

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 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30, 2009

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization THE GATHERING PLACE | | D Employer identification number 84-1021059 |
| | | Doing Business As | | E Telephone number (303) 321-4198 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1535 HIGH STREET | | G Gross receipts \$ 2,706,535. |
| | | City or town, state or country, and ZIP + 4 DENVER, CO 80218 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| F Name and address of principal officer: LESLIE FOSTER 1535 HIGH STREET DENVER, CO 80218 | | H(c) Group exemption number ▶ | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.THE-GATHERINGPLACE.ORG | | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1986 | | M State of legal domicile: CO |

Part I Summary

| | | | | |
|-----------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE GATHERING PLACE SUPPORTS WOMEN AND CHILDREN EXPERIENCING HOMELESSNESS AND POVERTY BY PROVIDING A SAFE DAYTIME REFUGE AND RESOURCES FOR SELF-SUFFICIENCY. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 52 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 300 |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 | Contribution and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 2,590,880. | 2,440,293. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 405,594. | 205,223. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 58,792. | 1,837. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 267,153. | 1,625. |
| | 12 | | 3,322,419. | 2,648,978. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 62,048. | 74,946. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,528,705. | 1,652,080. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | NONE | 7,500. |
| | b | Total fundraising expenses, Part IX, column (D), line 25) ▶ 226,288. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,754,997. | 1,557,298. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,345,750. | 3,291,824. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -23,331. | -642,846. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 9,389,931. | 8,826,455. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20. | 3,236,386. | 3,197,145. |
| 22 | | 6,153,545. | 5,629,310. | |

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 ▶ **CLIENT COPY**

Signature of officer _____ Date _____

Type or print name and title _____

| | | | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|------------------------------------------------------------|
| Paid Preparer's Use Only | Preparer's signature ▶ <i>Craig Alton</i> | Date 2/5/2010 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) P00173718 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EHRHARDT KEEFE STEINER & HOTTMAN PC 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843 | EIN ▶ 84-0869721 | Phone no. ▶ 303-740-9400 | |

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,695,086. including grants of \$ 74,946.) (Revenue \$ 205,223.)

THE GATHERING PLACE (TGP) OFFERS OPPORTUNITIES FOR SAFETY, PERSONAL GROWTH AND LEARNING TO AN AVERAGE OF 360 WOMEN AND CHILDREN A DAY. BASIC NEEDS ARE MET THROUGH MEALS, A FOOD PANTRY, BATHING AND LAUNDRY FACILITIES AND ACCESS TO HOUSING PROGRAMS. PERSONAL GROWTH AND LEARNING OCCURS THROUGH GED CLASSES, A COMPUTER LAB, A WRITER'S GROUP AND ACCESS TO HEALTH AND MENTAL HEALTH PROGRAMS. THE FAMILY AREA OFFERS A SANCTUARY FOR CHILDREN WHILE MOTHERS PARTICIPATE IN PROGRAMS. TGP HELPS WOMEN FEEL ACCEPTED, CARED FOR, AND PART OF A GREATER COMMUNITY, SO THEY CAN COLLECT THEIR INNER RESOURCES AND MAKE CHOICES THAT WILL SUPPORT THEM IN REBUILDING THEIR LIVES.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses ▶ \$ 2,695,086. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-27 contain various questions about organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of Forms 1023/1024/990-T, governing documents availability, and organization contact information.

Part VIII Statement of Revenue

84-1021059

| | | | | (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 | 207,993. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 2,232,300. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 404,335. | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 2,440,293. | | | | |
| | Program Service Revenue | 2a | FEES & CONTRACTS FROM GOVT AGENCIES | Business Code | 624100 | 205,223. | 205,223. | |
| | | b | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f ▶ | | | 205,223. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) STMT. 2 . . . ▶ | | | 1,837. | | 1,837. | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | | | NONE | | | |
| | 5 | Royalties ▶ | | | NONE | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) ▶ | | | NONE | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) ▶ | | | NONE | | | |
| 8a | Gross income from fundraising events (not including \$ 207,993. of contributions reported on line 1c). See Part IV, line 18. a | | STMT 3 | | | | | |
| | | | | 57,557. | | | | |
| | | | | 57,557. | | | | |
| c | Net income or (loss) from fundraising events . STMT. 4 . . ▶ | | | NONE | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19. a | | | | | | | |
| | | | | | | | | |
| | | | | | | NONE | | |
| c | Net income or (loss) from gaming activities ▶ | | | NONE | | | | |
| 10a | Gross sales of inventory, less returns and allowances a | | | | | | | |
| | | | | | | | | |
| | | | | | | NONE | | |
| c | Net income or (loss) from sales of inventory. ▶ | | | NONE | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| 11a | OTHER INCOME | | 532000 | 1,625. | 1,625. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | | 1,625. | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | | 2,648,978. | 206,848. | | 1,837. | |

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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | NONE | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 74,946. | 74,946. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 173,784. | 145,276. | 22,856. | 5,652. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 Other salaries and wages | 1,250,713. | 1,045,539. | 164,493. | 40,681. |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | NONE | | | |
| 9 Other employee benefits | 102,896. | 89,213. | 10,658. | 3,025. |
| 10 Payroll taxes | 124,687. | 97,264. | 21,130. | 6,293. |
| 11 Fees for services (non-employees): | | | | |
| a Management | NONE | | | |
| b Legal | 450. | 207. | 169. | 74. |
| c Accounting | 28,183. | 12,983. | 10,580. | 4,620. |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | 7,500. | | | 7,500. |
| f Investment management fees | NONE | | | |
| g Other | 43,087. | 23,303. | 18,991. | 793. |
| 12 Advertising and promotion | NONE | | | |
| 13 Office expenses | 300,132. | 169,886. | 50,187. | 80,059. |
| 14 Information technology | 21,509. | 13,542. | 6,775. | 1,192. |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 225,153. | 177,224. | 18,704. | 29,225. |
| 17 Travel | 16,884. | 15,470. | 442. | 972. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 8,503. | | 8,503. | |
| 20 Interest | 198,209. | 162,531. | 15,857. | 19,821. |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 237,176. | 194,484. | 18,974. | 23,718. |
| 23 Insurance | 26,633. | 21,839. | 2,131. | 2,663. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a CONTRIBUTED SUPPLIES ----- | 404,335. | 404,335. | | |
| b BAD DEBT EXPENSE ----- | 41,236. | 41,236. | | |
| c SALES TAX ----- | 4,205. | 4,205. | | |
| d MISCELLANEOUS ----- | 1,603. | 1,603. | | |
| e ----- | | | | |
| f All other expenses ----- | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 3,291,824. | 2,695,086. | 370,450. | 226,288. |
| 26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 552,005. | 1 | 690,493. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 667,667. | 3 | 95,060. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sales or use | | 8 | |
| | 9 Prepaid expenses and deferred charges <small>STMT 5</small> | 27,050. | 9 | 31,680. |
| | 10a Land, buildings, and equipment: cost basis 10a 8,310,395. | | | |
| | b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 516,211. | 7,929,121. | 10c | 7,794,184. |
| | 11 Investments - publicly traded securities <small>STMT 6</small> | 214,088. | 11 | 215,038. |
| | 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 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 9,389,931. | 16 | 8,826,455. | |
| Liabilities | 17 Accounts payable and accrued expenses | 45,557. | 17 | 10,292. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow 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 | 3,118,118. | 23 | 3,082,308. |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 72,711. | 25 | 104,545. |
| | 26 Total liabilities. Add lines 17 through 25. | 3,236,386. | 26 | 3,197,145. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,111,333. | 27 | 5,598,222. |
| | 28 Temporarily restricted net assets | 42,212. | 28 | 31,088. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 6,153,545. | 33 | 5,629,310. |
| 34 Total liabilities and net assets/fund balances | 9,389,931. | 34 | 8,826,455. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 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? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? | | |

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

| | |
|--------------------------------------------------------|-----------------------------------------------------|
| Name of the organization THE GATHERING PLACE | Employer identification number 84-1021059 |
|--------------------------------------------------------|-----------------------------------------------------|

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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 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)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)

| | |
|-----|----|
| Yes | No |
| | X |
 - (ii) A family member of a person described in (i) above? 11g(ii)

| | |
|-----|----|
| Yes | No |
| | X |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

| | |
|-----|----|
| Yes | No |
| | X |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 90.58%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 86.84%; 16a 33 1/3% support test - 2008; b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2004 | 2005 | 2006 | 2007 | 2008 | TOTAL |
|---------------|------|------|--------|---------|--------|---------|
| OTHER REVENUE | | | 4,749. | 15,188. | 1,625. | 21,562. |
| TOTALS | | | 4,749. | 15,188. | 1,625. | 21,562. |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the 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 33¹/₃% 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| | |
|-------------------------------------------------|-----------------------------------------------------|
| Name of organization THE GATHERING PLACE | Employer identification number 84-1021059 |
|-------------------------------------------------|-----------------------------------------------------|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | _____ _____ _____ | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | _____ _____ _____ | \$ 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 | _____ _____ _____ | \$ 50,000. | Person <input checked="" 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.) |
| | _____ _____ _____ | \$ _____ | 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.) |

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

THE GATHERING PLACE

84-1021059

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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). 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. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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 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 | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 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) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 50,000. | | 50,000. |
| b Buildings | | 7,943,944. | 408,622. | 7,535,322. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 316,451. | 107,589. | 208,862. |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 7,794,184. |

Part XIV Supplemental Information (continued)

FIN 48 DISCLOSURE

SCHEDULE D, PART X

FIN 48 WAS NOT APPLICABLE TO THE ORGANIZATION FOR THE FISCAL YEAR ENDED

09-30-2009. THEREFORE, THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS

DO NOT HAVE A FOOTNOTE THAT REPORTS UNCERTAIN TAX POSITIONS UNDER FIN

48.

OTHER REVENUE BOOKS, NOT ON RETURN

SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D

ENDOWMENT FUND - NET INVESTMENT GAIN \$5,689

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through col. (c)) |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------|---------------------------------|------------------------|--------------------------------------------------|
| | | GALA (event type) | GOLF TOURNAMENT (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 228,841. | 36,710. | | 265,551. |
| | 2 Less: Charitable contributions | 190,302. | 17,691. | | 207,993. |
| | 3 Gross revenue (line 1 minus line 2) | 38,539. | 19,019. | | 57,558. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | 27,771. | 15,348. | | 43,119. |
| | 7 Other direct expenses | 10,768. | 3,671. | | 14,439. |
| | 8 Direct expense summary. Add lines 4 through 7 in column (d) | | | | (57,558.) |
| 9 Net income summary. Combine lines 3 and 8 in column (d) | | | | | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
|-----------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | () |
| 8 Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | | |

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If "No," Explain: _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If "Yes," Explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

13 Indicate the percentage of gaming activity operated in:

| | | |
|------------------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

| | Yes | No |
|------------|-----|----|
| 13a | | |
| 13b | | |
| 14 | | |
| 15a | | |
| 16 | | |
| 17a | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| EMERGENCY FOOD, SHELTER, CLOTHING & TRANSPORTATION | 8,000 | | 74,946. | FMV | GENERAL ASSISTANCE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

GRANT MONITORING PROCESS -----
 PART I, LINE 2 -----
 GRANT FUNDS FOR PURPOSES OTHER THAN GENERAL OPERATING PURPOSES ARE -----
 RECORDED AS REVENUE DESIGNATED FOR THE SPECIFIC PROGRAM OR SERVICE TO -----
 WHICH THEY RELATE. THE FUNDS ARE ALSO RECORDED ON PROGRAM BUDGETS TO -----
 ENSURE THAT THE FUNDING IS USED FOR ITS INTENDED PURPOSES. THE -----
 GRANTMAKER RECEIVES AN ACKNOWLEDGEMENT STATING THE AMOUNT RECEIVED AND -----
 FOR WHICH SPECIFIC PURPOSE. OFTEN THE GRANTMAKER REQUESTS A REPORT -----
 STATING HOW THE MONEY WAS USED. -----

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

THE GATHERING PLACE

Employer Identification number

84-1021059

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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 | | | |
| EMILY BUSTOS BOARD CHAIR | 1. | X | | X | | | | NONE | NONE | |
| KAREN DUWALDT IMMEDIATE PAST CHAIR | 1. | X | | X | | | | NONE | NONE | |
| ELIZABETH GUNDLACH NEUFELD BOARD SECRETARY | 1. | X | | X | | | | NONE | NONE | |
| DAVE HERLINGER BOARD CHAIR-ELECT | 1. | X | | X | | | | NONE | NONE | |
| DEE DEE PARKER DIRECTOR | 1. | X | | | | | | NONE | NONE | |
| ANDREW PETERSON DIRECTOR | 1. | X | | | | | | NONE | NONE | |
| ELIZABETH SLOAN DIRECTOR | 1. | X | | | | | | NONE | NONE | |
| ALAN TERRY DIRECTOR | 1. | X | | | | | | NONE | NONE | |
| RACHEL BAYSE DIRECTOR | 1. | X | | | | | | NONE | NONE | |
| BILLY SEIBER DIRECTOR | | X | | | | | | NONE | | |
| BEVERLY GRANGER DIRECTOR | 1. | X | | | | | | NONE | NONE | |
| MARK COLVIN DIRECTOR | 1. | X | | | | | | NONE | | |
| RAMONA LAMPLEY DIRECTOR | 1. | X | | | | | | NONE | | |
| STEPHANIE SCHERPENSEEL DIRECTOR | 1. | X | | | | | | NONE | | |
| ANA KEMP DIRECTOR | 1. | X | | | | | | NONE | | |
| TERESA GARCIA DIRECTOR | 1. | X | | | | | | NONE | | |
| LESLIE FOSTER CEO/PRESIDENT | 40. | | | X | | | | 98,799. | 4,200. | |
| RHONDA MORRONI VP OF OPERATIONS | 40. | | | X | | | | 70,785. | NONE | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

THE GATHERING PLACE

Employer identification number

84-1021059

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------------------------------------------------|------------------------------------------|
| 1 Art-Works of art | | | | |
| 2 Art-Historical treasures | | | | |
| 3 Art-Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 404,335. | FMV |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities-Publicly traded | | | | |
| 10 Securities-Closely held stock | | | | |
| 11 Securities-Partnership, LLC, or trust interests | | | | |
| 12 Securities-Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate-Residential | | | | |
| 16 Real estate-Commercial | | | | |
| 17 Real estate-Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

THE GATHERING PLACE

84-1021059

MONITORING COMPLIANCE TO CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE BOARD SELF-MONITORS THE CONFLICT OF INTEREST POLICY. THE BOARD

MEMBERS ATTEST TO COMPLIANCE WITH THE POLICY ANNUALLY. ANY BOARD MEMBERS

WITH A CONFLICT OF INTEREST RECUSE THEMSELVES FROM VOTING ON ANY MATTERS

PERTAINING TO THE CONFLICT.

Name of the organization

Employer identification number

THE GATHERING PLACE

84-1021059

REVIEW OF FORM 990 WITH BOARD OF DIRECTORS

PART VI, SECTION A, LINE 10

THE DRAFT FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD

OF DIRECTORS WHO THEN REPORTS TO THE FULL BOARD THAT THEY HAVE REVIEWED

AND APPROVED THE 990. THE FULL BOARD OF DIRECTORS RECEIVES A COMPLETE

COPY OF THE 990 BEFORE IT IS FILED.

| | |
|--------------------------------------------------------|-----------------------------------------------------|
| Name of the organization THE GATHERING PLACE | Employer identification number 84-1021059 |
|--------------------------------------------------------|-----------------------------------------------------|

DISCLOSURE OF DOCUMENTS TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE ANNUAL REPORT IS POSTED TO THE ORGANIZATION'S WEBSITE. FINANCIAL

STATEMENTS ARE PROVIDED UPON REQUEST. GOVERNING DOCUMENTS AND THE

CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

| | |
|-------------------------------------------------|----------------------------------------------|
| Name of the organization THE GATHERING PLACE | Employer identification number 84-1021059 |
|-------------------------------------------------|----------------------------------------------|

DETERMINATION OF COMPENSATION

PART VI, SECTION B, LINE 15

THE CEO/PRESIDENT'S COMPENSATION IS SET BY THE GOVERNING BOARD. THE SALARY RANGE FOR THE PRESIDENT/ CEO IS GIVEN TO THE CHAIR OF THE GOVERNING BOARD BY THE VP OF HUMAN RESOURCES, BASED ON THE COLORADO NONPROFIT ASSOCIATION SALARY SURVEY AT THE TIME THE BOARD OF DIRECTORS IS WORKING ON HER PERFORMANCE APPRAISAL. THE PERFORMANCE APPRAISAL IS DISCUSSED BY THE BOARD AND IS BASED ON THE SUCCESSFUL COMPLETION OF THE BUSINESS PLAN AND THE CEO CORE COMPETENCIES. THE PERFORMANCE APPRAISAL AND ANY RECOMMENDATIONS ARE PUT IN THE PRESIDENT/ CEO'S PERSONNEL FILE.

OTHER OFFICER'S COMPENSATION IS DETERMINED USING THE SAME PROCESS BY WHICH ALL OTHER EMPLOYEE RAISES ARE DETERMINED. THE PRESIDENT/ CEO MEETS WITH THE VP OF HUMAN RESOURCES AND PROJECTED BUDGET AND SALARY RANGES ARE REVIEWED AT THE SAME TIME. BECAUSE THE SALARY SURVEY IS PREPARED BY THE COLORADO NONPROFIT ASSOCIATION EVERY TWO YEARS, THE ORGANIZATION TRIES TO GET EMPLOYEES INTO THEIR SALARY RANGES OVER THE COURSE OF THE TWO-YEAR PERIOD, AS IT IS FINANCIALLY DIFFICULT TO GET ALL EMPLOYEES INTO THEIR SALARY RANGES EVERY OTHER YEAR WHEN THE SURVEY DATA IS RELEASED. TYPICALLY, EMPLOYEES ARE GIVEN INCREMENTAL RAISES THAT WILL GET THEM INTO THEIR RANGES OVER A TWO-YEAR PERIOD. THE PRESIDENT/ CEO MEETS WITH THE VP OF HUMAN RESOURCES TO DISCUSS EACH POSITION AND WHERE THAT EMPLOYEE IS IN RELATION TO THEIR SALARY RANGE. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF ALL EMPLOYEES THROUGH ITS REVIEW AND APPROVAL OF THE ANNUAL BUDGET.

THE ORGANIZATION DOCUMENTS GENERAL INFORMATION ON COMPENSATION DECISIONS;

| | |
|--------------------------------------------------------|-----------------------------------------------------|
| Name of the organization THE GATHERING PLACE | Employer identification number 84-1021059 |
|--------------------------------------------------------|-----------------------------------------------------|

THE CURRENT SALARY RANGE, THE PERCENT OF INCREASE THAT WAS GIVEN, THE
 PERCENT OF INCREASE STILL NEEDED TO GET THE EMPLOYEE INTO THEIR RANGE AND
 A INFORMATION REGARDING OUR PRIORITIES FOR SALARIES THAT YEAR. THE
 ORGANIZATION DID NOT PROVIDE RAISES FOR THE 2009-2010 FISCAL YEAR, AS IT
 HAD FURLOUGHS IN THE SPRING AND SUMMER OF 2009. OCTOBER 2008 WAS THE
 LAST TIME THE VP OF OPERATIONS HAD A CHANGE IN COMPENSATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization

THE GATHERING PLACE

Employer identification number

84-1021059

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| ----- | | | | | |
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Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| THE GATHERING PLACE ENDOWMENT FUND 84-1226568 1535 HIGH STREET DENVER, CO 80218 | ENDOWMENT | CO | 501(C)(3) | SO TYPE 1 | N/A |
| ----- | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|
| | | | | | | | Yes | No | | Yes | No |
| ----- | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|---------------------------------------|--------------------------------|
| ----- | | | | | | | |
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Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to other organization(s) | | X |
| c Gift, grant, or capital contribution from other organization(s) | X | |
| d Loans or loan guarantees to or for other organization(s) | | X |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | | X |
| g Purchase of assets from other organization(s) | | X |
| h Exchange of assets | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | | X |
| n Sharing of paid employees | | X |
| o Reimbursement paid to other organization for expenses | | X |
| p Reimbursement paid by other organization for expenses | | X |
| q Other transfer of cash or property to other organization(s) | | X |
| r Other transfer of cash or property from other organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (A) Name of other organization(s) | (B) Transaction type (a-r) | (C) Amount involved |
|-----|--------------------------------------|-------------------------------|------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE GATHERING PLACE SUPPORTS WOMEN AND CHILDREN EXPERIENCING HOMELESSNESS AND POVERTY BY PROVIDING A SAFE DAYTIME REFUGE AND RESOURCES FOR SELF-SUFFICIENCY. THE ORGANIZATION IS THE ONLY DAY CENTER IN DENVER THAT MEETS THE SPECIFIC NEEDS OF WOMEN AND THEIR FAMILIES.

FORM 990, PART VIII - INVESTMENT INCOME

=====

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|-----------------|---------------------------|---------------------------------------|-------------------------------------|------------------------------|
| ----- | ----- | ----- | ----- | ----- |
| INTEREST INCOME | 1,837. | | | 1,837. |
| | ----- | ----- | ----- | ----- |
| TOTALS | 1,837. | | | 1,837. |
| | ===== | ===== | ===== | ===== |

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

=====

| DESCRIPTION | AMOUNT |
|-----------------------------|----------|
| ----- | ----- |
| TGP GALA | 190,302. |
| TURNER OPEN GOLF TOURNAMENT | 17,691. |
| | ----- |
| TOTAL | 207,993. |
| | ===== |

FORM 990, PART VIII - FUNDRAISING EVENTS

=====

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES |
|-----------------------------|-----------------|--------------------|
| ----- | ----- | ----- |
| TGP GALA | 38,539. | 38,539. |
| TURNER OPEN GOLF TOURNAMENT | 19,018. | 19,018. |
| TOTALS | 57,557. | 57,557. |
| | ===== | ===== |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION ----- | ENDING BOOK VALUE ----- |
|----------------------|-------------------------------|
| PREPAID EXPENSES | 31,680. |
| | ----- |
| TOTALS | 31,680. |
| | ===== |

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

| DESCRIPTION | ENDING BOOK VALUE | COST OR FMV |
|---------------------------|----------------------------|----------------|
| ----- | ----- | ----- |
| CASH AND CASH EQUIVALENTS | 215,038. | FMV |
| TOTALS | ----- 215,038. ===== | |