

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amend return <input type="checkbox"/> Application pending	C Name of organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	D Employer identification number 84-1021059
	Doing business as	E Telephone number (303) 321-4198
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1535 HIGH STREET	G Gross receipts \$ 2,733,269.
	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80218	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
F Name and address of principal officer: LESLIE FOSTER 1535 HIGH STREET, DENVER, CO 80218		
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.TGPDENVER.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: 1986 M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY OF SAFETY & HOPE WHERE POSITIVE RELATIONSHIPS, CHOICE, & RESOURCES TRANSFORM LIVES.			
	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	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	46	
	6 Total number of volunteers (estimate if necessary)	6	700	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	2,244,049.	2,361,975.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,450.	210,555.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,916.	17,634.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,784.	35,479.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,450,631.	2,625,643.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	470,687.	451,149.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,367,290.	1,383,607.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	29,000.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	368,657.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	840,667.	883,935.	
	19 Revenue less expenses. Subtract line 18 from line 12	2,678,644.	2,747,691.	
		-228,013.	-122,048.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	7,461,360.	7,410,424.
		22 Net assets or fund balances. Subtract line 21 from line 20	3,000,033.	3,084,471.
	4,461,327.	4,325,953.		

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 <i>Leslie Foster</i>	Date 4/13/16			
	LESLIE FOSTER, CEO/PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DORI J. EGGETT	Preparer's signature <i>Dori Eggett</i>	Date 4/13/2016	Check if self-employed <input type="checkbox"/>	PTIN P00645252
	Firm's name EKS&H LLLP	Firm's EIN 46-1497033	Phone no. 303-740-9400		
	Firm's address 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2521				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O.

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 \$ 1,440,162. including grants of \$ 212,239.) (Revenue \$ 40,448.)
BASIC, EMERGENCY AND FAMILY SERVICES: TGP PROVIDES SHOWERS, LAUNDRY, A NAP ROOM, MAIL PICK-UP, TELEPHONE ACCESS, AND REFERRALS TO OVERNIGHT SHELTERS AND COMMUNITY RESOURCES. THIS YEAR, TGP RESPONDED TO THE IMMEDIATE NEEDS OF 5,866 ADULTS WHO VISITED A TOTAL OF 54,890 TIMES, TGP'S BASIC SERVICES ARE ENHANCED BY A COLLABORATION WITH DENVER DEPARTMENT OF HUMAN SERVICES (DDHS) THROUGH AN ONSITE OUTREACH PROFESSIONAL. LAST YEAR, TGP MEMBERS MET WITH THE DDHS CASE MANAGER 4,742 TIMES. TGP'S FAMILY PROGRAMS PROVIDE SIMILAR SUPPORT FOR FAMILIES IN A CHILD-FRIENDLY, SAFE, NURTURING, AND DEVELOPMENTALLY RICH ENVIRONMENT. THE FAMILY PROGRAMS TEAM WORKS ONE-ON-ONE WITH MOMS TO PLAN A MORE SECURE FUTURE FOR THE CHILDREN. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 97,568. including grants of \$ 38,765.) (Revenue \$ 95,689.)
BASED ON NATIONALLY ACCEPTED AND BEST EVIDENCE PRACTICES, THE HOUSING STABILIZATION PROGRAM IS TGP'S ONLY CASE MANAGED PROGRAM. TGP SUPPORTS UNACCOMPANIED WOMEN AND TRANSGENDER INDIVIDUALS WHO ARE CONSIDERED CHRONICALLY HOMELESS BY HELPING THEM FIND, SECURE, AND MAINTAIN STABLE HOUSING. TGP ALSO PROVIDES ASSISTANCE WITH TRANSPORTATION AND LEGAL ISSUES. FOR FISCAL 2015, 46 WOMEN PARTICIPATED IN THE PROGRAM, 27 (59%) WERE HOUSED, AND 29 (63%) STAYED HOUSED FOR AT LEAST SIX MONTHS.

4c (Code:) (Expenses \$ 282,473. including grants of \$ 185,644.) (Revenue \$ 74,418.)
TO REDUCE FOOD INSECURITY, OUR FOOD SERVICES PROGRAM PROVIDES NUTRITIOUS, FRESHLY PREPARED MEALS (BREAKFAST, LUNCH, AND SNACK) EACH DAY. OUR FOOD PANTRIES (BETSY'S CUPBOARD AND FAMILY PROGRAMS) PROVIDE HEALTHY GROCERIES, BABY FOOD/FORMULA, TOILETRIES, AND DIAPERS. THIS YEAR, THE PROGRAM SERVED 60,679 MEALS AND DISTRIBUTED 66,192 POUNDS OF FOOD, 2,608 TOILETRY BAGS, AND 19,020 DIAPERS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 185,488. including grants of \$ 14,501.) (Revenue \$)

4e Total program service expenses 2,005,691.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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>		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>		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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>		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>		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>		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>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 domestic 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 or for domestic individuals 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
25b 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 "Yes," 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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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
35b 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, and charitable contributions.

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 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.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

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, address, and telephone number of the person who possesses the organization's books and records:
 LESLIE FOSTER - 303-321-4198
 1535 HIGH STREET, DENVER, CO 80218

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

Check 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) BOB ALDER BOARD MEMBER	1.00	X						0.	0.	0.
(2) GEOFFREY BATEMAN CHAIR ELECT	2.00	X		X				0.	0.	0.
(3) CHUCK BORGMAN BOARD MEMBER	1.00	X						0.	0.	0.
(4) PAM DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(5) CINDY DELANEY BOARD SECRETARY	2.00	X		X				0.	0.	0.
(6) SUE ENGLE TREASURER	2.00	X		X				0.	0.	0.
(7) ALYSSA KOPF BOARD MEMBER	1.00	X						0.	0.	0.
(8) GENEVIEVE LACA BOARD MEMBER	1.00	X						0.	0.	0.
(9) BRITTA EVANS MILES CHAIR	2.00	X		X				0.	0.	0.
(10) BECKY JACOBSEN BOARD MEMBER	1.00	X						0.	0.	0.
(11) DEB RADMAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) SUSAN RODGER BOARD MEMBER	1.00	X						0.	0.	0.
(13) SANDRA STOREY BOARD MEMBER	1.00	X						0.	0.	0.
(14) CHRISTINA SAUNDERS BOARD MEMBER	1.00	X						0.	0.	0.
(15) THERESA WARDON BOARD MEMBER	1.00	X						0.	0.	0.
(16) LESLIE WEEMS BOARD MEMBER	1.00	X						0.	0.	0.
(17) LESLIE FOSTER PRESIDENT	40.00			X				94,327.	0.	14,935.

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) ALLYSON THERIEN - END 10/6/14 VP OF INTERNAL RESOURCES	40.00			X				46,594.	0.	4,642.
(19) JULIA STEWART - BEG 10/6/14 VP OF INTERNAL RESOURCES	40.00			X				7,897.	0.	95.
1b Sub-total								148,818.	0.	19,672.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								148,818.	0.	19,672.

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 **0**

	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		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		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		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
NONE		

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

Part VIII Statement of Revenue

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	78,938.				
	1 b Membership dues					
	1 c Fundraising events	196,620.				
	1 d Related organizations					
	1 e Government grants (contributions)	114,866.				
	1 f All other contributions, gifts, grants, and similar amounts not included above	1,971,551.				
	g Noncash contributions included in lines 1a-1f: \$	253,552.				
	h Total. Add lines 1a-1f	2,361,975.				
Program Service Revenue	2 a FEES & CONTRACTS	210,555.	210,555.			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	210,555.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	35.			35.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	13,655.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	13,655.			
	d Net rental income or (loss)	13,655.			13,655.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	17,599.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	17,599.			
	d Net gain or (loss)	17,599.			17,599.	
	8 a Gross income from fundraising events (not including \$ 196,620. of contributions reported on line 1c). See Part IV, line 18	a	43,927.			
		b Less: direct expenses	45,462.			
c Net income or (loss) from fundraising events		-1,535.			-1,535.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	87,490.				
	b Less: cost of goods sold	62,164.				
	c Net income or (loss) from sales of inventory	25,326.	25,326.			
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	-1,967.	-1,967.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	-1,967.				
12 Total revenue. See instructions.	2,625,643.	233,914.	0.	29,754.		

Form 990 (2014)

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	451,149.	451,149.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	168,490.	51,466.	86,747.	30,277.
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	1,041,905.	720,079.	169,054.	152,772.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	85,897.	62,730.	11,341.	11,826.
10 Payroll taxes	87,315.	55,524.	18,407.	13,384.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,090.		23,090.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	29,000.			29,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	50,097.	17,517.	3,045.	29,535.
12 Advertising and promotion	29,706.	4,737.	7,794.	17,175.
13 Office expenses	127,837.	44,425.	20,934.	62,478.
14 Information technology	33,684.	22,536.	5,499.	5,649.
15 Royalties				
16 Occupancy	206,930.	187,894.	10,934.	8,102.
17 Travel	470.	373.	54.	43.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	171,479.	161,548.	6,371.	3,560.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	210,026.	197,863.	7,803.	4,360.
23 Insurance	24,306.	21,614.	2,221.	471.
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 MISCELLANEOUS	6,310.	6,236.	49.	25.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,747,691.	2,005,691.	373,343.	368,657.
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 Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	99,075.	1	57,620.
	2	Savings and temporary cash investments	2,102.	2	12,138.
	3	Pledges and grants receivable, net	231,165.	3	481,387.
	4	Accounts receivable, net		4	
	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	27,235.	8	21,299.
	9	Prepaid expenses and deferred charges	76,186.	9	24,528.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,344,394.		
	b	Less: accumulated depreciation	10b 1,891,936.	10c 6,633,577.	6,452,458.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	392,020.	15	360,994.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,461,360.	16	7,410,424.	
Liabilities	17	Accounts payable and accrued expenses	142,381.	17	172,340.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	2,857,652.	23	2,912,131.
	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	3,000,033.	26	3,084,471.
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	3,675,395.	27	3,399,331.
	28	Temporarily restricted net assets	457,931.	28	598,621.
	29	Permanently restricted net assets	328,001.	29	328,001.
	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	4,461,327.	33	4,325,953.	
34	Total liabilities and net assets/fund balances	7,461,360.	34	7,410,424.	

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	2,625,643.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,747,691.
3	Revenue less expenses. Subtract line 2 from line 1	3	-122,048.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,461,327.
5	Net unrealized gains (losses) on investments	5	
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	-13,326.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,325,953.

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? 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		X
2b	Were the organization's financial statements audited by an independent accountant? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2014)

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,784,301.	2,634,477.	2,543,825.	2,244,049.	2,361,975.	12,568,627.
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	2,784,301.	2,634,477.	2,543,825.	2,244,049.	2,361,975.	12,568,627.
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)						738,431.
6 Public support. Subtract line 5 from line 4.						11,830,196.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,784,301.	2,634,477.	2,543,825.	2,244,049.	2,361,975.	12,568,627.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,026.	451.	202.	6,951.	13,690.	22,320.
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 VI.)		334.	7,720.	802.		8,856.
11 Total support. Add lines 7 through 10						12,599,803.
12 Gross receipts from related activities, etc. (see instructions)					12	1,236,012.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	93.89 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	93.84 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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"/>		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

2014

Name of the organization

THE GATHERING PLACE
A REFUGE FOR REBUILDING LIVES

Employer identification number

84-1021059

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

Name of organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
---	---

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		\$ 160,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 252,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 130,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
--	--

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 THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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

(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

(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

(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

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.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **THE GATHERING PLACE** Employer identification number **84-1021059**
A REFUGE FOR REBUILDING LIVES

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 value of contributions to (during year)		
3 Aggregate value of 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 a 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) Revenue 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 Revenue 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, for escrow or custodial account liability? 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	392,020.	361,219.	427,394.	409,097.	435,330.
b Contributions		200.			
c Net investment earnings, gains, and losses	-7,902.	31,271.	32,835.	59,595.	-4,798.
d Grants or scholarships	17,700.		99,010.	41,298.	21,435.
e Other expenditures for facilities and programs					
f Administrative expenses	5,424.	670.			
g End of year balance	360,994.	392,020.	361,219.	427,394.	409,097.

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 90.86 %
- c Temporarily restricted endowment 9.14 %

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		50,000.		50,000.
b Buildings		7,980,636.	1,605,455.	6,375,181.
c Leasehold improvements				
d Equipment		303,758.	286,230.	17,528.
e Other		10,000.	251.	9,749.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,452,458.

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.

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

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

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	2,818,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	141,989.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	50,373.	
e	Add lines 2a through 2d	2e		192,362.
3	Subtract line 2e from line 1	3		2,625,643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,625,643.

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	2,953,379.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	141,989.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	63,699.	
e	Add lines 2a through 2d	2e		205,688.
3	Subtract line 2e from line 1	3		2,747,691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,747,691.

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:

THE GATHERING PLACE HAS A PERMANENT ENDOWMENT FUND THAT IS HELD AND INVESTED BY THE DENVER FOUNDATION FOR THE BENEFIT OF THE GATHERING PLACE AND IS REPORTED AS BENEFICIAL INTEREST IN ASSETS HELD BY THE DENVER FOUNDATION IN THE STATEMENT OF FINANCIAL POSITION.

PART X, LINE 2:

THE GATHERING PLACE 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

Part XIII Supplemental Information (continued)

AMOUNTS HAVE BEEN RECOGNIZED AS OF SEPTEMBER 30, 2015.

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE

RECORDED IN THE PERIOD ASSESSED AS INTEREST EXPENSE. NO INTEREST OR

PENALTIES HAVE BEEN ASSESSED AS OF SEPTEMBER 30, 2015.

TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2012 THROUGH THE

CURRENT YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 62,164.

FUNDRAISING EXPENSES 1,535.

ENDOWMENT INVESTMENT ACTIVITY -13,326.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 50,373.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 62,164.

FUNDRAISING EXPENSES 1,535.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 63,699.

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 NONE	(d) Total events (add col. (a) through col. (c))
		INSPIRE! GALA (event type)	COLFAX MARATHON (event type)	(total number)	
Revenue	1	Gross receipts	231,363.	9,184.	240,547.
	2	Less: Contributions	188,185.	8,435.	196,620.
	3	Gross income (line 1 minus line 2)	43,178.	749.	43,927.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	11,696.		11,696.
	7	Food and beverages	27,686.		27,686.
	8	Entertainment	0.		
	9	Other direct expenses	5,331.	749.	6,080.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			45,462.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-1,535.

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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: LACOME EVENTS

(I) ADDRESS OF FUNDRAISER: 6800 EAST COSTILLA CIRCLE, CENTENNIAL, CO 80112

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GIFT CARDS	712	0.	23,360.	FMV	GENERAL ASSISTANCE
FOOD	8099	0.	222,550.	FMV	GENERAL ASSISTANCE
EMERGENCY FUNDS	235	4,642.	0.	FMV	
HOUSING STABILIZATION	46	34,722.	0.	FMV	
TRANSPORTATION COSTS	1073	7,549.	0.	FMV	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANT FUNDS FOR PURPOSES OTHER THAN GENERAL OPERATING PURPOSES ARE RECORDED

AS REVENUE DESIGNATED FOR THE SPECIFIC PROGRAM OR SERVICE TO WHICH THEY

RELATE. EXPENSES FOR PROGRAMS ARE RECORDED UNDER THE SAME DESIGNATIONS TO

ENSURE THAT THE FUNDING IS USED FOR ITS INTENDED PURPOSE. THE GRANTMAKER

RECEIVES AN ACKNOWLEDGEMENT STATING THE AMOUNT RECEIVED AND FOR WHICH

SPECIFIC PURPOSE. OFTEN THE GRANTMAKER REQUESTS A REPORT STATING HOW THE

MONEY WAS USED. ASSISTANCE IS PROVIDED AS REQUESTED AND RECORDED IN THE

CLIENT DATABASE.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PERSONAL CLIENT SUPPLIES - CLOTHING AND HOUSEHOLD, TOILETRIES	2,594.	1,210.	138,897. FMV		GENERAL ASSISTANCE
HEALTH ASSISTANCE	356.	7,295.	0. FMV		
CLIENT ACTIVITIES AND INCENTIVES	334.	8,751.	757. FMV		GENERAL ASSISTANCE
GED TESTS	17.	980.	0. FMV		
IN-KIND TANGIBLE GOODS	2.	0.	22. FMV		GENERAL ASSISTANCE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **THE GATHERING PLACE
A REFUGE FOR REBUILDING LIVES** Employer identification number **84-1021059**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		138,897.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	17,599.	CLOSING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	510	79,018.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER GOODS)	X	231	18,039.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2014)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

TGP COORDINATES A VOLUNTEER COMMITTEE TO SOLICIT DONATED ITEMS FOR THE

SILENT AUCTION AND FOR THE LIVE AUCTION FOR OUR ANNUAL GALA. TGP HIRES

AN AUCTIONEER TO CONDUCT THE LIVE AUCTION AND A THIRD PARTY PROCESSES

THE RESULTS OF BOTH THE LIVE AND THE SILENT AUCTION. TGP HAS AN

AGREEMENT WITH A LOCAL DRY CLEANING COMPANY TO ACCEPT AND DELIVER

DONATED CLOTHING ON OUR BEHALF. TGP HOLDS A CONTRACT WITH USAGAIN TO

PURCHASE SPECIFIC NON-CASH ITEMS.

THIRD PARTY INVESTMENT BROKERS DISPOSE OF MARKETABLE SECURITIES IN THE

ORDINARY COURSE OF BUSINESS.

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.

OMB No. 1545-0047

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

Name of the organization

THE GATHERING PLACE
A REFUGEE FOR REBUILDING LIVES

Employer identification number
84-1021059

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ARE A COMMUNITY OF SAFETY AND HOPE WHERE POSITIVE RELATIONSHIPS,
CHOICE, AND ESSENTIAL RESOURCES TRANSFORM LIVES. GUIDING PRINCIPLES:
WE SERVE WOMEN, CHILDREN AND TRANSGENDER INDIVIDUALS WHO ARE
EXPERIENCING HOMELESSNESS OR POVERTY. WE BELIEVE IN HOPE AS AN
IMPORTANT CHANGE AGENT AND HOLD THAT HOPE FOR EVERYONE. WE BELIEVE
DEEPLY IN THE POWER OF COMMUNITY AND CONTINUE WORKING TO DEVELOP IT.
OUR KEY VALUES INCLUDE RECOGNIZING INDIVIDUAL STRENGTHS, BUILDING
RESPECT AND TRUST, AND OFFERING ACCEPTANCE UNCONDITIONALLY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN SEPTEMBER 2014, THE GATHERING PLACE LAUNCHED A SOCIAL ENTERPRISE,
ART RESTART. BUILDING ON THE SUCCESS OF THE CARD PROJECT, ART RESTART
SELLS BULK ORDERS OF CUSTOMIZABLE GREETING CARDS WITH REPRODUCTIONS OF
UNIQUE ART CREATED BY OUR CLIENTS. THE ENTERPRISE FILLS A NICHE IN THE
GREETING CARD INDUSTRY BY PROVIDING CORPORATIONS WITH AN OPPORTUNITY TO
USE THEIR MARKETING BUDGET TO SUPPORT A CHARITABLE CAUSE. AS A SOCIAL
ENTERPRISE, ART RESTART IS DESIGNED TO MEET BOTH PROGRAMMATIC AND
FINANCIAL GOALS FOR THE ORGANIZATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN REMAIN IN THE FAMILY AREA ALLOWING MOMS TO UTILIZE OTHER TGP
SERVICES AND PROGRAMS. DURING THE YEAR, 2,133 CHILDREN VISITED TGP A
TOTAL OF 6,636 TIMES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990 or 990-EZ) (2014)

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THE EDUCATION AND JOB READINESS PROGRAM EMPOWERS TGP CLIENTS TO INCREASE THEIR POTENTIAL THROUGH COLLABORATIVE LEARNING AND DEVELOPMENT OF SKILLS TO BE USED FOR GAINING IMMEDIATE AND FUTURE EMPLOYMENT AND CONTINUED GROWTH. THE PROGRAM CONSISTS OF THE GED PROGRAM, COMPUTER LAB ACCESS, AND JOB READINESS COMPONENTS INCLUDING WORKSHOPS AND PRIVATE APPOINTMENTS. IN COLLABORATION WITH COMMUNITY COLLEGE OF DENVER, THE GED PROGRAM PROVIDES STUDENTS WITH CLASSROOM INSTRUCTION AND ONE-TO-ONE TUTORING IN A DEDICATED STUDY ROOM, PAYS GED TESTING FEES, AND PROVIDES ACCESS TO COMPUTERS FOR STUDYING AND TAKING TESTS. TGP'S COMPUTER LAB PROVIDES ACCESS TO TECHNOLOGICAL OPPORTUNITIES IN A MODERN LAB. VOLUNTEERS RUN THE LAB AND ARE AVAILABLE TO HELP CLIENTS LEARN COMPUTER SOFTWARE AND PROGRAMS. DURING THE YEAR, 1,156 CLIENTS UTILIZED THE COMPUTER LAB A TOTAL OF 6,754 TIMES. JOB READINESS WORKSHOPS, PRESENTED ONSITE BY OUR COLLABORATIVE PARTNER AGENCIES, PROVIDE GENERAL INFORMATION AND SKILL BUILDING OPPORTUNITIES. THIS YEAR, 361 CLIENTS PARTICIPATED IN WORKSHOPS A TOTAL OF 487 TIMES. ONE-ON-ONE CONSULTATION WITH THE PROGRAM MANAGER PROVIDES TGP CLIENTS A CHANCE TO DISCUSS THEIR JOB OR EDUCATION NEEDS, OBTAIN REFERRALS, AND OTHER ASSISTANCE SUCH AS TRANSPORTATION AND APPROPRIATE CLOTHING. THIS YEAR, 341 CLIENTS MET WITH THE PROGRAM MANAGER A TOTAL OF 556 TIMES. EXPENSES \$ 93,807. INCLUDING GRANTS OF \$ 4,133. REVENUE \$ 0.

THE PHYSICAL AND MENTAL HEALTH PROGRAM PROMOTES WELLNESS, GROWTH, AND HOPE BY INCREASING ACCESS TO HEALTH CARE INFORMATION, SERVICES, AND REFERRALS. BY BRINGING PARTNER AGENCIES AND PRO BONO HEALTH PROFESSIONALS ON SITE, TGP REMOVES BARRIERS TO CARE (E.G., TRANSPORTATION) FOR CLIENTS. DURING THE YEAR, THE PROGRAM FACILITATED 443 COUNSELING SESSIONS AND 1,437 MEDICAL SCREENINGS, PROVIDED 143

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PRESCRIPTION VOUCHERS, HOSTED AN ONSITE HEALTH FAIR ATTENDED BY 172

CLIENTS, AND MADE 803 REFERRALS.

EXPENSES \$ 91,681. INCLUDING GRANTS OF \$ 10,368. REVENUE \$ 0.

THE CARD PROJECT PROVIDES AN OPPORTUNITY TO SHOWCASE AND SELL CREATIONS

OF PARTICIPATING CLIENTS WHILE PROVIDING A SAFE AND SUPPORTIVE

ENVIRONMENT TO BE EXPRESSIVE. PARTICIPANTS CREATE INDIVIDUALLY MADE

CARDS OR FRAMED WORKS THAT ARE SOLD TO THE PUBLIC. CLIENT-ARTISTS

RECEIVE 75% OF CARD SALES AND 50% OF FRAMED ART SALES. THE FINANCIAL

BENEFITS ARE UNDERScoreD BY INTANGIBLE BENEFITS SUCH AS INCREASED

SELF-ESTEEM, THE OPPORTUNITY TO BE PART OF A CARING COMMUNITY, AND THE

CHANCE TO ENGAGE IN CREATIVE EXPRESSION. THE CARD PROJECT HAD 119

PARTICIPATING CLIENTS THIS YEAR AND SOLD 17,800 CARDS AND 146 FRAMED

ART PIECES, WHICH GENERATED APPROXIMATELY \$28,000 IN INCOME FOR THE

CLIENT-ARTISTS.

IN SEPTEMBER 2014, THE GATHERING PLACE LAUNCHED A SOCIAL ENTERPRISE,

ART RESTART. BUILDING ON THE SUCCESS OF THE CARD PROJECT, ART RESTART

SELLS BULK ORDERS OF CUSTOMIZABLE GREETING CARDS WITH REPRODUCTIONS OF

UNIQUE ART CREATED BY OUR CLIENTS. THE ENTERPRISE FILLS A NICHE IN THE

GREETING CARD INDUSTRY BY PROVIDING CORPORATIONS WITH AN OPPORTUNITY TO

USE THEIR MARKETING BUDGET TO SUPPORT A CHARITABLE CAUSE. AS A SOCIAL

ENTERPRISE, ART RESTART IS DESIGNED TO MEET BOTH PROGRAMMATIC AND

FINANCIAL GOALS FOR THE ORGANIZATION. CLIENT-ARTISTS PARTICIPATING IN

THE CARD PROJECT SUBMIT WORK TO THE ART RESTART JURY, WHICH CURATES

FROM HUNDREDS OF ORIGINAL PIECES OF ART TO PRODUCE A VARIED INVENTORY

OF DESIGNS AND MEDIUMS FOR COMMERCIAL CONSUMPTION. ORDERS CAN BE

CUSTOMIZED WITH PERSONALIZED MESSAGING AND CO-BRANDING, PROVIDING EVERY

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RECIPIENT OF AN ART RESTART CARD WITH INFORMATION ABOUT THE PROGRAM AND

THE OVERALL MISSION OF THE GATHERING PLACE. THE ARTISTS RECEIVE 5% OF

NET SALES AS A ROYALTY ENABLING THEM TO EARN INCOME AND SHARE THEIR

ARTWORK WITH THE COMMUNITY. FY15 SALES WERE \$48,000 AND GENERATED

TOTAL ROYALTIES OF APPROXIMATELY \$2,100 FOR 13 PARTICIPATING CLIENTS.

FORM 990, PART VI, SECTION A, LINE 1:

THERE SHALL BE AN EXECUTIVE COMMITTEE, WHOSE CHAIRPERSON SHALL BE THE
 CHAIR, AND WHOSE MEMBERS SHALL CONSIST OF THE CHAIR, THE CHAIR-ELECT, THE
 SECRETARY, THE TREASURER, AND THE IMMEDIATE PAST- CHAIR. THE PRESIDENT AND
 CEO SHALL SERVE AS A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. BETWEEN
 MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE SHALL MEET AT
 THE CALL OF THE CHAIR OR AT THE DIRECTION OF THE BOARD OF DIRECTORS. ALL
 DECISIONS OF THE EXECUTIVE COMMITTEE SHALL BE RATIFIED BY THE BOARD OF
 DIRECTORS AT ITS NEXT REGULARLY SCHEDULED MEETING. THE BOARD OF DIRECTORS
 SHALL HAVE THE AUTHORITY TO DELEGATE ALL OR A PORTION OF THE POWERS OF THE
 BOARD FROM TIME TO TIME TO THE EXECUTIVE COMMITTEE, OR TO OTHER STANDING OR
 SPECIAL COMMITTEES.

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

THE AUDIT AND FINANCE COMMITTEE REVIEWS A DRAFT COPY OF THE FORM 990. UPON
 THIS COMMITTEE'S APPROVAL, THE FORM IS PRESENTED TO THE FULL BOARD OF
 DIRECTORS FOR REVIEW. ONCE REVIEWED, FORM 990 IS FILED.

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

THE BOARD SELF-MONITORS THE CONFLICT OF INTEREST POLICY. THE BOARD MEMBERS
 ATTEST TO COMPLIANCE WITH THE POLICY ANNUALLY. ANY BOARD MEMBERS WITH A

CONFLICT OF INTEREST RECUSE THEMSELVES FROM VOTING ON ANY MATTERS

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PERTAINING TO THE CONFLICT.

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

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

THE VP OF INTERNAL RESOURCES' COMPENSATION IS DETERMINED USING THE SAME PROCESS BY WHICH ALL OTHER EMPLOYEE COMPENSATION IS DETERMINED. ANNUALLY, THE PRESIDENT/ CEO MEETS WITH THE VP OF INTERNAL RESOURCES TO REVIEW PROJECTED BUDGET AND SALARY RANGES. RANGES ARE CURRENTLY BASED ON THE 50TH PERCENTILE OF THE COLORADO NONPROFIT ASSOCIATION SALARY SURVEY FOR EACH POSITION. WE STRIVE TO COMPENSATE WITHIN THE RANGE BASED ON EXPERIENCE, QUALIFICATIONS, AND LENGTH OF SERVICE. THE PRESIDENT/CEO MEETS WITH THE VP OF INTERNAL RESOURCES TO DISCUSS EACH POSITION AND WHERE THAT EMPLOYEE IS IN RELATION TO THEIR SALARY RANGE. THE BOARD OF DIRECTORS APPROVES THE AGGREGATE COMPENSATION OF ALL EMPLOYEES THROUGH ITS REVIEW AND APPROVAL OF THE ANNUAL BUDGET.

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

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

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STATEMENTS ARE PROVIDED UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT

OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST	-13,326.
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