

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning, 2014, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: SAFE SHELTER OF ST. VRAIN VALLEY. D Employer identification number: 84-0781353. E Telephone number: (303) 772-0432. G Gross receipts: \$ 759,033. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of formation: 1978. M State of legal domicile: CO.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: PLEASE SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Financial metrics. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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 JACKIE LIST, EXECUTIVE DIRECTOR, Date 08/01/15. Paid Preparer Use Only: Print/Type preparer's name ELLSWORTH RICHARDS, Preparer's signature ELLSWORTH RICHARDS, Date 08/05/15, Firm's name E. C. DICK RICHARDS P.C., Firm's address 3129 LAKEVIEW CIR, LONGMONT CO 80503-1619, Firm's EIN 84-1133402, Phone no. (303) 651-2182.

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:

PLEASE 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?

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.

4 a (Code: ) (Expenses \$ 700,268. including grants of \$ 0.) (Revenue \$ 756,178.)

IN 2014 SFE SHELTER SERVED 570 CLIENTS INCLUDING 412 WOMEN, 195 CHILDREN AND 12 MEN. THEY RECEIVED 1197 CRISIS LINE CALLS, 611 IMFORMATION AND REFERRAL CALLS 31 ADVOCACY CALLS AND 45 COUNSELING CALLS. 43 CLIENTS WERE PROVIDED LEGAL ADVOCACY AND RESTRAINING ORDERS. 3521 NIGHTS OF HOUSEING WERE PROVIDED THE OUTREACH PROGRAM SERVED PROVIDED 3459 SESSIONS; THE TRANSITIONAL HOUSING PROGRAM PROVIDED 9437 NIGHTS OF HOUSING.

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

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

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

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

4 e Total program service expenses 700,268.

**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)? If 'Yes,' complete Schedule A . . . . .   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .   |     | 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? If 'Yes,' complete Schedule C, Part III . . . . .   |     | 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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II . . . . .  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . . .   |     | 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? If 'Yes,' complete Schedule D, Part IV . . . . .            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .  |     | 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? If 'Yes,' complete Schedule D, Part VI . . . . .  | 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? If 'Yes,' complete Schedule D, Part VII . . . . .   |     | 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? If 'Yes,' complete Schedule D, Part VIII . . . . .   |     | 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? If 'Yes,' complete Schedule D, Part IX . . . . .  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .   |     | 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)? If 'Yes,' complete Schedule D, Part X . . . . .  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . .   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .   |     | 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? If 'Yes,' complete Schedule F, Parts I and IV . . . . . |     | 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? If 'Yes,' complete Schedule F, Parts II and IV . . . . .  |     | 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? If 'Yes,' complete Schedule F, Parts III and IV . . . . .  |     | 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? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .   |     | 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? If 'Yes,' complete Schedule G, Part II . . . . .  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . .  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .   |     | 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? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>   |     | 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? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>   | 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? <i>If 'Yes,' complete Schedule J . . . . .</i>  |     | X  |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .</i>                          |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25 a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>   |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I . . . . .</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? <i>If 'Yes,' complete Schedule L, Part II . . . . .</i>                                 |     | 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? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i> |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I . . . . .</i>  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  |     | X  |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>   |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

BAA

Form 990 (2014)

**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

|  |  | Yes  | No |
|--|--|------|----|
| 1 a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |      |    |
| 1 a  |  |      | 1  |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |      |    |
| 1 b  |  |      | 0  |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | X    |    |
| 1 c  |  |      |    |
| 2 a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-ments, filed for the calendar year ending with or within the year covered by this return . . . . .   |      |    |
| 2 a  |  |      | 23 |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | X    |    |
| 2 b  |  |      |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |      |    |
| 3 a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |      | X  |
| 3 a  |  |      |    |
| b  | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .   |      |    |
| 3 b  |  |      |    |
| 4 a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |      | X  |
| 4 a  |  |      |    |
| b  | If 'Yes,' enter the name of the foreign country: ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |      |    |
| 5 a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |      | X  |
| 5 a  |  |      |    |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |      | X  |
| 5 b  |  |      |    |
| c  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |      |    |
| 5 c  |  |      |    |
| 6 a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    |      | X  |
| 6 a  |  |      |    |
| b  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |      |    |
| 6 b  |  |      |    |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |      |    |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |      | X  |
| 7 a  |  |      |    |
| b  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  |      |    |
| 7 b  |  |      |    |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |      | X  |
| 7 c  |  |      |    |
| d  | If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .  |      |    |
| 7 d  |  |      |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |      | X  |
| 7 e  |  |      |    |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |      | X  |
| 7 f  |  |      |    |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |      |    |
| 7 g  |  |      |    |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |      |    |
| 7 h  |  |      |    |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |      |    |
| 8  |  |      |    |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |      |    |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |      |    |
| 9 a  |  |      |    |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |      |    |
| 9 b  |  |      |    |
| 10   | <b>Section 501(c)(7) organizations.</b> Enter:   |      |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  | 10 a |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | 10 b |    |
| 11   | <b>Section 501(c)(12) organizations.</b> Enter:  |      |    |
| a  | Gross income from members or shareholders. . . . .   | 11 a |    |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | 11 b |    |
| 12 a   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | 12 a |    |
| b  | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .  | 12 b |    |
| 13   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |      |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .   | 13 a |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |  |      |    |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | 13 b |    |
| c  | Enter the amount of reserves on hand . . . . .   | 13 c |    |
| 14 a   | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | 14 a | X  |
| b  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .  | 14 b |    |

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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. 15b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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
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:
JACKIE LIST PO BOX 231 LONGMONT CO 80502-0231 (303) 772-0432

**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**

**1 a** 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)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MEIGHAN KERR<br>TREASURER         | 0.00   | X   |                       | X       |              |                              |         | 0.   | 0.  | 0.  |
| (2) DEANNA RILEY<br>SECRETARY         | 0.00   | X   |                       | X       |              |                              |         | 0.   | 0.  | 0.  |
| (3) CHRIS McVAY<br>VICE PRESIDENT     | 0.00   | X   |                       | X       |              |                              |         | 0.   | 0.  | 0.  |
| (4) DEBBIE DELK<br>DIRECTOR           | 0.00   | X   |                       |         |              |                              |         | 0.   | 0.  | 0.  |
| (5) DONNIE DECAMP<br>DIRECTOR         | 0.00   | X   |                       |         |              |                              |         | 0.   | 0.  | 0.  |
| (6) ELLEN ROSS<br>PRESIDENT           | 0.00   | X   |                       | X       |              |                              |         | 0.   | 0.  | 0.  |
| (7) JACKIE LIST<br>EXECUTIVE DIRECTOR | 50.00  |   |                       |         | X            |                              | 59,700. | 0.   | 0.  | 0.  |
| (8)                                   |  |   |                       |         |              |                              |         |  |   |   |
| (9)                                   |  |   |                       |         |              |                              |         |  |   |   |
| (10)                                  |  |   |                       |         |              |                              |         |  |   |   |
| (11)                                  |  |   |                       |         |              |                              |         |  |   |   |
| (12)                                  |  |   |                       |         |              |                              |         |  |   |   |
| (13)                                  |  |   |                       |         |              |                              |         |  |   |   |
| (14)                                  |  |   |                       |         |              |                              |         |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b> . . . . .   |  |   |                       |         |              | 59,700.                      | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              | 59,700.                      | 0.   | 0.  |   |

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 ▶

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 ▶



**Part VIII Statement of Revenue**

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

|  |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|--|--|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1 a</b> Federated campaigns . . . . .   | <b>1 a</b> 0.  |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .   | <b>1 b</b> 0.  |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1 c</b>   |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .   | <b>1 d</b> 0.  |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . .   | <b>1 e</b> 436,693.  |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . .   | <b>1 f</b> 273,052.  |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   | 8,944.   |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  | 709,745.   |  |   |  |  |
|  | <b>Program Service Revenue</b>   | <b>2 a</b> _____   |  |   |  |  |
| <b>b</b> _____   |  |  |  |   |  |  |
| <b>c</b> _____   |  |  |  |   |  |  |
| <b>d</b> _____   |  |  |  |   |  |  |
| <b>e</b> _____   |  |  |  |   |  |  |
| <b>f</b> All other program service revenue . . .                                 |  |  |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                      |  |  |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) . . . . . ▶  | 867.   | 867.   | 0.                                      | 0.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶  |  |  |   |  |  |
|  | <b>5</b> Royalties . . . . . ▶   |  |  |   |  |  |
|  | <b>6 a</b> Gross rents . . . . .   | (i) Real   |  |   |  |  |
|  |  | (ii) Personal  |  |   |  |  |
|  |  | <b>b</b> Less: rental expenses                                 |  |   |  |  |
|  |  | <b>c</b> Rental income or (loss) . . .                         |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶   |  |  |   |  |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   |  |   |  |  |
|  |  | (ii) Other   |  |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . |  |   |  |  |
|  |  | <b>c</b> Gain or (loss) . . . . .                              |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . . ▶  |  |  |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events<br>(not including . . \$ 39,477 .<br>of contributions reported on line 1c).<br>See Part IV, line 18. . . . . | <b>a</b> 39,477.   |  |   |  |  |
|  |  | <b>b</b> Less: direct expenses . . . . .                       | <b>b</b> 2,855.                                    |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                |  | 36,622.  |  | 0.                                      | 36,622.  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19. . . . . | <b>a</b>   |  |  |   |  |  |
|  | <b>b</b> Less: direct expenses . . . . .   | <b>b</b>   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶   |  |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances . . . . .   | <b>a</b>   |  |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold . . . . .  | <b>b</b>   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |  |  |   |  |  |
| <b>11 a</b> _____  | Miscellaneous Revenue  |  |  |   |  |  |
|  | <b>b</b> _____   |  |  |   |  |  |
|  | <b>c</b> _____   |  |  |   |  |  |
|  | <b>d</b> All other revenue . . . . .   |  | 8,944.   | 8,944.                                  | 0.   |  |
|  | <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |  | 8,944.   |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                            |  | 756,178.   | 9,811.   | 0.                                      | 36,622.  |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>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 . . . . .  | 43,047.                      | 43,047.                                |   |                                    |
| 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 . . . . .   |                              |  |   |                                    |
| 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 . . . . .   | 513,080.                     | 446,735.                               | 40,110.                                       | 26,235.                            |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   |                              |  |   |                                    |
| 9 Other employee benefits . . . . .  |                              |  |   |                                    |
| 10 Payroll taxes . . . . .   | 121,928.                     | 106,162.                               | 9,532.  | 6,234.                             |
| 11 Fees for services (non-employees):  |                              |  |   |                                    |
| a Management . . . . .   |                              |  |   |                                    |
| b Legal . . . . .  |                              |  |   |                                    |
| c Accounting . . . . .   | 5,675.                       | 0.                                     | 5,675.  | 0.                                 |
| d Lobbying . . . . .   |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17 . . . . .  |                              |  |   |                                    |
| f Investment management fees . . . . .   |                              |  |   |                                    |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .   |                              |  |   |                                    |
| 12 Advertising and promotion . . . . .   |                              |  |   |                                    |
| 13 Office expenses . . . . .   |                              |  |   |                                    |
| 14 Information technology . . . . .  | 4,831.                       | 4,206.                                 | 625.  | 0.                                 |
| 15 Royalties . . . . .   |                              |  |   |                                    |
| 16 Occupancy . . . . .   | 10,643.                      | 9,267.                                 | 1,376.  | 0.                                 |
| 17 Travel . . . . .  |                              |  |   |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings . . . . .  |                              |  |   |                                    |
| 20 Interest . . . . .  |                              |  |   |                                    |
| 21 Payments to affiliates . . . . .  |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization . . . . .   | 55,096.                      | 47,972.                                | 4,307.  | 2,817.                             |
| 23 Insurance . . . . .   | 13,126.                      | 11,429.                                | 1,026.  | 671.                               |
| 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 <u>ADVERTISING</u> . . . . .   | 2,002.                       | 1,743.                                 | 157.  | 102.                               |
| b <u>FOOD</u> . . . . .  | 11,465.                      | 11,465.                                | 0.  | 0.                                 |
| c <u>REPAIRS</u> . . . . .   | 3,918.                       | 3,918.                                 | 0.  | 0.                                 |
| d <u>TELEPHONE</u> . . . . .   | 7,450.                       | 6,487.                                 | 582.  | 381.                               |
| e All other expenses . . . . .   | 16,961.                      | 7,837.                                 | 6,502.  | 2,622.                             |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .   | 809,222.                     | 700,268.                               | 69,892.                                       | 39,062.                            |
| 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 <input type="checkbox"/> 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)<br>Beginning of year  |                | (B)<br>End of year |            |
|------------------------------------|--|---|----------------|--------------------|------------|
| <b>Assets</b>                      | 1  | Cash — non-interest-bearing . . . . .   | 227,792.       | 1                  | 225,174.   |
|                                    | 2  | Savings and temporary cash investments . . . . .  | 197,158.       | 2                  | 197,684.   |
|                                    | 3  | Pledges and grants receivable, net . . . . .  | 10,000.        | 3                  | 10,000.    |
|                                    | 4  | Accounts receivable, net . . . . .  | 57,309.        | 4                  | 60,132.    |
|                                    | 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 instructions). Complete Part II of Schedule L . . . . . |                | 6                  |            |
|                                    | 7  | Notes and loans receivable, net . . . . .   |                | 7                  |            |
|                                    | 8  | Inventories for sale or use . . . . .   |                | 8                  |            |
|                                    | 9  | Prepaid expenses and deferred charges . . . . .   | 1,563.         | 9                  | 1,528.     |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 10a 1,731,079. |                    |            |
|                                    | 10b  | Less: accumulated depreciation . . . . .  | 10b 433,437.   |                    |            |
|                                    | 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 . . . . .  |                | 15                 |            |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 1,842,239.  | 16             | 1,792,160.         |            |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses . . . . .   | 17,830.        | 17                 | 20,795.    |
|                                    | 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 . . . . .  | 0.             | 23                 |            |
|                                    | 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   | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 17,830.        | 26                 | 20,795.    |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |                |                    |            |
|                                    | 27   | Unrestricted net assets . . . . .   | 1,814,409.     | 27                 | 1,751,365. |
|                                    | 28   | Temporarily restricted net assets . . . . .   | 10,000.        | 28                 | 20,000.    |
|                                    | 29   | Permanently restricted net assets . . . . .   |                | 29                 |            |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |                |                    |            |
|                                    | 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   | <b>Total net assets or fund balances.</b> . . . . .   | 1,824,409.     | 33                 | 1,771,365. |
|                                    | 34   | <b>Total liabilities and net assets/fund balances.</b> . . . . .  | 1,842,239.     | 34                 | 1,792,160. |

BAA

Form 990 (2014)

**Part XI Reconciliation of Net Assets**

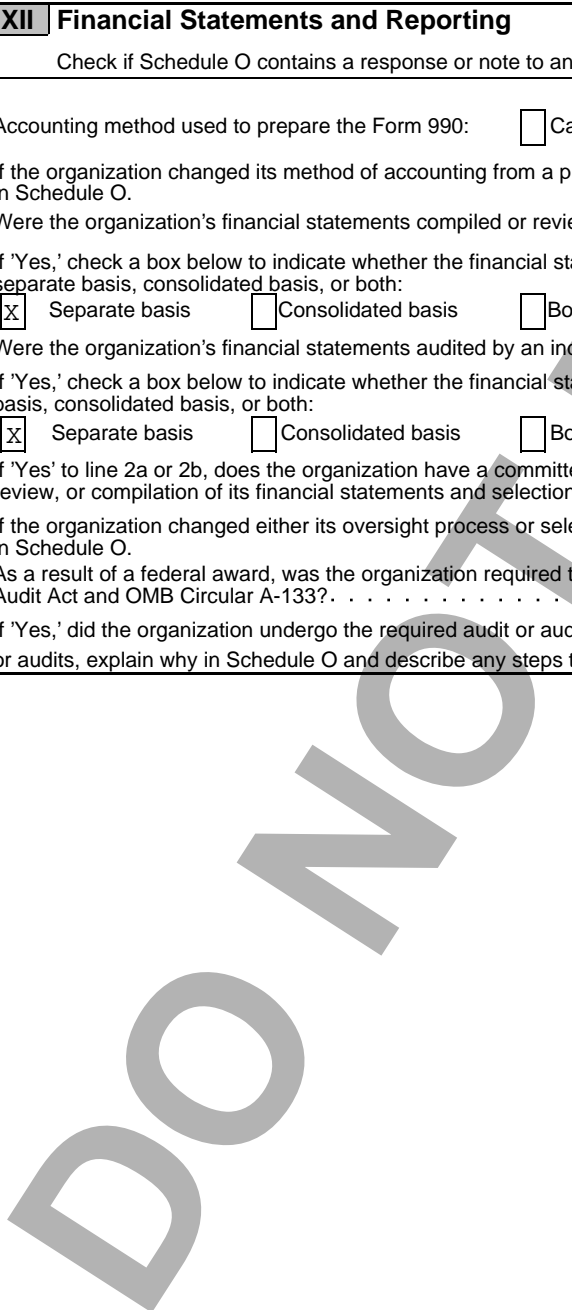
Check if Schedule O contains a response or note to any line in this Part XI.

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 756,178.   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 809,222.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -53,044.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,824,409. |
| 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  |            |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,771,365. |

**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.   |  |     |    |
| 2 a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2 b   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2 c   | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |  |     |    |
| 3 a   | 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  |
| 3 b   | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     |     |    |



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

|   |   |
|---|---|
| Name of the organization<br><b>SAFE SHELTER OF ST. VRAIN VALLEY</b> | Employer identification number<br><b>84-0781353</b> |
|---|---|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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.') . . . . .  | 779,672. | 766,121. | 836,462. | 749,195. | 755,311. | 3,886,761. |
| 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 <b>Total.</b> Add lines 1 through 3 . . . . .   | 779,672. | 766,121. | 836,462. | 749,195. | 755,311. | 3,886,761. |
| 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) . . . . . |          |          |          |          |          |            |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |          |          |          |          |          | 3,886,761. |

**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 . . . . .   | 779,672. | 766,121. | 836,462. | 749,195. | 755,311. | 3,886,761. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 6,936.   | 4,410.   | 1,663.   | 954.     | 867.     | 14,830.    |
| 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.) . . . . .  |          |          |          |          |          |            |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .   |          |          |          |          |          | 3,901,591. |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .   |          |          |          |          | 12       |            |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |            |

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

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | 99.62 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .   | 15 | 99.25 % |
| 16a <b>33-1/3% support test – 2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |    |         |
| b <b>33-1/3% support test – 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |    |         |
| 17a <b>10%-facts-and-circumstances test – 2014.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support (Add lines 9, 10c, 11 and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2013 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 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.

19b 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination...', etc.



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. All 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 (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

**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 November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .   | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (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 . . . . .   | 1 a            |                             |
| b                                       | Average monthly cash balances . . . . .   | 1 b            |                             |
| c                                       | Fair market value of other non-exempt-use assets . . . . .  | 1 c            |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c). . . . .  | 1 d            |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .  | 8              |                             |

| <b>Section C – Distributable Amount</b> |  |   | 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                                       | <b>Distributable Amount.</b> 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)

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

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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

DO NOT FILE

**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, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

Name of the organization

SAFE SHELTER OF ST. VRAIN VALLEY

Employer identification number

84-0781353

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

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).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

|  |  |
|--|--|
| Name of organization<br>SAFE SHELTER OF ST. VRAIN VALLEY | Employer identification number<br>84-0781353 |
|--|--|

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-------------------------------|---|
| 1             | SOCIAL VENTURE PARTNERS<br>1123 SPRUCE ST<br>BOULDER CO 80302                 | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | COMMUNITY FOUNDATION . . . BOULDER CITY<br>1123 SPRUCE ST<br>BOULDER CO 80302 | \$ 21,750.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3             | FOOTHILLS UNITED WAY<br>1285 CIMMARON DRIVE<br>LAFAYETTE CO 80026             | \$ 15,809.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4             | WELLS FARGO<br>90 SOUTH 7TH STREET<br>MINNEAPOLIS MN 55479                    | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5             | VIRGINIA W HILL FOUNDATION<br>PO BOX 95021<br>HENDERSON NV 89009              | \$ 8,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6             | AV HUNTER TRUST<br>600 CHERRY STE 535<br>DENVER CO 80240                      | \$ 12,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>SAFE SHELTER OF ST. VRAIN VALLEY | Employer identification number<br>84-0781353 |
|--|--|

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 7             | ANSHUTZ FAMILY FOUNDATION<br>5554 17TH ST STE 2400<br>DENVER CO 80202                | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8             | B&E COLLINS<br>1642 MONTANE DRIVE EAST<br>GOLDEN CO 80401                            | \$ 20,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9             | HELEN & ARTHUR JOHNSON FOUNDATION<br>1700 BROADWAY STE 1100<br>DENVER CO 80290       | \$ 12,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10            | EMERESON CHRITABLE TRUST/MICROMOTION<br>800 WEST FLORISANT AVE<br>ST. LOUIS MO 80390 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11            | HOPE LINE VERIZON<br>ONE VERIZON WAY<br>BEDMINSTER NJ 07921                          | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12            | COMMUNITY FIRST FOUNDATION<br>6870 W 52ND AVE<br>DENVER CO 80202                     | \$ 14,142.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>SAFE SHELTER OF ST. VRAIN VALLEY | Employer identification number<br>84-0781353 |
|--|--|

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 13            | INTERFAITH QUILTERS<br>803 3RD AVE<br>LONGMONT CO 80501                  | \$ 14,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14            | EL POMAR FOUNDATION<br>10 LAKE CIRCLE<br>COLORADO SPRINGS CO 80906       | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15            | LYNNE AND HELEN CLARK FOUNDTION<br>PO BOX 1159<br>LONGMONT CO 80502-1159 | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---           | -----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----  | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SAFE SHELTER OF ST. VRAIN VALLEY

84-0781353

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor informed consent.

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage, and number of easements on certified historic structures. Includes questions 3 through 9 regarding monitoring and reporting.

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

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

Table with 3 columns: Line number, Description, and Amount. Rows include questions about reporting art and historical treasures, and amounts related to these items.

**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.

1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |

2 a 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

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

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part 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 |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land                 | 23,272.                              |                                 |                              | 23,272.        |
| b Buildings              | 1,648,164.                           |                                 | 433,437.                     | 1,214,727.     |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              | 59,643.                              |                                 |                              | 59,643.        |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,297,642.

**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) -----   |                |   |
| (I) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (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 type  | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (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)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (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

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (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.

|          |  |            |            |  |
|----------|--|------------|------------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |            | <b>1</b>   |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |            |            |  |
|          | <b>a</b> Net unrealized gains (losses) on investments . . . . .  | <b>2 a</b> |            |  |
|          | <b>b</b> Donated services and use of facilities . . . . .  | <b>2 b</b> |            |  |
|          | <b>c</b> Recoveries of prior year grants . . . . .   | <b>2 c</b> |            |  |
|          | <b>d</b> Other (Describe in Part XIII.) . . . . .  | <b>2 d</b> |            |  |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b> . . . . .   |            | <b>2 e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |            | <b>3</b>   |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |            |            |  |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                      | <b>4 a</b> |            |  |
|          | <b>b</b> Other (Describe in Part XIII.) . . . . .  | <b>4 b</b> |            |  |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b> . . . . .   |            | <b>4 c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |            | <b>5</b>   |  |

**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.

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

**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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

SAFE SHELTER OF ST. VRAIN VALLEY

Employer identification number

84-0781353

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (2) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (3) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (4) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (5) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (6) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (7) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |
| (8) -----<br>-----                                   |         |                               |                          |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

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

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

OMB No. 1545-0047

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

**2014**

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

SAFE SHELTER OF ST. VRAIN VALLEY

84-0781353

Pt VI, Line 11b Acopy of the return is approved by Board befre filing  
Pt VI, Line 12c Board and executivie directo m onitor this  
Pt VI, Line 15a Yes by board of directors  
Pt VI, Line 2 Treasurer Meighan Kerr is the daughter of Deanna Riley

DO NOT FILE

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

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number, see instructions

|                      |   |  |
|----------------------|---|--|
| <b>Type or print</b> | Name of exempt organization or other filer, see instructions.<br><u>SAFE SHELTER OF ST. VRAIN VALLEY</u>    | Employer identification number (EIN) or<br><u>84-0781353</u> |
|                      | Number, street, and room or suite number. If a P.O. box, see instructions.<br><u>PO BOX 231</u>             | Social security number (SSN)                                 |
|                      | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><u>LONGMONT</u> | <u>CO 80502-0231</u>   |
|                      |   |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  01

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

The books are in the care of JACKIE LIST

Telephone No. (303) 772-0432 Fax No. \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 17, 2015, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 2014 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

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

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



990-EZ, 990, 990-T and 990-PF  
Information Worksheet

2014

Part I – Identifying Information

Employer Identification Number . . . 84-0781353

Name . . . . . SAFE SHELTER OF ST. VRAIN VALLEY

Doing Business As . . . . . \_\_\_\_\_

Address . . . . . PO BOX 231 Room/Suite . . . \_\_\_\_\_

City . . . . . LONGMONT State . CO ZIP Code . . 80502-0231

Province/State . . . . . \_\_\_\_\_ Foreign Postal Code . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country . . . \_\_\_\_\_

Telephone Number . . . . . (303) 772-0432 Extension . . . . . \_\_\_\_\_

Fax . . . . . \_\_\_\_\_ E-Mail Address . . . \_\_\_\_\_

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- |  |   |
|--|---|
| <input type="checkbox"/> Form 990-EZ <b>only</b>         | <input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T   |
| <input checked="" type="checkbox"/> Form 990 <b>only</b> | <input type="checkbox"/> Form 990 <b>with</b> Form 990-T  |
| <input type="checkbox"/> Form 990-PF <b>only</b>         | <input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T   |
| <input type="checkbox"/> Form 990-T <b>only</b>          | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) <b>for Electronic Filing only</b> |

**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- |  |                              |   |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust                              | ____ (subsection number)     | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust                          |                              | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust                              |                              | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust                              |                              | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe)                    |                              | <input type="checkbox"/> 527 Organization   |
|  |                              | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . \_\_\_\_\_
- Short year — Beginning date . . \_\_\_\_\_ Ending date . . . \_\_\_\_\_
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part V – 2014 Estimated Taxes Paid**

Check this box if the organization is a private foundation

Form 990-T      Form 990-PF

Amount of 2013 overpayment credited to 2014 estimated tax . . . . . \_\_\_\_\_

| Payment Quarters     | Due Date        | Form 990-T |             | Form 990-PF |             |
|----------------------|-----------------|------------|-------------|-------------|-------------|
|                      |                 | Date Paid  | Amount Paid | Date Paid   | Amount Paid |
| 1st Quarter Payment  | <u>04/15/14</u> |            |             |             |             |
| 2nd Quarter Payment  | <u>06/16/14</u> |            |             |             |             |
| 3rd Quarter Payment  | <u>09/15/14</u> |            |             |             |             |
| 4th Quarter Payment  | <u>12/15/14</u> |            |             |             |             |
| Additional Payment 1 |                 |            |             |             |             |
| Additional Payment 2 |                 |            |             |             |             |
| Additional Payment 3 |                 |            |             |             |             |
| Additional Payment 4 |                 |            |             |             |             |

**Part VI – Electronic Filing Information**

**IMPORTANT:** Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**Electronic Filing:**

- File the federal return electronically
- File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- Sign this return electronically using the Practitioner PIN
  - ERO entered PIN
- Officer's PIN (enter any 5 numbers) . . . 81353  
 Date PIN entered . . . . . 05/06/2015

**Electronic Filing of Extensions:**

Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Electronic Filing of Amended Return:**

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Information required for Electronic Filing:**

Officer's Name . . JACKIE LIST

**Electronic Filing of Amended Return:**

Check this box to file **amended return** electronically

**Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)**

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <b>Yes</b>               | <b>No</b>                           |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use <b>electronic funds withdrawal of federal balance due</b> (EF only)?        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use <b>electronic funds withdrawal of Form 8868 balance due</b> (EF only)?      |
| <input type="checkbox"/> | <input type="checkbox"/>            | Use <b>electronic funds withdrawal of amended return balance due</b> (EF only)? |

If any options selected above, enter information below, **(Review transferred information for accuracy)**

**Bank Information**

Name of Financial Institution (optional) . . . \_\_\_\_\_

Check the appropriate box . . . . .  Checking  Savings  
 Routing number . . . . . \_\_\_\_\_  
 Account number . . . . . \_\_\_\_\_

**Payment Information**

Enter the payment date to withdraw tax payment . . . . . \_\_\_\_\_  
 Balance due amount from this return . . . . . \_\_\_\_\_  
 Enter an amount to withdraw tax payment . . . . . \_\_\_\_\_  
 If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_  
 Payment date for amended returns . . . . . \_\_\_\_\_  
 Balance due amount for amended returns . . . . . \_\_\_\_\_

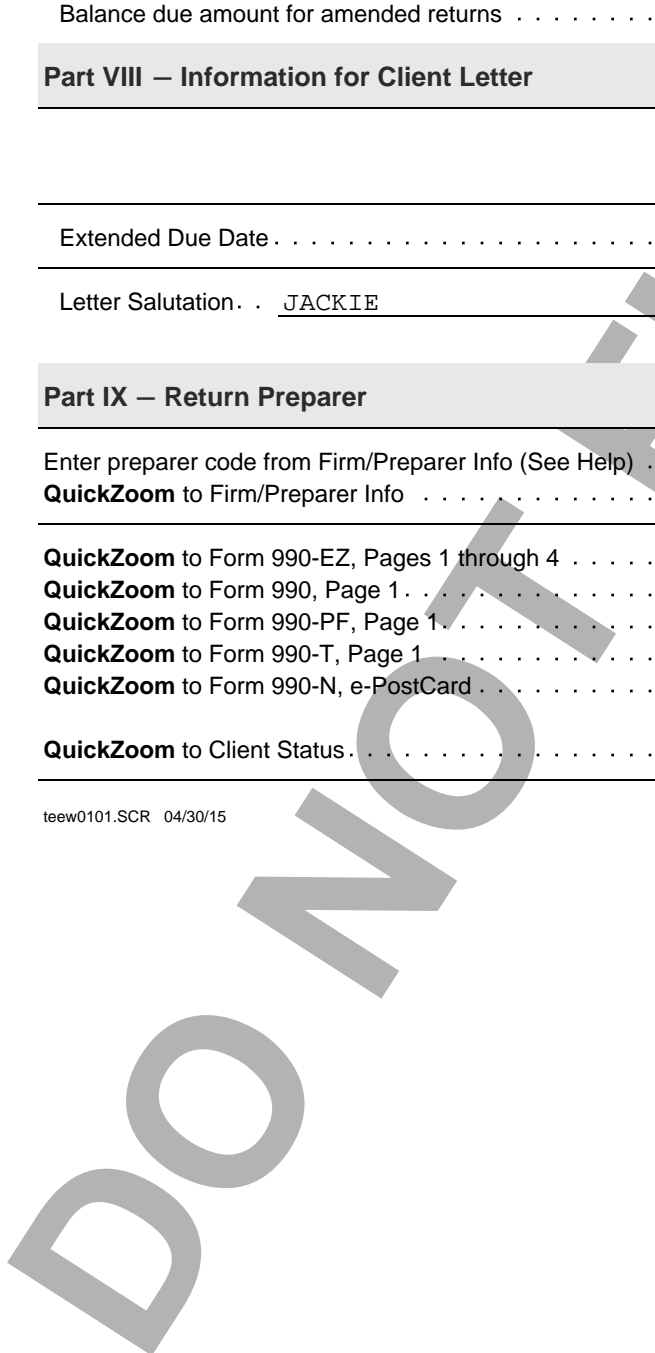
**Part VIII – Information for Client Letter**

|                             | Form 990-EZ or<br>Form 990 | Form 990-PF | Form 990-T |
|-----------------------------|----------------------------|-------------|------------|
| Extended Due Date . . . . . | 08/17/15                   | _____       | _____      |

Letter Salutation. . . JACKIE

**Part IX – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . . . ECR  
**QuickZoom** to Firm/Preparer Info . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990, Page 1 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-PF, Page 1 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-T, Page 1 . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 990-N, e-PostCard . . . . . ► \_\_\_\_\_  
**QuickZoom** to Client Status . . . . . ► \_\_\_\_\_



# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2014

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

SAFE SHELTER OF ST. VRAIN VALLEY

84-0781353

Name and title of officer

JACKIE LIST

EXECUTIVE DIRECTOR

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|     |                                  |                                     |   |  |     |          |
|-----|----------------------------------|-------------------------------------|---|--|-----|----------|
| 1 a | Form 990 check here . . . ▶      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | 1 b | 756,178. |
| 2 a | Form 990-EZ check here . . . ▶   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                      | 2 b |          |
| 3 a | Form 1120-POL check here . . . ▶ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                               | 3 b |          |
| 4 a | Form 990-PF check here . . . ▶   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .    | 4 b |          |
| 5 a | Form 8868 check here . . . ▶     | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .     | 5 b |          |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 08/01/2015

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 84798131290  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 08/05/2015

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

IRS e-file Authentication Statement

2014

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SAFE SHELTER OF ST. VRAIN VALLEY) and Employer ID Number (84-0781353)

A - Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Form with checkboxes for 'Officer(s) entered PIN(s)' and 'ERO entered Officer's PIN', with the first checkbox checked.

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

Form showing ERO's PIN (EFIN followed by any 5 numbers) and Self-Select PIN (31290).

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2014 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

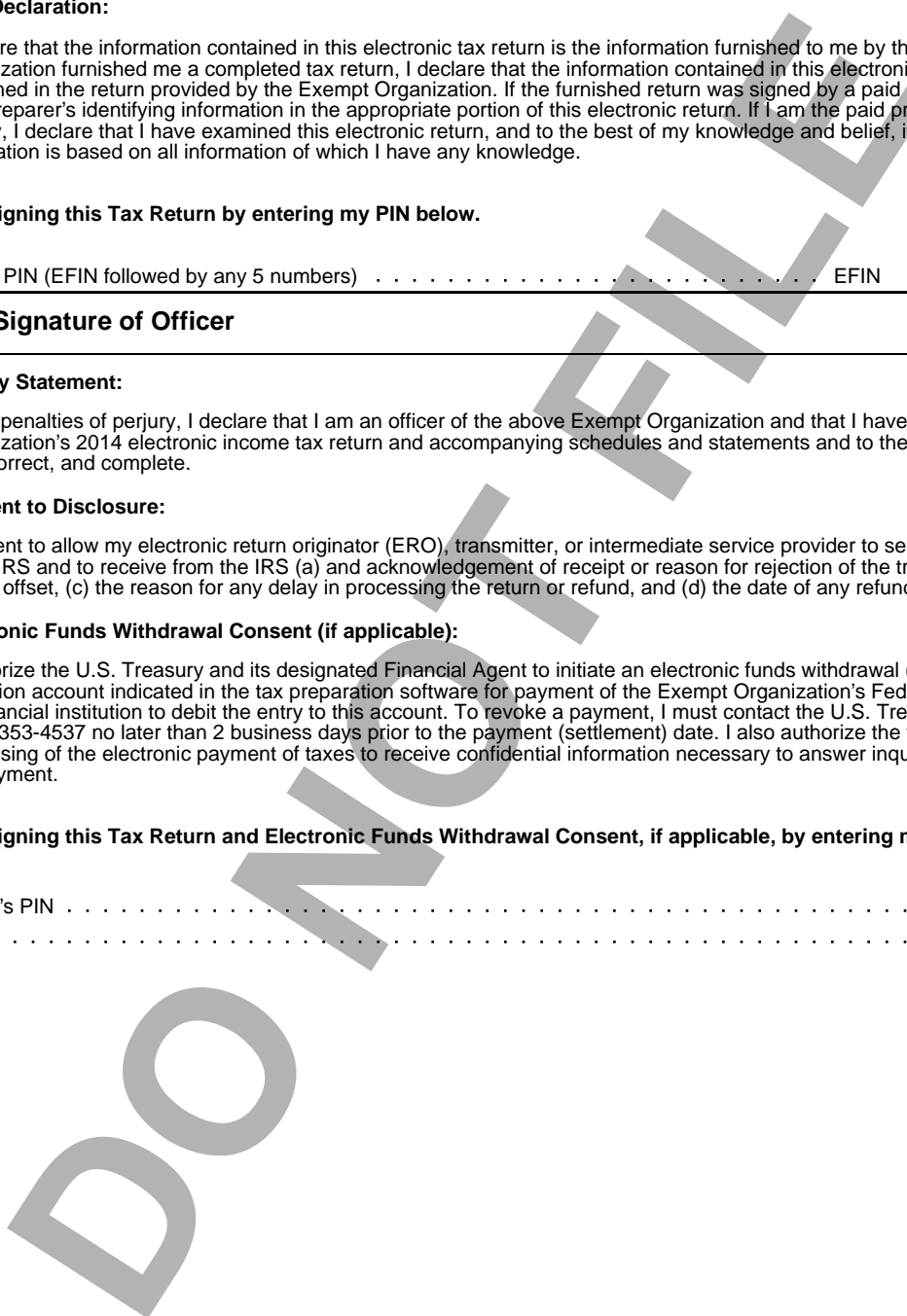
I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset,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

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account.

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

Form showing Officer's PIN (81353) and Date (05/06/2015).



Electronic Filing Information Worksheet

2014

Keep for your records

Name(s) shown on return
SAFE SHELTER OF ST. VRAIN VALLEY
Identifying number
84-0781353

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return . . . . . 847981

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return . . . . .

ERO Name ERO Electronic Filers Identification Number (EFIN)
847981

ERO Address ERO Employer Identification Number
84-1133402

City State ZIP Code ERO Social Security Number or PTIN

Country

Firm Name Preparer Social Security Number or PTIN
E. C. DICK RICHARDS P.C. P00650090

Preparer Name Employer Identification Number
ELLSWORTH RICHARDS 84-1133402

Address Phone Number Fax Number
3129 LAKEVIEW CIR (303) 651-2182

City State ZIP Code
LONGMONT CO 80503-1619

Country Preparer E-mail Address
e.c.dick.richards@comcast.net

Part IV - Amended Returns

Enter the payment date to withdraw tax payment . . . . .

Amount you are paying with the amended return . . . . .

Check this box to file another federal amended return electronically

File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

\* Select the state and/or city amended return(s) to file electronically.

Part V - Name Control

Name Control, enter here to override default . . . . . SAFE

**Supporting Statement of:**

Form 990 p 9/Other amt. not included

| Description            | Amount          |
|------------------------|-----------------|
| FOUNDATIONS            | 181,339.        |
| INDIVIDUALS AND GROUPS | 71,424.         |
| CORPORATIONS           | 10,000.         |
| OTHER INCOME           | 10,289.         |
| Total                  | <u>273,052.</u> |

**Supporting Statement of:**

Form 990 p 10/Line 16 col (B)

| Description | Amount        |
|-------------|---------------|
| UTILITIES   | 9,267.        |
| Total       | <u>9,267.</u> |

**Supporting Statement of:**

Form 990 p 10/Line 16 col (C)

| Description | Amount        |
|-------------|---------------|
| UTILITIES   | 1,376.        |
| Total       | <u>1,376.</u> |

**Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

| Description         | Amount         |
|---------------------|----------------|
| ACCOUNTS PAYABLE    | 1,314.         |
| PAYROLL LIABILITIES | 16,516.        |
| Total               | <u>17,830.</u> |

**Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

| Description         | Amount         |
|---------------------|----------------|
| ACCOUNTS PAYABLE    | 1,106.         |
| PAYROLL LIABILITIES | 19,689.        |
| Total               | <u>20,795.</u> |

**Supporting Statement of:**

Form 990 p 11/Line 27, column (A)

| Description  | Amount            |
|--------------|-------------------|
| OPERATING    | 465,994.          |
| FIXED ASSETS | 1,348,415.        |
| Total        | <u>1,814,409.</u> |

**Supporting Statement of:**

Sch. A, page 2/Line 1-3

| Description                 | Amount          |
|-----------------------------|-----------------|
| GOVERNMENT GRANTS           | 552,902.        |
| FOUNDATIONS                 | 130,986.        |
| INDIVIDUALS AND GROUPS      | 74,522.         |
| CORPORATIONS                | 44,680.         |
| IN KIND                     | 10,777.         |
| SPECIAL EVENTS              | 29,984.         |
| LESS SPECIAL EVENTS EXPENSE | -7,389.         |
| Total                       | <u>836,462.</u> |

**Supporting Statement of:**

Sch. A, page 2/Line 1-4

| Description                                | Amount   |
|--|----------|
| GOVERNMENT GRANTS                          | 453,986. |
| FOUNDATION GRANTS                          | 140,245. |
| CORPORATE GRANTS                           | 14,859.  |
| COMMUNITY SUPPORT                          | 136,695. |
| PETS AND FAMILIES                          | 1,026.   |
| OTHER REVENUE                              | 3,338.   |
| INTEREST RECLASSIFIED TO INVESTMENT INCOME | -954.    |



Continued

**Supporting Statement of:**

Sch. A, page 2/Line 1-4

| Description | Amount          |
|-------------|-----------------|
| Total       | <u>749,195.</u> |

DO NOT FILE

Form 990 p 7: Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

| (A)<br>Name and Title                              | Ck if<br>B<br>u<br>s<br>i<br>n<br>e<br>s<br>s<br>s | (B)<br>Avg<br>hrs/wk<br>(list<br>hrs for<br>related<br>orgs<br>below<br>dotted<br>line) | (C)<br>Position<br>(do not check more than<br>one box, unless person is<br>both an officer and a<br>director/trustee)<br>C1 - Indiv trustee or dir<br>C2 - Institutional trustee<br>C3 - Officer<br>C4 - Key employee<br>C5 - Highest compensated<br>employee<br>C6 - Former |                          |                                     |                                     |                          |                          | (D)<br>Reportable<br>compn from<br>the organi-<br>zation (W-2/<br>1099-MISC) | (E)<br><br>Reportable compn<br>from related orgs<br>(W-2/1099-MISC) | (F)<br>Est amt of<br>oth compn<br>from org and<br>related orgs |
|--|--|---|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|---|--|
|  |  |   | C1   | C2                       | C3                                  | C4                                  | C5                       | C6                       |  |   |  |
| (1) <u>MEIGHAN KERR</u> -----<br>TREASURER         | <input type="checkbox"/>                           | 0.00  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 0.   | 0.  | 0.   |
| (2) <u>DEANNA RILEY</u> -----<br>SECRETARY         | <input type="checkbox"/>                           | 0.00  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 0.   | 0.  | 0.   |
| (3) <u>CHRIS McVAY</u> -----<br>VICE PRESIDENT     | <input type="checkbox"/>                           | 0.00  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 0.   | 0.  | 0.   |
| (4) <u>DEBBIE DELK</u> -----<br>DIRECTOR           | <input type="checkbox"/>                           | 0.00  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 0.   | 0.  | 0.   |
| (5) <u>DONNIE DECAMP</u> -----<br>DIRECTOR         | <input type="checkbox"/>                           | 0.00  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 0.   | 0.  | 0.   |
| (6) <u>ELLEN ROSS</u> -----<br>PRESIDENT           | <input type="checkbox"/>                           | 0.00  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 0.   | 0.  | 0.   |
| (7) <u>JACKIE LIST</u> -----<br>EXECUTIVE DIRECTOR | <input type="checkbox"/>                           | 50.00   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59,700.  | 0.  | 0.   |
| (8) -----  | <input type="checkbox"/>                           | -----   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |
| (9) -----  | <input type="checkbox"/>                           | -----   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |
| (10) -----   | <input type="checkbox"/>                           | -----   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |

DRAFT

Form 990 p 9: Part VIII Statement of Revenue

**Line 11d - All Other Revenue Smart Worksheet**

The total of the following items carry to line 11d below:

|                       | (A)<br>Total<br>revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded<br>from tax<br>under<br>sections<br>512, 513, or<br>514 |
|-----------------------|-------------------------|--|---|--|
| IN KIND CONTRIBUTIONS | 8,944.                  | 8,944.   |   |  |
|                       |                         |  |   |  |
|                       |                         |  |   |  |
|                       |                         |  |   |  |

Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**

To enter assets, **QuickZoom** to Asset Entry Worksheet . . . . . ➔

To view a calculated report of all depreciation information for Form 990,  
**QuickZoom** to the Depreciation/Amortization Report . . . . . ➔

**QuickZoom** to Form 4562 for Form 990 . . . . . ➔

The following items carry to line 22 below:

| Description                     | (A)<br>Total | (B)<br>Program<br>services | (C)<br>Management<br>and general | (D)<br>Fundraising |
|---------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| <b>A</b> Depreciation . . . . . | 55,096.      | 47,972.                    | 4,307.                           | 2,817.             |
| <b>B</b> Depletion . . . . .    |              |                            |                                  |                    |
| <b>C</b> Amortization . . . . . |              |                            |                                  |                    |

Sch. B, page 2 (Copy 1): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I. . . . . Copy 1

Sch. B, page 2 (CASH CONTRIBUTIONS 2014): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I. . . . . CASH CONTRIBUTIONS 2014

Sch. B, page 2 (CASH CONTR 2014 PART 2): Contributors

**General Information Smart Worksheet**

**A** Description for this copy of Schedule B, Part I. . . . . CASH CONTR 2014 PART 2

**DO NOT FILE**

8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

**Filing Address Smart Worksheet**

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045

DO NOT FILE