

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORENCE CRITTENTON SERVICES OF COLORADO Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 96 S. ZUNI STREET City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80223 F Name and address of principal officer: SUZANNE BANNING 90 S ZUNI ST, DENVER, CO 80223	D Employer identification number 84-0429686 E Telephone number (303) 321-6363 G Gross receipts \$ 5,055,739. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.FLOCRCITCO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1953		M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE, PREPARE AND EMPOWER TEEN MOTHERS TO BE PRODUCTIVE MEMBERS OF THE COMMUNITY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 60 6 Total number of volunteers (estimate if necessary) 6 165 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,710,627. 9 Program service revenue (Part VIII, line 2g) 3,263,949. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,778,750. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114,024. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,656. 79. 3,603,480. 4,883,809.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,833,500. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 512,354. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 975,811. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 768,536. 19 Revenue less expenses. Subtract line 18 from line 12 3,809,311. -205,831. 1,438,061.	0. 0. 2,607,920. 69,292. 768,536. 3,445,748. 1,438,061.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,299,886. 21 Total liabilities (Part X, line 26) 709,998. 22 Net assets or fund balances. Subtract line 21 from line 20 3,589,888.	Beginning of Current Year End of Year 5,836,596. 729,989. 5,106,607.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SUZANNE BANNING, CEO Type or print name and title	Date 3/14/15
Paid Preparer Use Only	Print/Type preparer's name DORI J. EGGETT Firm's name ▶ EKS&H LLLP Firm's address ▶ 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2521	Preparer's signature Date 2/25/2015 Check if self-employed <input type="checkbox"/> Firm's EIN ▶ 46-1497033 Phone no. 303-740-9400

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

FLORENCE CRITTENTON SERVICES OF COLORADO'S MISSION IS TO EDUCATE,
PREPARE AND EMPOWER TEEN MOTHERS TO BE PRODUCTIVE MEMBERS OF THE
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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,670,279. including grants of \$) (Revenue \$ 1,586,432.)

FLORENCE CRITTENTON'S SERVICES INCLUDE A HIGH SCHOOL EDUCATION PROVIDED
BY DENVER PUBLIC SCHOOLS AND COMPREHENSIVE SUPPORT SERVICES FOR
PREGNANT AND PARENTING TEEN MOTHERS AT THE FLORENCE CRITTENTON SCHOOL,
EARLY CHILDHOOD EDUCATION FOR THEIR BABIES AT OUR QUALISTAR RATED EARLY
LEARNING CENTER, AND COUNSELING AND PARENTING SUPPORT FOR THE FAMILIES
OF THESE TEENS IN OUR FAMILY ENGAGEMENT CENTER. WE SERVED OVER 661
TEEN MOTHERS, FATHERS AND THEIR CHILDREN AND FAMILY MEMBERS IN THE YEAR
ENDING 06/30/2014. OUR ORGANIZATION HAS STRONG PARTNERSHIPS WITH THE
DENVER PUBLIC SCHOOL DISTRICT AND OTHER INDIVIDUALS, BUSINESSES AND
COMMUNITY ORGANIZATIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **2,670,279.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e	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>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a 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 and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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</i>	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 16		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 60		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JUDY BUSINGA - 303-321-6363
 96 S. ZUNI STREET, DENVER, CO 80223

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL J. KEHOE CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) TAMMY BERBERICK VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(3) CELIA HEYWOOD SECRETARY	1.00	X		X				0.	0.	0.
(4) CARRI CLEMENS DIRECTOR	1.00	X						0.	0.	0.
(5) DOUG HOCK DIRECTOR	1.00	X						0.	0.	0.
(6) DIANE KANE DIRECTOR	1.00	X						0.	0.	0.
(7) JUDY KOFF TREASURER	1.00	X		X				0.	0.	0.
(8) MARK MAJOR DIRECTOR	1.00	X						0.	0.	0.
(9) DR. ALTHEA (LEE) MORGAN DIRECTOR	1.00	X						0.	0.	0.
(10) CAROLYNNE WHITE DIRECTOR	1.00	X						0.	0.	0.
(11) KATHY ENGLISH DIRECTOR	1.00	X						0.	0.	0.
(12) KEVIN KUHN DIRECTOR	1.00	X						0.	0.	0.
(13) SUSAN MOHR DIRECTOR	1.00	X						0.	0.	0.
(14) REBECCA ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(15) ANDY BAILEY DIRECTOR	1.00	X						0.	0.	0.
(16) JUAN BOTELLO DIRECTOR	1.00	X						0.	0.	0.
(17) STEVE COFFIN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY FAUNCE DIRECTOR	1.00	X						0.	0.	0.
(19) HANNAH GOEDERT DIRECTOR	1.00	X						0.	0.	0.
(20) GRETCHEN HOLLAH DIRECTOR	1.00	X						0.	0.	0.
(21) DR. GIZANE INDART DIRECTOR	1.00	X						0.	0.	0.
(22) SCOTT LILLEY DIRECTOR	1.00	X						0.	0.	0.
(23) HARRIET MOYER APTEKAR DIRECTOR	1.00	X						0.	0.	0.
(24) DR. TONI SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(25) CINDY SOVINE-MILLER DIRECTOR	1.00	X						0.	0.	0.
(26) DENISE TRUJILLO-BROWN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								334,712.	0.	17,435.
d Total (add lines 1b and 1c)								334,712.	0.	17,435.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

(A) Name and business address	(B) Description of services	(C) Compensation
OZ ARCHITECTURE, INC. 3003 LARIMER STREET, DENVER, CO 80205	DESIGN/ARCHITECT DRAWINGS	267,038.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

[illegible]

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	286,430.			
	b	Membership dues	1b				
	c	Fundraising events	1c	99,436.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	362,010.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,516,073.			
	g	Noncash contributions included in lines 1a-1f: \$		11,628.			
	h	Total. Add lines 1a-1f		3,263,949.			
Program Service Revenue	2 a	FEEES FROM GOV AGENCIES	Business Code 900099	1,586,432.	1,586,432.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,586,432.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,591.			16,591.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		22,065.			22,065.
	8 a	Gross income from fundraising events (not including \$ 99,436. of contributions reported on line 1c). See Part IV, line 18	a	34,500.			
	b	Less: direct expenses	b	42,243.			
	c	Net income or (loss) from fundraising events		-7,743.			-7,743.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code 900099	2,515.	2,515.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,515.			
	12	Total revenue. See instructions.		4,883,809.	1,588,947.	0.	30,913.

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	402,042.	180,874.	79,392.	141,776.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,654,139.	1,518,395.	56,609.	79,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,962.	10,881.	3,422.	4,659.
9 Other employee benefits	361,050.	321,835.	10,374.	28,841.
10 Payroll taxes	171,727.	145,059.	10,527.	16,141.
11 Fees for services (non-employees):				
a Management	107,746.	3,015.	5,924.	98,807.
b Legal				
c Accounting	25,430.		25,430.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	69,292.			69,292.
f Investment management fees	7,516.		7,516.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,120.			3,120.
12 Advertising and promotion	41,432.	8,212.	5,682.	27,538.
13 Office expenses	29,848.	12,384.	6,652.	10,812.
14 Information technology	34,396.	12,212.	15,961.	6,223.
15 Royalties				
16 Occupancy	175,354.	147,743.	13,616.	13,995.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,780.	19,780.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,002.	114,356.	8,646.	
23 Insurance	20,281.	15,702.	2,065.	2,514.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SUPPORT DIRECT C	147,993.	147,766.		227.
b STAFF TRAINING & DEVELO	14,633.	4,947.	7,538.	2,148.
c DUES & MEMBERSHIPS	2,540.	668.	1,145.	727.
d				
e All other expenses	15,465.	6,450.	2,616.	6,399.
25 Total functional expenses. Add lines 1 through 24e	3,445,748.	2,670,279.	263,115.	512,354.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	450.	1	900.
	2 Savings and temporary cash investments	158,104.	2	1,041,276.
	3 Pledges and grants receivable, net	143,000.	3	469,267.
	4 Accounts receivable, net	94,453.	4	102,979.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,262.	9	26,744.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,598,180.		
	b Less: accumulated depreciation	10b 2,077,643.		
		2,643,539.	10c	2,520,537.
	11 Investments - publicly traded securities	1,003,386.	11	1,112,153.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	155,652.	13	164,782.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	76,040.	15	397,958.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,299,886.	16	5,836,596.	
Liabilities	17 Accounts payable and accrued expenses	225,735.	17	272,641.
	18 Grants payable		18	
	19 Deferred revenue	4,500.	19	23,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	479,763.	23	433,848.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	709,998.	26	729,989.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,169,763.	27	3,524,862.
	28 Temporarily restricted net assets	242,673.	28	1,393,794.
	29 Permanently restricted net assets	177,452.	29	187,951.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,589,888.	33	5,106,607.	
34 Total liabilities and net assets/fund balances	4,299,886.	34	5,836,596.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,883,809.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,445,748.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,438,061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,589,888.
5	Net unrealized gains (losses) on investments	5	68,159.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,499.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,106,607.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,954,283.	2,184,393.	2,052,616.	1,710,627.	3,263,949.	11,165,868.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,954,283.	2,184,393.	2,052,616.	1,710,627.	3,263,949.	11,165,868.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						293,532.
6 Public support. Subtract line 5 from line 4.						10,872,336.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,954,283.	2,184,393.	2,052,616.	1,710,627.	3,263,949.	11,165,868.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,918.	24,036.	21,771.	23,634.	16,591.	108,950.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,225.	13,275.	10,366.	2,623.	2,515.	44,004.
11 Total support. Add lines 7 through 10						11,318,822.
12 Gross receipts from related activities, etc. (see instructions)					12	7,434,759.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.06 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.25 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

FLORENCE CRITTENTON SERVICES OF COLORADO

Employer identification number

84-0429686

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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

FLORENCE CRITTENTON SERVICES OF COLORADO

84-0429686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 286,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 347,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FLORENCE CRITTENTON SERVICES OF COLORADO	84-0429686

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FLORENCE CRITTENTON SERVICES OF COLORADO	84-0429686

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FLORENCE CRITTENTON SERVICES OF COLORADO	Employer identification number 84-0429686
----------------------------------------------------------------------	--------------------------------------------------

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2013Open to Public
Inspection▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

FLORENCE CRITTENTON SERVICES OF COLORADO

Employer identification number

84-0429686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,052.	28,645.	27,847.	24,090.	25,274.
b Contributions					
c Net investment earnings, gains, and losses	3,937.	2,407.	936.	3,757.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			138.		1,184.
g End of year balance	34,989.	31,052.	28,645.	27,847.	24,090.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ 100.00 %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		200,400.		200,400.
b Buildings		3,514,321.	1,196,342.	2,317,979.
c Leasehold improvements		112,685.	110,565.	2,120.
d Equipment		770,774.	770,736.	38.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,520,537.

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14a, 14b, 14c, 14d, 14e, 14f, 14g, 14h, 14i, 14j, 14k, 14l, 14m, 14n, 14o, 14p, 14q, 14r, 14s, 14t, 14u, 14v, 14w, 14x, 14y, 14z, 14aa, 14ab, 14ac, 14ad, 14ae, 14af, 14ag, 14ah, 14ai, 14aj, 14ak, 14al, 14am, 14an, 14ao, 14ap, 14aq, 14ar, 14as, 14at, 14au, 14av, 14aw, 14ax, 14ay, 14az, 14ba, 14bb, 14bc, 14bd, 14be, 14bf, 14bg, 14bh, 14bi, 14bj, 14bk, 14bl, 14bm, 14bn, 14bo, 14bp, 14bq, 14br, 14bs, 14bt, 14bu, 14bv, 14bw, 14bx, 14by, 14bz, 14ca, 14cb, 14cc, 14cd, 14ce, 14cf, 14cg, 14ch, 14ci, 14cj, 14ck, 14cl, 14cm, 14cn, 14co, 14cp, 14cq, 14cr, 14cs, 14ct, 14cu, 14cv, 14cw, 14cx, 14cy, 14cz, 14da, 14db, 14dc, 14dd, 14de, 14df, 14dg, 14dh, 14di, 14dj, 14dk, 14dl, 14dm, 14dn, 14do, 14dp, 14dq, 14dr, 14ds, 14dt, 14du, 14dv, 14dw, 14dx, 14dy, 14dz, 14ea, 14eb, 14ec, 14ed, 14ee, 14ef, 14eg, 14eh, 14ei, 14ej, 14ek, 14el, 14em, 14en, 14eo, 14ep, 14eq, 14er, 14es, 14et, 14eu, 14ev, 14ew, 14ex, 14ey, 14ez, 14fa, 14fb, 14fc, 14fd, 14fe, 14ff, 14fg, 14fh, 14fi, 14fj, 14fk, 14fl, 14fm, 14fn, 14fo, 14fp, 14fq, 14fr, 14fs, 14ft, 14fu, 14fv, 14fw, 14fx, 14fy, 14fz, 14ga, 14gb, 14gc, 14gd, 14ge, 14gf, 14gg, 14gh, 14gi, 14gj, 14gk, 14gl, 14gm, 14gn, 14go, 14gp, 14gq, 14gr, 14gs, 14gt, 14gu, 14gv, 14gw, 14gx, 14gy, 14gz, 14ha, 14hb, 14hc, 14hd, 14he, 14hf, 14hg, 14hi, 14hj, 14hk, 14hl, 14hm, 14hn, 14ho, 14hp, 14hq, 14hr, 14hs, 14ht, 14hu, 14hv, 14hw, 14hx, 14hy, 14hz, 14ia, 14ib, 14ic, 14id, 14ie, 14if, 14ig, 14ih, 14ii, 14ij, 14ik, 14il, 14im, 14in, 14io, 14ip, 14iq, 14ir, 14is, 14it, 14iu, 14iv, 14iw, 14ix, 14iy, 14iz, 14ja, 14jb, 14jc, 14jd, 14je, 14jf, 14jg, 14jh, 14ji, 14jj, 14jk, 14jl, 14jm, 14jn, 14jo, 14jp, 14jq, 14jr, 14js, 14jt, 14ju, 14jv, 14jw, 14jx, 14jy, 14jz, 14ka, 14kb, 14kc, 14kd, 14ke, 14kf, 14kg, 14kh, 14ki, 14kj, 14kk, 14kl, 14km, 14kn, 14ko, 14kp, 14kq, 14kr, 14ks, 14kt, 14ku, 14kv, 14kw, 14kx, 14ky, 14kz, 14la, 14lb, 14lc, 14ld, 14le, 14lf, 14lg, 14lh, 14li, 14lj, 14lk, 14ll, 14lm, 14ln, 14lo, 14lp, 14lq, 14lr, 14ls, 14lt, 14lu, 14lv, 14lw, 14lx, 14ly, 14lz, 14ma, 14mb, 14mc, 14md, 14me, 14mf, 14mg, 14mh, 14mi, 14mj, 14mk, 14ml, 14mm, 14mn, 14mo, 14mp, 14mq, 14mr, 14ms, 14mt, 14mu, 14mv, 14mw, 14mx, 14my, 14mz, 14na, 14nb, 14nc, 14nd, 14ne, 14nf, 14ng, 14nh, 14ni, 14nj, 14nk, 14nl, 14nm, 14nn, 14no, 14np, 14nq, 14nr, 14ns, 14nt, 14nu, 14nv, 14nw, 14nx, 14ny, 14nz, 14oa, 14ob, 14oc, 14od, 14oe, 14of, 14og, 14oh, 14oi, 14oj, 14ok, 14ol, 14om, 14on, 14oo, 14op, 14oq, 14or, 14os, 14ot, 14ou, 14ov, 14ow, 14ox, 14oy, 14oz, 14pa, 14pb, 14pc, 14pd, 14pe, 14pf, 14pg, 14ph, 14pi, 14pj, 14pk, 14pl, 14pm, 14pn, 14po, 14pp, 14pq, 14pr, 14ps, 14pt, 14pu, 14pv, 14pw, 14px, 14py, 14pz, 14qa, 14qb, 14qc, 14qd, 14qe, 14qf, 14qg, 14qh, 14qi, 14qj, 14qk, 14ql, 14qm, 14qn, 14qo, 14qp, 14qq, 14qr, 14qs, 14qt, 14qu, 14qv, 14qw, 14qx, 14qy, 14qz, 14ra, 14rb, 14rc, 14rd, 14re, 14rf, 14rg, 14rh, 14ri, 14rj, 14rk, 14rl, 14rm, 14rn, 14ro, 14rp, 14rq, 14rr, 14rs, 14rt, 14ru, 14rv, 14rw, 14rx, 14ry, 14rz, 14sa, 14sb, 14sc, 14sd, 14se, 14sf, 14sg, 14sh, 14si, 14sj, 14sk, 14sl, 14sm, 14sn, 14so, 14sp, 14sq, 14sr, 14ss, 14st, 14su, 14sv, 14sw, 14sx, 14sy, 14sz, 14ta, 14tb, 14tc, 14td, 14te, 14tf, 14tg, 14th, 14ti, 14tj, 14tk, 14tl, 14tm, 14tn, 14to, 14tp, 14tq, 14tr, 14ts, 14tt, 14tu, 14tv, 14tw, 14tx, 14ty, 14tz, 14ua, 14ub, 14uc, 14ud, 14ue, 14uf, 14ug, 14uh, 14ui, 14uj, 14uk, 14ul, 14um, 14un, 14uo, 14up, 14uq, 14ur, 14us, 14ut, 14uu, 14uv, 14uw, 14ux, 14uy, 14uz, 14va, 14vb, 14vc, 14vd, 14ve, 14vf, 14vg, 14vh, 14vi, 14vj, 14vk, 14vl, 14vm, 14vn, 14vo, 14vp, 14vq, 14vr, 14vs, 14vt, 14vu, 14vv, 14vw, 14vx, 14vy, 14vz, 14wa, 14wb, 14wc, 14wd, 14we, 14wf, 14wg, 14wh, 14wi, 14wj, 14wk, 14wl, 14wm, 14wn, 14wo, 14wp, 14wq, 14wr, 14ws, 14wt, 14wu, 14wv, 14ww, 14wx, 14wy, 14wz, 14xa, 14xb, 14xc, 14xd, 14xe, 14xf, 14xg, 14xh, 14xi, 14xj, 14xk, 14xl, 14xm, 14xn, 14xo, 14xp, 14xq, 14xr, 14xs, 14xt, 14xu, 14xv, 14xw, 14xx, 14xy, 14xz, 14ya, 14yb, 14yc, 14yd, 14ye, 14yf, 14yg, 14yh, 14yi, 14yj, 14yk, 14yl, 14ym, 14yn, 14yo, 14yp, 14yq, 14yr, 14ys, 14yt, 14yu, 14yv, 14yw, 14yx, 14yy, 14yz, 14za, 14zb, 14zc, 14zd, 14ze, 14zf, 14zg, 14zh, 14zi, 14zj, 14zk, 14zl, 14zm, 14zn, 14zo, 14zp, 14zq, 14zr, 14zs, 14zt, 14zu, 14zv, 14zw, 14zx, 14zy, 14zz, 14aa, 14ab, 14ac, 14ad, 14ae, 14af, 14ag, 14ah, 14ai, 14aj, 14ak, 14al, 14am, 14an, 14ao, 14ap, 14aq, 14ar, 14as, 14at, 14au, 14av, 14aw, 14ax, 14ay, 14az, 14ba, 14bb, 14bc, 14bd, 14be, 14bf, 14bg, 14bh, 14bi, 14bj, 14bk, 14bl, 14bm, 14bn, 14bo, 14bp, 14bq, 14br, 14bs, 14bt, 14bu, 14bv, 14bw, 14bx, 14by, 14bz, 14ca, 14cb, 14cc, 14cd, 14ce, 14cf, 14cg, 14ch, 14ci, 14cj, 14ck, 14cl, 14cm, 14cn, 14co, 14cp, 14cq, 14cr, 14cs, 14ct, 14cu, 14cv, 14cw, 14cx, 14cy, 14cz, 14da, 14db, 14dc, 14dd, 14de, 14df, 14dg, 14dh, 14di, 14dj, 14dk, 14dl, 14dm, 14dn, 14do, 14dp, 14dq, 14dr, 14ds, 14dt, 14du, 14dv, 14dw, 14dx, 14dy, 14dz, 14ea, 14eb, 14ec, 14ed, 14ee, 14ef, 14eg, 14eh, 14ei, 14ej, 14ek, 14el, 14em, 14en, 14eo, 14ep, 14eq, 14er, 14es, 14et, 14eu, 14ev, 14ew, 14ex, 14ey, 14ez, 14fa, 14fb, 14fc, 14fd, 14fe, 14ff, 14fg, 14fh, 14fi, 14fj, 14fk, 14fl, 14fm, 14fn, 14fo, 14fp, 14fq, 14fr, 14fs, 14ft, 14fu, 14fv, 14fw, 14fx, 14fy, 14fz, 14ga, 14gb, 14gc, 14gd, 14ge, 14gf, 14gg, 14gh, 14gi, 14gj, 14gk, 14gl, 14gm, 14gn, 14go, 14gp, 14gq, 14gr, 14gs, 14gt, 14gu, 14gv, 14gw, 14gx, 14gy, 14gz, 14ha, 14hb, 14hc, 14hd, 14he, 14hf, 14hg, 14hi, 14hj, 14hk, 14hl, 14hm, 14hn, 14ho, 14hp, 14hq, 14hr, 14hs, 14ht, 14hu, 14hv, 14hw, 14hx, 14hy, 14hz, 14ia, 14ib, 14ic, 14id, 14ie, 14if, 14ig, 14ih, 14ii, 14ij, 14ik, 14il, 14im, 14in, 14io, 14ip, 14iq, 14ir, 14is, 14it, 14iu, 14iv, 14iw, 14ix, 14iy, 14iz, 14ja, 14jb, 14jc, 14jd, 14je, 14jf, 14jg, 14jh, 14ji, 14jj, 14jk, 14jl, 14jm, 14jn, 14jo, 14jp, 14jq, 14jr, 14js, 14jt, 14ju, 14jv, 14jw, 14jx, 14jy, 14jz, 14ka, 14kb, 14kc, 14kd, 14ke, 14kf, 14kg, 14kh, 14ki, 14kj, 14kk, 14kl, 14km, 14kn, 14ko, 14kp, 14kq, 14kr, 14ks, 14kt, 14ku, 14kv, 14kw, 14kx, 14ky, 14kz, 14la, 14lb, 14lc, 14ld, 14le, 14lf, 14lg, 14lh, 14li, 14lj, 14lk, 14ll, 14lm, 14ln, 14lo, 14lp, 14lq, 14lr, 14ls, 14lt, 14lu, 14lv, 14lw, 14lx, 14ly, 14lz, 14ma, 14mb, 14mc, 14md, 14me, 14mf, 14mg, 14mh, 14mi, 14mj, 14mk, 14ml, 14mm, 14mn, 14mo, 14mp, 14mq, 14mr, 14ms, 14mt, 14mu, 14mv, 14mw, 14mx, 14my, 14mz, 14na, 14nb, 14nc, 14nd, 14ne, 14nf, 14ng, 14nh, 14ni, 14nj, 14nk, 14nl, 14nm, 14nn, 14no, 14np, 14nq, 14nr, 14ns, 14nt, 14nu, 14nv, 14nw, 14nx, 14ny, 14nz, 14oa, 14ob, 14oc, 14od, 14oe, 14of, 14og, 14oh, 14oi, 14oj, 14ok, 14ol, 14om, 14on, 14oo, 14op, 14oq, 14or, 14os, 14ot, 14ou, 14ov, 14ow, 14ox, 14oy, 14oz, 14pa, 14pb, 14pc, 14pd, 14pe, 14pf, 14pg, 14ph, 14pi, 14pj, 14pk, 14pl, 14pm, 14pn, 14po, 14pp, 14pq, 14pr, 14ps, 14pt, 14pu, 14pv, 14pw, 14px, 14py, 14pz, 14qa, 14qb, 14qc, 14qd, 14qe, 14qf, 14qg, 14qh, 14qi, 14qj, 14qk, 14ql, 14qm, 14qn, 14qo, 14qp, 14qq, 14qr, 14qs, 14qt, 14qu, 14qv, 14qw, 14qx, 14qy, 14qz, 14ra, 14rb, 14rc, 14rd, 14re, 14rf, 14rg, 14rh, 14ri, 14rj, 14rk, 14rl, 14rm, 14rn, 14ro, 14rp, 14rq, 14rr, 14rs, 14rt, 14ru, 14rv, 14rw, 14rx, 14ry, 14rz, 14sa, 14sb, 14sc, 14sd, 14se, 14sf, 14sg, 14sh, 14si, 14sj, 14sk, 14sl, 14sm, 14sn, 14so, 14sp, 14sq, 14sr, 14ss, 14st, 14su, 14sv, 14sw, 14sx, 14sy, 14sz, 14ta, 14tb, 14tc, 14td, 14te, 14tf, 14tg, 14th, 14ti, 14tj, 14tk, 14tl, 14tm, 14tn, 14to, 14tp, 14tq, 14tr, 14ts, 14tt, 14tu, 14tv, 14tw, 14tx, 14ty, 14tz, 14ua, 14ub, 14uc, 14ud, 14ue, 14uf, 14ug, 14uh, 14ui, 14uj, 14uk, 14ul, 14um, 14un, 14uo, 14up, 14uq, 14ur, 14us, 14ut, 14uu, 14uv, 14uw, 14ux, 14uy, 14uz, 14va, 14vb, 14vc, 14vd, 14ve, 14vf, 14vg, 14vh, 14vi, 14vj, 14vk, 14vl, 14vm, 14vn, 14vo, 14vp, 14vq, 14vr, 14vs, 14vt, 14vu, 14vv, 14vw, 14vx, 14vy, 14vz, 14wa, 14wb, 14wc, 14wd, 14we, 14wf, 14wg, 14wh, 14wi, 14wj, 14wk, 14wl, 14wm, 14wn, 14wo, 14wp, 14wq, 14wr, 14ws, 14wt, 14wu, 14wv, 14ww, 14wx, 14wy, 14wz, 14xa, 14xb, 14xc, 14xd, 14xe, 14xf, 14xg, 14xh, 14xi, 14xj, 14xk, 14xl, 14xm, 14xn, 14xo, 14xp, 14xq, 14xr, 14xs, 14xt, 14xu, 14xv, 14xw, 14xx, 14xy, 14xz, 14ya, 14yb, 14yc, 14yd, 14ye, 14yf, 14yg, 14yh, 14yi, 14yj, 14yk, 14yl, 14ym, 14yn, 14yo, 14yp, 14yq, 14yr, 14ys, 14yt, 14yu, 14yv, 14yw, 14yx, 14yy, 14yz, 14za, 14zb, 14zc, 14zd, 14ze, 14zf, 14zg, 14zh, 14zi, 14zj, 14zk, 14zl, 14zm, 14zn, 14zo, 14zp, 14zq, 14zr, 14zs, 14zt, 14zu, 14zv, 14zw, 14zx, 14zy, 14zz		(a) Description	(b) Book value
(1)	RESTRICTED ENDOWMENT - LEGACY	34,989.	
(2)	CONSTRUCTION IN PROGRESS	362,969.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		397,958.	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,314,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	68,159.
b	Donated services and use of facilities	2b	359,879.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	10,499.
e	Add lines 2a through 2d	2e	438,537.
3	Subtract line 2e from line 1	3	4,876,293.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,516.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	7,516.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,883,809.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,798,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	359,879.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	359,879.
3	Subtract line 2e from line 1	3	3,438,232.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,516.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	7,516.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,445,748.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INCOME FROM THE FUND MUST BE USED TO SUPPORT THE OPERATION OF

THE FLORENCE CRITTENTON SCHOOL.

PART X, LINE 2:

THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT

METHODOLOGY TO REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING

THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE NO

AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2014 AND 2013. IF INCURRED,

INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE

PERIOD ASSESSED AS GENERAL AND ADMINISTRATIVE EXPENSE. NO INTEREST OR

Part XIII Supplemental Information (continued)

PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2014 AND 2013. TAX YEARS THAT

REMAIN SUBJECT TO EXAMINATION INCLUDE 2011 THROUGH 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUSTS 10,499.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

FLORENCE CRITTENTON SERVICES OF COLORADO

Employer identification number

84-0429686

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☐ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ROECKER CONSULTING GROUP, LLC - 701 DAHLIA STREET, DENVER,	CAPITAL CAMPAIGN		X	1,156,000.	69,292.	1,086,708.
Total				1,156,000.	69,292.	1,086,708.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

SEE PART IV FOR CONTINUATIONS

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09-12-13

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUNCHEON (event type)	RUN/WALK (event type)	NONE (total number)	
Revenue	1 Gross receipts	91,970.	41,966.		133,936.
	2 Less: Contributions	57,470.	41,966.		99,436.
	3 Gross income (line 1 minus line 2)	34,500.			34,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,049.	750.		8,799.
	7 Food and beverages	16,354.			16,354.
	8 Entertainment	5,000.			5,000.
	9 Other direct expenses	9,061.	3,029.		12,090.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				42,243.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-7,743.

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

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

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: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ROECKER CONSULTING GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 701 DAHLIA STREET, DENVER, CO 80220

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

FLORENCE CRITTENTON SERVICES OF COLORADO

Employer identification number

84-0429686

Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>X</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>X</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>X</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	X	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X		
a Receive a severance payment or change-of-control payment?	4a	X									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X									
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.											
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>X</td> </tr> </table> If "Yes" to line 5a or 5b, describe in Part III.	a The organization?	5a	X	b Any related organization?	5b	X					
a The organization?	5a	X									
b Any related organization?	5b	X									
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>X</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>X</td> </tr> </table> If "Yes" to line 6a or 6b, describe in Part III.	a The organization?	6a	X	b Any related organization?	6b	X					
a The organization?	6a	X									
b Any related organization?	6b	X									
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X									
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X									
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

Schedule J (Form 990) 2013

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

FLORENCE CRITTENTON SERVICES OF COLORADO

Employer identification number
84-0429686

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE FORM 990 IS PRESENTED AT A BOARD MEETING BY THE

ORGANIZATION'S TAX PREPARATION FIRM AND APPROVED BY THE BOARD OF DIRECTORS

BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

WRITTEN DISCLOSURE OF REPRESENTATION IS REQUIRED TO BE

SUBMITTED ANNUALLY AND VERBAL AFFIRMATION IS REQUIRED AT EACH BOARD

MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE BUSINESS COMMITTEE REVIEWS COMPENSATION OF THE CEO,

EXECUTIVE DIRECTOR, AND TOP MANAGEMENT OFFICIALS AS COMPARED TO THE SURVEYS

PROVIDED BY MSEC & CANPO AND RECOMMEND REASONABLE CONFORMITY FOR

ORGANIZATIONS OF SIMILAR SIZE. APPROPRIATE DOCUMENTATION OF THE REVIEW AND

APPROVAL PROCESS IS KEPT IN THE ORGANIZATION'S RECORDS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE, WHEN THE BOARD OF DIRECTORS IS

NOT IN SESSION, GENERALLY SHALL HAVE AND MAY EXERCISE ALL OF THE

AUTHORITY OF THE BOARD OF DIRECTORS EXCEPT TO THE EXTENT, IF ANY, THAT

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

FLORENCE CRITTENTON SERVICES OF COLORADO

Employer identification number

84-0429686

SUCH AUTHORITY SHALL BE LIMITED BY THE ACTIONS SET FORTH IN ARTICLE

XIII, SECTION 13.2 OF THE ORGANIZATION'S BYLAWS.

PART VIII

A SIGNIFICANT INCREASE IN CONTRIBUTIONS AND FUNDRAISING

EXPENSES WAS REALIZED DURING THE FILING PERIOD DUE TO CAPITAL CAMPAIGN

EFFORTS TO RAISE FUNDS FOR THE CAMPUS REDEVELOPMENT. THE INCREASED

LEVEL OF CONTRIBUTIONS AND EXPENSES IS NOT EXPECTED TO BE SUSTAINED

AFTER THE CONCLUSION OF THE CAPITAL CAMPAIGN.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF PERPETUAL TRUSTS

10,499.

PART XII, LINE 2C

THE PROCESS BY WHICH COMMITTEE RESPONSIBLE FOR THE

OVERSIGHT OF THE AUDIT AND OVERSEES THE AUDIT AND SELECTS THE

INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions.
File by the due date for filing your return. See instructions.	FLORENCE CRITTENTON SERVICES OF COLORADO
	Employer identification number (EIN) or
	84-0429686
	Number, street, and room or suite no. If a P.O. box, see instructions.
	96 S. ZUNI STREET
	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	DENVER, CO 80223

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JUDY BUSINGA

- The books are in the care of ☒ 96 S. ZUNI STREET - DENVER, CO 80223
Telephone No. ☒ 303-321-6363 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.

4 I request an additional 3-month extension of time until MAY 15, 2015.

5 For calendar year 2013, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐ Title ☒ CPA Date ☐

Form 8868 (Rev. 1-2014)