200.	4,200.	NONE
BRENDA ROUSH 1535 HIGH STREET DENVER, CO 80218	VP OF DEVELOPMENT 40.00	75,000.	4,200.	NONE
JUSTINE ZOLLO 1535 HIGH STREET DENVER, CO 80218	VP OF VOLUNTEERS 40.00	49,610.	4,200.	NONE
EMILY BUSTOS 1535 HIGH STREET DENVER, CO 80218	BOARD CHAIR 1.00	NONE	NONE	NONE
KAREN DUWALDT	IMMEDIATE PAST CHAIR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
1535 HIGH STREET DENVER, CO 80218				
ELIZABETH GUNDLACH NEUFELD 1535 HIGH STREET DENVER, CO 80218	SECRETARY 1.00	NONE	NONE	NONE
PATTI HEIN 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
DAVE HERLINGER 1535 HIGH STREET DENVER, CO 80218	CHAIR-ELECT 1.00	NONE	NONE	NONE
DARIA KANE 1535 HIGH STREET DENVER, CO 80218	TREASURER 1.00	NONE	NONE	NONE
DEE DEE PARKER 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
ANDREW PETERSON 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LIZ SLOAN 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
E ALAN TERRY 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
RACHEL BASYE 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
LAUREN NAYLOR 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
BILLY LEE SEIBER 1535 HIGH STREET DENVER, CO 80218	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		342,060.	21,000.	NONE

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

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NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
TURNER CONSTRUCTION COMPANY 5690 DTC BOULEVARD, SUITE 515 EAST GREENWOOD VILLAGE, CO 80111	GENERAL CONTRACTOR	452,171.
TOTAL COMPENSATION		----- 452,171. =====

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
OTHER REVENUE	4,749.				4,749.
TOTALS	4,749.				4,749.
	=====	=====	=====	=====	=====

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return THE GATHERING PLACE	Identifying number 84-1021059
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1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
--	---

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						
3 Gain, if any, from Form 4684, line 39						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7
<p>Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>						
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
SEE STATEMENT 1						40,406.
11 Loss, if any, from line 7						11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17 40,406.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2007)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with columns for (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Rows include sections 19-29 with sub-rows for various depreciation and gain calculations.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary rows 30-32: 30 Total gains for all properties; 31 Add property columns A through D; 32 Subtract line 31 from line 30.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with columns for (a) Section 179 and (b) Section 280F(b)(2). Rows 33-35: 33 Section 179 expense deduction; 34 Recomputed depreciation; 35 Recapture amount.

FEDERAL FOOTNOTES

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FIXED ASSET ROLLFORWARD

PROPERTY	BASIS BOY	ADDITIONS	DELETIONS	BASIS EOY
BUILDING	7,849,450	437,470	(342,976)	7,943,944
F & F	304,634	3,479	-	308,113
LAND	102,790	-	(52,790)	50,000
TOTAL	8,256,874	440,949	(395,736)	8,302,057

ACCUMULATED DEPRECIATION

	BALANCE BOY	ADDITIONS	DELETIONS	BALANCE EOY
A/D	(77,705)	(329,584)	34,353	(372,936)
NET BOOK VALUE	8,179,169			7,929,121
DEPRECIATION EXPENSE		329,584		