

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2010 calendar year, or tax year beginning** , **and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PARENTING PLACE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1235 PINE STREET</b> City or town, state or country, and ZIP + 4 <b>BOULDER CO 80302</b>	<b>D</b> Employer identification number <b>84-0978808</b> <b>E</b> Telephone number <b>(303) 449-0177</b> <b>G</b> Gross receipts \$ <b>487,533</b>
<b>F</b> Name and address of principal officer: <b>WILL KROPP 1235 PINE ST, BOULDER, CO 80302</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>myparentingplace.org</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
		<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>CO</b>

<b>Part I Summary</b>			
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Provide parents with educational programs, resources and support to help foster healthy parent-child relationships.</u>	
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 11
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b> 16
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> 0
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 421,391 Current Year 484,624
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	27,798 0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,106 2,909
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-21,229 -20,394
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	429,066 467,139
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0 0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0 0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	289,709 270,068
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	4,855 0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>53,338</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	191,838 163,321
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	486,402 433,389
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	-57,336 33,750
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	Beginning of Current Year 191,183 End of Year 228,781
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	9,616 13,464
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	181,567 215,317

**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.

<b>Sign Here</b>	Signature of officer _____	Date _____
	Type or print name and title _____	

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name Joseph E. Moore	Preparer's signature _____	Date 6/20/2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Joseph E. Moore, CPA, PC	Firm's EIN ▶ _____		Phone no. (303) 440-3312	
	Firm's address ▶ 1221 Pearl St., Boulder, CO 80302				

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
To relieve isolation, reduce the stress of parenting, and prevent child abuse and neglect  
by providing outreach and a place where families can receive support, education, and  
develop a sense of community.

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 \$ 331,567 including grants of \$ 0 ) (Revenue \$ 0 )  
Programs to educate parents on methods of dealing with the stress of parenting and how to foster  
healthy parent-child relationships.

4b (Code: ) (Expenses \$ 705 including grants of \$ 0 ) (Revenue \$ 0 )  
Parenting newsletter to educate and inform the public regarding parenting issues, which also acts  
as a referral to other parenting agencies. This program was discontinued in 2009. The expenses  
relate to reimbursement of advertising expense.

4c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 332,272

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	X
<b>34</b> 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>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Does the organization have members... 7a Does the organization have members... 7b Are any decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters... 10b If "Yes," does the organization have written policies... 11a Has the organization provided a copy... 11b Describe in Schedule O... 12a Does the organization have a written conflict... 12b Are officers, directors or trustees... 12c Does the organization regularly and consistently monitor... 13 Does the organization have a written whistleblower... 14 Does the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," has the organization adopted a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Parenting Place 303-449-0177 1235 A Pine St., Boulder, CO 80302

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JENNIFER COPE TREASURER	3.	X						0	0	0
(2) TABITHA MANRESA CHAIR	3.	X						0	0	0
(3) LISA HAINLINE BOARD MEMBER	3.	X						0	0	0
(4) ANTONIO MARTINEZ BOARD MEMBER	3.	X						0	0	0
(5) MARIA HANDLY BOARD MEMBER	3.	X						0	0	0
(6) MARY PIERCE SECRETARY	3.	X						0	0	0
(7) WHITNEY WHEELESS VICE CHAIR	3.	X						0	0	0
(8) CHERYL SUSSMAN BOARD MEMBER	3.	X						0	0	0
(9) TRON WELCH BOARD MEMBER	3.	X						0	0	0
(10) ANN NORRIS BOARD MEMBER	3.	X						0	0	0
(11) KRISTOFER SIMMS BOARD MEMBER	3.	X						0	0	0
(12) WILL KROPP EXECUTIVE DIRECTOR	40.			X		X		43,000	0	0
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							43,000	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0	0	0	
<b>d Total (add lines 1b and 1c)</b> .....							43,000	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0								
	<b>b</b> Membership dues . . . . .	<b>1b</b>	3,410								
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	51,874								
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0								
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	90,795								
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	338,545								
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		33,194								
	<b>h Total.</b> Add lines 1a-1f . . . . .		484,624								
	<b>Program Service Revenue</b>	<b>2a</b> . . . . .	<b>Business Code</b>					0			
<b>b</b> . . . . .			0								
<b>c</b> . . . . .			0								
<b>d</b> . . . . .			0								
<b>e</b> . . . . .			0								
<b>f</b> All other program service revenue . . . . .			0								
<b>g Total.</b> Add lines 2a-2f . . . . .			0								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,909			2,909					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0								
	<b>5</b> Royalties . . . . .		0								
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal								
	<b>b</b> Less: rental expenses . . . . .										
	<b>c</b> Rental income or (loss) . . . . .	0	0								
	<b>d</b> Net rental income or (loss) . . . . .		0								
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other								
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	0	0								
	<b>c</b> Gain or (loss) . . . . .	0	0								
	<b>d</b> Net gain or (loss) . . . . .		0								
	<b>8a</b> Gross income from fundraising events (not including \$ 51,874 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0								
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	20,394								
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-20,394								
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0								
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0								
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0								
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0								
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0									
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0									
Miscellaneous Revenue											
<b>11a</b> . . . . .	<b>Business Code</b>		0								
<b>b</b> . . . . .			0								
<b>c</b> . . . . .			0								
<b>d</b> All other revenue . . . . .			0								
<b>e Total.</b> Add lines 11a-11d . . . . .			0								
<b>12 Total revenue.</b> See instructions. . . . .			467,139	0	0	2,909					

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	43,497	24,793	15,224	3,480
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	190,192	161,111	9,944	19,137
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	16,872	13,422	1,817	1,633
10	Payroll taxes . . . . .	19,507	15,518	2,101	1,888
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	2,500		2,500	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	2,671	1,098	1,440	133
12	Advertising and promotion . . . . .	18,062			18,062
13	Office expenses . . . . .	47,375	37,185	7,606	2,584
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	57,751	45,942	6,220	5,589
17	Travel . . . . .	2,009	2,009		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	3,065	2,438	330	297
23	Insurance . . . . .	5,542	4,410	597	535
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	COMMUNITY OUTREACH	2,631	2,631		
b	PARENT EDUCATION	3,160	3,160		
c	CHILD CARE AND EMERGENCY FUND	10,856	10,856		
d	NEWSLETTER	705	705		
e	STAFF TRAINING	6,432	6,432		
f	All other expenses OTHER PROGRAM EXPENSE	562	562		
25	<b>Total functional expenses.</b> Add lines 1 through 24f .	433,389	332,272	47,779	53,338
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	48,150	<b>1</b>	36,650
	<b>2</b> Savings and temporary cash investments . . . . .	59,352	<b>2</b>	62,314
	<b>3</b> Pledges and grants receivable, net . . . . .	63,950	<b>3</b>	89,693
	<b>4</b> Accounts receivable, net . . . . .	481	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,263	<b>9</b>	7,808
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 30,532		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 23,610	<b>10c</b>	6,922
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	25,394
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	191,183	<b>16</b>	228,781	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,616	<b>17</b>	13,464
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,616	<b>26</b>	13,464	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	124,067	<b>27</b>	144,711
	<b>28</b> Temporarily restricted net assets . . . . .	57,500	<b>28</b>	70,606
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	181,567	<b>33</b>	215,317	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	191,183	<b>34</b>	228,781	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	467,139
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	433,389
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	33,750
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	181,567
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	215,317

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: . . . . . <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>PARENTING PLACE</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>84-0978808</b>
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**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	0
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		<b>7</b>
		<b>8</b>
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562		<b>10</b>
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		<b>11</b>
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		0
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12		<b>13</b>
		0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	2,557

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	<b>17</b>	136
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	<b>21</b>	372
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	<b>22</b>	3,065
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

27 Property used 50% or less in a qualified business use:

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 372

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Question, Yes/No. Rows include 37-41 regarding policy statements and requirements for vehicle use.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2010 tax year (see instructions):

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

43 Amortization of costs that began before your 2010 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44 0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization  
PARENTING PLACE

Employer identification number  
84-0978808

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

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

- 1  A church, convention of churches, or association of churches 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)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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 through 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) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 99.52%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 0.00%; 16a 33 1/3% support test-2010; b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; b 10%-facts-and-circumstances test-2009; 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.61%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.39%

- 19a 33 1/3% support tests--2010.** 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--2009.** 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 . . . . . ▶



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2010**

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

**Name of the organization**

**Employer identification number**

PARENTING PLACE

84-0978808

**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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> PARENTING PLACE	<b>Employer identification number</b> 84-0978808
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Daniels Fund (Through FRC and BB) 1750 Humbolt St Denver CO 80218 Foreign State or Province: Foreign Country:	\$ 12,403	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Family Resourse Center\Colorado Health Foundation 1653 Vine St Denver CO 80206 Foreign State or Province: Foreign Country:	\$ 54,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Anschuts Family Foundation 555 Seventeenth Street Denver CO 80202 Foreign State or Province: Foreign Country:	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Bright Beginnings\Colorado Health Foundation 730 Colorado Blvd Denver CO 80206 Foreign State or Province: Foreign Country:	\$ 14,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Community Foundation 1123 Spruce Boulder CO 80302 Foreign State or Province: Foreign Country:	\$ 5,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Rose Foundation 600 South Cherry Creek St Denver CO 80246 Foreign State or Province: Foreign Country:	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> PARENTING PLACE	<b>Employer identification number</b> 84-0978808
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Denver Post-A Season to Share 101 W Colfax Ave Denver CO 80202 Foreign State or Province: _____ Foreign Country: _____	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Temple Hoyne Buell Foundation 1666 S University Blvd Denver CO 80210 Foreign State or Province: _____ Foreign Country: _____	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Wealth Conservancy 1525 Spurge St Denver CO 80302 Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PARENTING PLACE	Employer identification number 84-0978808
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**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	..... ..... ..... .....	\$ ..... 0	-----
-----	..... ..... ..... .....	\$ ..... 0	-----
-----	..... ..... ..... .....	\$ ..... 0	-----
-----	..... ..... ..... .....	\$ ..... 0	-----
-----	..... ..... ..... .....	\$ ..... 0	-----
-----	..... ..... ..... .....	\$ ..... 0	-----
-----	..... ..... ..... .....	\$ ..... 0	-----

<b>Name of organization</b> PARENTING PLACE	<b>Employer identification number</b> 84-0978808
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

PARENTING PLACE

84-0978808

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange 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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and 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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b> 467,139
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b> 433,389
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b> 33,750
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b>
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b>
<b>6</b>	Investment expenses . . . . .	<b>6</b>
<b>7</b>	Prior period adjustments . . . . .	<b>7</b>
<b>8</b>	Other (Describe in Part XIV.) . . . . .	<b>8</b>
<b>9</b>	Total adjustments (net). Add lines 4 through 8 . . . . .	<b>9</b> 0
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	<b>10</b> 33,750

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 487,533
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 487,533
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b> -20,394
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> -20,394
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b> 467,139

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 453,783
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b> 20,394
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 20,394
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 433,389
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b> 433,389

**Part XIV Supplemental Information**

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

Part VII Line 4b This amount represents the expense for Fundraising Events. This amount is \_\_\_\_\_  
 not netted against revenue in the audited financial statements \_\_\_\_\_

Part VIII Line 2d This amount represents the expense for Fundraising Events. This amount \_\_\_\_\_  
 is netted against revenue on the 990 but included in expense in the audited financial \_\_\_\_\_  
 statements \_\_\_\_\_





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ANNUAL GALA (event type)	GIRLS NIGHT OUT (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	42,692	9,182	0	51,874
	2	Less: Charitable contributions . . . . .	42,692	9,182	0	51,874
	3	Gross income (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	0	0	0	0
	6	Rent/facility costs . . . . .	7,777	1,590	0	9,367
	7	Food and beverages . . . . .	4,500	1,060	0	5,560
	8	Entertainment . . . . .	2,440	0	0	2,440
	9	Other direct expenses . . . . .	1,673	1,354	0	3,027
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶					-20,394

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .				0
	3	Noncash prizes . . . . .				0
	4	Rent/facility costs . . . . .				0
	5	Other direct expenses . . . . .				0
	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) . . . . . ▶					( 0)
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					0

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? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization

Employer identification number

PARENTING PLACE

84-0978808

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	X	Many	13,189	FMV
26	X	Many	11,910	FMV
27	X	Many	6,580	FMV
28	X	Many	1,515	FMV

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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		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
32a 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

PARENTING PLACE

84-0978808

Form 990 Part III Line 3 The organization discontinued its Newsletter, as described in .....

Part III Line 4b. The newsletter was a supplement to the organizations main mission. It was .....

determined that the net cost of providing the newsletter was more than the benefit received by .....

the organization, or the people it serves. The education and referral services it provided are .....

now being provided by other means. ....

Form 990 Part VI Section B Line 11b The organization reviews Form 990 at a board meeting .....

prior to filing. ....

Form 990 Part VI Section C Line 19 The organizations Bylaws stipulate that all meetings .....

of the board (both annual and regular) be open to the public providing an opportunity to .....

review governing documents, conflicts of interest policy and financial statements. Financial .....

statements and Form 990 are posted on our website, submitted to the state of Colorado, and are .....

available at guidestar.com. ....

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# 2010 Electronic Filing Information (990/PF/EZ/1120-POL)

## Signature Method

Option (1) - Using Practitioner PIN. Use Section (A) below.

Date return prepared

06/20/2011

Option (2) - Scanned 8453-EO.

**PIN Information** Enter information below

(A) Practitioner PIN:			
PIN (5 Digits)	TP entered	ERO entered	
Taxpayer PIN: 78808	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).
ERO PIN: 47374			

## EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open.)

EFIN: 841187

## Submission ID

The Submission ID for this return will be computed automatically when you create the e-file and will be displayed here.

Submission ID: \_\_\_\_\_

## Name Control

(See instructions on the 'Name Control' tab)

PARE

## Organization Information

Organization name PARENTING PLACE		Employer identification no. 84-0978808	
Street address 1235 PINE STREET		Daytime phone (303) 449-0177	
Address continuation		In care of name	
City BOULDER	State CO	ZIP code 80302	Foreign country
Email address		Foreign phone number	
Officer name Will Kropp		Title Executive Director	Date return signed 06/20/2011
Email address		Phone	Authorize third party check ("X") here: <input checked="" type="checkbox"/>

## ERO

(Enter data in the Preparer Manager)

ERO's name Joseph E. Moore		Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN P00483721
Firm's name Joseph E. Moore, CPA, PC		Email address jomocpa@msn.com	
Address 1221 Pearl St.		Phone (303) 440-3312	
City Boulder	State CO	ZIP code 80302	Foreign country
		Foreign phone number	

## Paid Preparer

(Enter data in the Preparer Manager)

Paid preparer's name Joseph E. Moore		Non-paid prep type	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00483721
Firm's name Joseph E. Moore, CPA, PC		Email address jomocpa@msn.com		EIN 74-3193333
Address 1221 Pearl St.		Phone (303) 440-3312		
City Boulder	State CO	ZIP code 80302	Foreign country	Foreign phone number

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization <b>PARENTING PLACE</b>	Employer identification number <b>84-0978808</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1235 PINE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOULDER CO 80302</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Parenting Place.....

Telephone No. ▶ 303-449-0177..... FAX No. ▶ .....

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2010 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1	Federated Campaigns . . . . .		
2	Membership dues . . . . .	3,410	
3	Fundraising events . . . . .	51,874	
4	Related organizations . . . . .		
5	Government grants (contributions) . . . . .	90,795	
6	All other contributions, gifts, grants, and similar amounts not included above: CONTRIBUTIONS FROM THE PUBLIC	305,351	33,194
	Other contributions total . . . . .	305,351	33,194
7	Total . . . . .	451,430	33,194

**Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization**

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation . . . . .	3,065	2,438	330	297
2	Depletion . . . . .	0			
3	Amortization . . . . .	0			
4	Total . . . . .	3,065	2,438	330	297

**Part X, Line 3 (990) - Pledges and Grants Receivable**

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1		63,950	89,693		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total pledges and grants receivable . . . . .	63,950	89,693	0	0

**Part X, Line 4 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	UNCONDITIONAL PROMISES TO GIVE	481			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable . . . . .	481	0	0	0

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

								30,532	20,545	23,610	0	9,987	6,922
Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	FIXED ASSETS		X					17,000	8,208	10,637		7,128	6,363
2	FIXED ASSETS			X				13,532	12,337	12,973		2,859	559
3								0	0			0	0
4								0	0			0	0
5								0	0			0	0
6								0	0			0	0
7								0	0			0	0
8								0	0			0	0
9								0	0			0	0
10								0	0			0	0
11								0	0			0	0
12								0	0			0	0
13								0	0			0	0
14								0	0			0	0
15								0	0			0	0
16								0	0			0	0
17								0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			0	0

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported:

Cost

End of year market value (FMV)

						25,000	0	25,394
	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Central FD CDA LTD CLA F Class A:CEF	X			1,225.00	25,000	0	25,394
2					0.00	0	0	0
3					0.00	0	0	0
4					0.00	0	0	0
5					0.00	0	0	0
6					0.00	0	0	0
7					0.00	0	0	0
8					0.00	0	0	0
9					0.00	0	0	0
10					0.00	0	0	0
11					0.00	0	0	0
12					0.00	0	0	0
13					0.00	0	0	0
14					0.00	0	0	0
15					0.00	0	0	0
16					0.00	0	0	0
17					0.00	0	0	0
18					0.00	0	0	0
19					0.00	0	0	0
20					0.00	0	0	0

**Part II (Sch G (990/990EZ)) - Events**

51,874      51,874      0      0      0      9,367      5,560      2,440      3,027

		Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
Event type		Gross receipts	Less: (Charitable contributions)	Gross income (line 1 minus line 2)	Cash prizes	Noncash prizes	Rent/facility costs	Food and beverages	Entertainment	Other direct expenses
1	ANNUAL GALA	42,692	42,692	0			7,777	4,500	2,440	1,673
2	GIRLS NIGHT OUT	9,182	9,182	0			1,590	1,060		1,354
3				0						
4				0						
5				0						
6				0						
7				0						
8				0						
9				0						
10				0						
11				0						
12				0						
13				0						
14				0						
15				0						
16				0						
17				0						
18				0						
19				0						
20				0						

**Perjury Statement**

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Officer's Signature**

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

-----  
Officer's PIN 78808

Date: 06/20/2011

**ERO Declaration**

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

**I am signing this tax return by entering my PIN below:**

ERO's PIN 84118747374  
(Enter EFIN plus 5 self-selected numerics)

---

## 2010 Electronic Filing Information (8868)

### Signature Method

Option (1) - Using Practitioner PIN. Use Section (A) below.

Option (2) - Scanned 8453-EO.

**PIN Information** Enter information below

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	78808	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ERO PIN:	47374		

If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).

### EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open.)

EFIN: 841187

### Name Control

(See instructions on the 'Name Control' tab)

PARE

### Organization Information

Name PARENTING PLACE		Employer identification no. 84-0978808	
Address 1235 PINE STREET		Daytime phone (303) 449-0177	
Address continuation		In care of name	
City BOULDER	State CO	Zip code 80302	Foreign country
Officer name Will Kropp	Title Executive Director	Phone	Date return signed 06/20/2011

### ERO (Enter data in the Preparer Manager)

ERO's name Joseph E. Moore		Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN P00483721
Firm's name Joseph E. Moore, CPA, PC		ERO's EIN 74-3193333	
Address 1221 Pearl St.		Phone (303) 440-3312	
City Boulder	State CO	ZIP code 80302	

### Paid Preparer (Enter data in the Preparer Manager)

Paid preparer's name Joseph E. Moore		Non-paid prep type	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00483721
Firm's name Joseph E. Moore, CPA, PC		EIN 74-3193333		
Address 1221 Pearl St.		Phone (303) 440-3312		
City iomocpa@msn.com	State CO	ZIP code 80302		

**Assets by Classification - 990**

12/31/2010 PARENTING PLACE 84-0978808

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2010 Deprec.	2010 Accum. Deprec.
<b><u>5-yr Computers (listed)</u></b>																
	Dell COMPUTER	2/8/2008	F-4	100.00%	832	0	0	0	0	832	5	200DB	HY	432	160	592
	DELL BB LAPTOP	2/25/2008	F-4	100.00%	1,105	0	0	0	0	1,105	5	200DB	HY	575	212	787
	Total: 5-yr Computers and peripherals (listed property)				1,937	0	0	0	0	1,937				1,007	372	1,379
<b><u>5-yr Computers (not listed)</u></b>																
	COMPUTER AND PRINTI	6/1/2004	F-5	100.00%	500	0	0	0	0	500	5	200DB	HY	500	0	500
	Computer	6/1/2005	F-5	100.00%	2,364	0	0	0	0	2,364	5	200DB	HY	2,227	136	2,363
	Total: 5-yr Computers and peripherals (not listed property)				2,864	0	0	0	0	2,864				2,727	136	2,863
<b><u>7-yr Office furn, fixtures, equip</u></b>																
	PRIOR TO 2004	1/1/1998	F-11	100.00%	3,929	0	0	0	0	3,929	7	SL	HY	3,929	0	3,929
	PHONE SYSTEM	4/30/2004	F-11	100.00%	2,802	0	0	0	0	2,802	7	SL	HY	2,726	76	2,802
	OFFICE FURNITURE	6/1/2004	F-11	100.00%	2,000	0	0	0	0	2,000	7	SL	HY	1,948	52	2,000
	Total: 7-yr Office furniture, fixtures and equipment				8,731	0	0	0	0	8,731				8,603	128	8,731
<b><u>15-yr Land improvements</u></b>																
	LAND IMPROVEMENTS	12/31/2004	R-2	100.00%	17,000	0	0	0	0	17,000	7	SL	HY	8,208	2,429	10,637
	Total: 15-yr Land improvements				17,000	0	0	0	0	17,000				8,208	2,429	10,637
	SubTotals				30,532	0	0	0	0	30,532				20,545	3,065	23,610
	Less: Disposed Assets				( 0)	( 0)	( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
	Ending Totals				30,532	0	0	0	0	30,532				20,545	3,065	23,610

**Assets by Classification - ALL**

12/31/2010 PARENTING PLACE 84-0978808

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2010 Deprec.	2010 Accum. Deprec.
<b><u>5-yr Computers (listed)</u></b>																
	Dell COMPUTER	2/8/2008	F-4	100.00%	832	0	0	0	0	832	5	200DB	HY	432	160	592
	DELL BB LAPTOP	2/25/2008	F-4	100.00%	1,105	0	0	0	0	1,105	5	200DB	HY	575	212	787
	Total: 5-yr Computers and peripherals (listed property)				1,937	0	0	0	0	1,937				1,007	372	1,379
<b><u>5-yr Computers (not listed)</u></b>																
	COMPUTER AND PRINTI	6/1/2004	F-5	100.00%	500	0	0	0	0	500	5	200DB	HY	500	0	500
	Computer	6/1/2005	F-5	100.00%	2,364	0	0	0	0	2,364	5	200DB	HY	2,227	136	2,363
	Total: 5-yr Computers and peripherals (not listed property)				2,864	0	0	0	0	2,864				2,727	136	2,863
<b><u>7-yr Office furn, fixtures, equip</u></b>																
	PRIOR TO 2004	1/1/1998	F-11	100.00%	3,929	0	0	0	0	3,929	7	SL	HY	3,929	0	3,929
	PHONE SYSTEM	4/30/2004	F-11	100.00%	2,802	0	0	0	0	2,802	7	SL	HY	2,726	76	2,802
	OFFICE FURNITURE	6/1/2004	F-11	100.00%	2,000	0	0	0	0	2,000	7	SL	HY	1,948	52	2,000
	Total: 7-yr Office furniture, fixtures and equipment				8,731	0	0	0	0	8,731				8,603	128	8,731
<b><u>15-yr Land improvements</u></b>																
	LAND IMPROVEMENTS	12/31/2004	R-2	100.00%	17,000	0	0	0	0	17,000	7	SL	HY	8,208	2,429	10,637
	Total: 15-yr Land improvements				17,000	0	0	0	0	17,000				8,208	2,429	10,637
	SubTotals				30,532	0	0	0	0	30,532				20,545	3,065	23,610
	Less: Disposed Assets				( 0)	( 0)	( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
	Ending Totals				30,532	0	0	0	0	30,532				20,545	3,065	23,610

**Detail Report**

12/31/2010 PARENTING PLACE 84-0978808

990														
30,532 0 0 0 0 30,532														
Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Convention Code
	COMPUTER AND PRINTER	6/1/2004	F-5	100.00%	500	0	0	0	0	500		5	200DB	HY
	OFFICE FURNITURE	6/1/2004	F-11	100.00%	2,000	0	0	0	0	2,000		7	SL	HY
	PHONE SYSTEM	4/30/2004	F-11	100.00%	2,802	0	0	0	0	2,802		7	SL	HY
	Computer	6/1/2005	F-5	100.00%	2,364	0	0	0	0	2,364		5	200DB	HY
	Dell COMPUTER	2/8/2008	F-4	100.00%	832	0	0	0	0	832		5	200DB	HY
	DELL BB LAPTOP	2/25/2008	F-4	100.00%	1,105	0	0	0	0	1,105		5	200DB	HY
	LAND IMPROVEMENTS	12/31/2004	R-2	100.00%	17,000	0	0	0	0	17,000		7	SL	HY
	PRIOR TO 2004	1/1/1998	F-11	100.00%	3,929	0	0	0	0	3,929		7	SL	HY
	SubTotals				30,532	0	0	0	0	30,532				
	Less: Disposed Assets				( 0)	( 0)	( 0)	( 0)	( 0)	( 0)				
	Ending Totals				<u>30,532</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>30,532</u>				

## Detail Report

990			20,545	3,065	23,610
Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.
	COMPUTER AND PRINTER	6/1/2004	500	0	500
	OFFICE FURNITURE	6/1/2004	1,948	52	2,000
	PHONE SYSTEM	4/30/2004	2,726	76	2,802
	Computer	6/1/2005	2,227	136	2,363
	Dell COMPUTER	2/8/2008	432	160	592
	DELL BB LAPTOP	2/25/2008	575	212	787
	LAND IMPROVEMENTS	12/31/2004	8,208	2,429	10,637
	PRIOR TO 2004	1/1/1998	3,929	0	3,929
	SubTotals		20,545	3,065	23,610
	Less: Disposed Assets		( 0)	( 0)	( 0)
	Ending Totals		<u>20,545</u>	<u>3,065</u>	<u>23,610</u>

# Detail Report

12/31/2010 PARENTING PLACE 84-0978808

ALL														
Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Activity	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method
						30,532	0	0	0	0	30,532			
	COMPUTER AND PRINTER	6/1/2004	990	F-5	100.00%	500	0	0	0	0	500		5	200DB
	OFFICE FURNITURE	6/1/2004	990	F-11	100.00%	2,000	0	0	0	0	2,000		7	SL
	PHONE SYSTEM	4/30/2004	990	F-11	100.00%	2,802	0	0	0	0	2,802		7	SL
	Computer	6/1/2005	990	F-5	100.00%	2,364	0	0	0	0	2,364		5	200DB
	Dell COMPUTER	2/8/2008	990	F-4	100.00%	832	0	0	0	0	832		5	200DB
	DELL BB LAPTOP	2/25/2008	990	F-4	100.00%	1,105	0	0	0	0	1,105		5	200DB
	LAND IMPROVEMENTS PRIOR TO 2004	12/31/2004	990	R-2	100.00%	17,000	0	0	0	0	17,000		7	SL
		1/1/1998	990	F-11	100.00%	3,929	0	0	0	0	3,929		7	SL
	SubTotals					30,532	0	0	0	0	30,532			
	Less: Disposed Assets					( 0)	( 0)	( 0)	( 0)	( 0)	( 0)			
	Ending Totals					<u>30,532</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>30,532</u>			

## Detail Report

ALL				20,545	3,065	23,610
Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.
	COMPUTER AND PRINTER	6/1/2004	HY	500	0	500
	OFFICE FURNITURE	6/1/2004	HY	1,948	52	2,000
	PHONE SYSTEM	4/30/2004	HY	2,726	76	2,802
	Computer	6/1/2005	HY	2,227	136	2,363
	Dell COMPUTER	2/8/2008	HY	432	160	592
	DELL BB LAPTOP	2/25/2008	HY	575	212	787
	LAND IMPROVEMENTS PRIOR TO 2004	12/31/2004 1/1/1998	HY HY	8,208 3,929	2,429 0	10,637 3,929
	SubTotals			20,545	3,065	23,610
	Less: Disposed Assets			( 0)	( 0)	( 0)
	Ending Totals			<u>20,545</u>	<u>3,065</u>	<u>23,610</u>