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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

A I	For the	e 2012 calendar year, or tax year beginning and	ending	_					
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addre	SS COMPETENCY & CREDENTIALING INSTITUTE							
	Name chang			84-0817297					
	Initial retum	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Term:	ZITO BOOTH FARRER ROAD	295	303-	369-9566				
느	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	3,126,305.				
	Application pendi	DENVER, CO 00231		H(a) Is this a group return					
	•	F Name and address of principal officer: SHANNON CARTER	<b>a</b> o (	for affiliates?	Yes X No				
		2170 S PARKER ROAD, SUITE 295, DENVER,		- ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
		empt status: 501(c)(3) X 501(c) (6 ) (insert no) 4947(a)(1) te: ► WWW.CC-INSTITUTE.ORG	or 527	<b>-</b>	list. (see instructions)				
		organization X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	State of legal domicile CO				
	art I	Summary	L Year	OF TOTALIBILION TOTAL	1 State of legal domicile CO				
٠		Briefly describe the organization's mission or most significant activities: ENHA	NCE PA	ATTENT CARE	THROUGH				
പ്പാട്ട Activities & Governance	`	CARE PROVIDER CERTIFICATION AND QUALIFIE							
rna	2	Check this box  f the organization discontinued its operations or dispo							
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
<u>ග</u> නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	0				
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0				
2 3	6	Total number of volunteers (estimate if necessary)		6	0				
Act F	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
∍	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.				
<b>0</b>				Prior Year	Current Year				
ine c		Contributions and grants (Part VIII, line 1h)		0.	0.				
ō.	9	Program service revenue (Part VIII, line 2g)		2,770,572.	2,733,885.				
] <b>&amp;</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	115,069.	392,420.				
2 3	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	2,885,641.	3,126,305.				
<b>_</b>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		37,000.	36,000.				
SCANTING Rev		Benefits paid to of formembers (Part IX, column (A), line 4)	<u> </u>	0.	0.				
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,045,212.	1,043,872.				
nse	16a	Professional fundraising less (Part IX; column (A), line 11e)		0.	0.				
Expenses	Ь	Total fundraising expenses (Part-IX, column (D), line 25)	0.						
Ω	17	Other expenses (Fart X.column (A), lines 11a-11d, 11f-24e)		1,812,687.	1,522,106.				
	18	Total expenses. Add lines 13-17 (must equal Part/IX, column (A), line 25) Revenue less expenses, Subtract line 18 from line 12		2,894,899.	2,601,978.				
	19	Revenue less expenses, Subtract line 18 from line 12		-9 <b>,</b> 258.	524,327.				
Net Assets or Fund Balances		Revenue less expénses, Subtract line 18 from fine 12	В	eginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		4,188,274.	4,605,829.				
et A	21	Total liabilities (Part X, line 26)	_	463,071.	376,355.				
		Net assets or fund balances. Subtract line 21 from line 20		3,725,203.	4,229,474.				
	art II	Signature Block		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·				
		afties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is				
tiue	, cone	ct, and complete Declaration of preparer (other that officer) is based on all information of w	vnich prepare	r nas any knowledge	12				
Sia	n	Signature of officer		Date	17				
Sign   Signature of officer   Date   Here   SHANNON CARTER, CEO									
		Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTIN									
Paid PETER W CAMPBELL 5-14-15 self-employed P00980									
Pre	26-3632365								
Use	Only	Firm's address 12200 E. BRIARWOOD AVE, SUITE 1	.50	Firm's EIN					
		CENTENNIAL, CO 80112		Phone no 3	03.621.0143				
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
2320	001 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions	(1)	Form <b>990</b> (2012)				

	990 (2012) COMPETENCY & CREDENTIALING INSTITUTE 84-0817297 Page 2  iii Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  NONE
1	Briefly describe the organization's mission: NONE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?  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.
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	CERTIFICATION PROGRAMS ESTABLISHED TO ENHANCE PATIENT CARE AND TO
	PROVIDE A MEANS TO RECOGNIZE THOSE WHO HAVE ACHIEVED TOP PROFESSIONAL STANDARDS. CONTINUAL DEVELOPMENT OF EDUCATIONAL AND TRAINING MATERIALS.
	DIMBINDO: CONTINUID BUVEBOINENT OF EBOCATIONAL AND INCIDING INTERNAL.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (expenses s) (revenue s)
4d	Other program services (Describe in Schedule O.)  (Expenses \$
4e	Total program service expenses
	Form <b>990</b> (2012

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Part IV Checklist of Requi	ired Schedules
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			V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	5		Х
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	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	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.			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
Ð	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
·	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	11c	İ	Х
А	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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b></b>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	g,g,g,			
	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	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			U U
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		U
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<del></del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
10	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	40		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<del> </del>	<del>  ^</del>
. 5	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
		<u> </u>		(0040)

Form	990 (2012) COMPETENCY & CREDENTIALING INSTITUTE 84-0817	297	Р	age 4
	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		-	
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		}
	Schedule J	23	х	1
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<del> </del>
240	<u> </u>			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		X
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	<u> </u>
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?	24c	<u> </u>	<del>                                     </del>
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}		1
	Schedule L, Part I	25b		<del></del>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			Ī
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u></u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			T
	If "Voc." complete Schodule B. Bart V. Inc. 2	26	1	

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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X

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1 441	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	-	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?		6a		Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	l		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		Ī
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7.		
_	to file Form 8282?	7d	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	٠ <del>٠٠</del>	7e	1	†
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution.		7f		<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g	i	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				1
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	• • •	8		Í
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			•
11	Section 501(c)(12) organizations. Enter:	1 1			•
а	Gross income from members or shareholders	11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				I
	amounts due or received from them.)	11b	-		ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a	-	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	1
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	الما			I
	organization is licensed to issue qualified health plans	13b	-	1	1
	Enter the amount of reserves on hand	13c	<del> </del>	<del> </del>	X
	Did the organization receive any payments for indoor tanning services during the tax year?	(n O	14a	+	┼^
D	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	e u	14b	i	1

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

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
	and the developing body and management	Ī	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 9			<del></del>					
	If there are material differences in voting rights among members of the governing body, or if the governing		1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1						
ь	b Enter the number of voting members included in line 1a, above, who are independent 1b 0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		I						
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1						
	more members of the governing body?	7a	]	X					
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		1						
а	The governing body?	8a	X						
þ	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>					
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	^	<del></del>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v						
12a	, , , , ,	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100		Х					
13	Did the organization have a written whistleblower policy?	12c	Х						
14	Did the organization have a written document retention and destruction policy?	14	X	—					
15	Did the process for determining compensation of the following persons include a review and approval by independent	17							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CO								
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)	avaılab	le	•					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X 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	d finar	ncial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨	<b>`</b>						
	THE ORGANIZATION - 303-369-9566								
	SAME AS PAGE ONE, DENVER, CO 80231								

Form	aan	(2012)	
CULLI	罗フロ	120121	

#### COMPETENCY & CREDENTIALING INSTITUTE

84-0817297

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no (A)	(B)	J. 9 <u>c</u>		((	<del>)</del>			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHANNON S CARTER CEO	40.00			x				156,269.	0.	0.
(2) JAMES X STOBINSKI	40.00				<u> </u>					
DIRECTOR OF CERTIFICATION		<u> </u>				X		117,055.	0.	0.
(3) JOYCE COX, RN, MSN, CNOR, CRNFA PRESIDENT ELECT	0.00							0.	0.	0.
(4) MICHAEL VILLAIRE, MSLM SECRETARY/TREASURER	0.00							0.	0.	0.
(5) PAM GORGONE, MS,RN,CNOR PRESIDENT	0.00							0.	0.	0.
(6) FRANCES SKUPSKI MBA, BSN, CNOR DIRECTOR	0.00							0.	0.	0.
(7) JULIE THOMPSON PHD, RN. CNS, CIP. C DIRECTOR	0.00							0.	0.	0.
(8) THEODORE J. WALKER, LT COL, USA DIRECTOR	0.00							0.	0.	0.
(9) NANCY DI CICCO, RN, MSN, CNOR DIRECTOR	0.00							0.	0.	0.
(10) DAWN YOST, RN, RDH, BSN, CNOR DIRECTOR	0.00							0.	0.	0.
(11) KAREN WHITE-EDWARDS MBA, BSN, CNO DIRECTOR	0.00							0.	0.	0.
		_	! !							
		-		$\vdash$						
		T								

										INSTITUTE	84-08	<u> 17:</u>	<u> 297</u>	Pa	ige 8
Par	t VII Section A. Officers	, Directors, Trus	tees, Key Em	ploy	ees	and	d Hig	ghes	it C	ompensated Employed	es (continued)				
	(A)		(B)			(C	<b>;</b> )			(D)	(E)	ļ		(F)	
	Name and title		Average hours per	(do		Posi		than o	ne	Reportable	Reportable	1	Es	tımate	d
		box	, unle	ss pe	rson I	s bott	an	compensation	compensation	sation amour			of		
			week	$\vdash$	cer an	o a o	recto	r/trust	ee)	from	from related			other	
			(list any hours for	irecto						the	organizations	ͺ		pensa	
	•		related	5	<u>18</u>			Safed		organization	(W-2/1099-MISC	ク		om the	
			organizations	ESE E	Eg.		88	nedr		(W-2/1099-MISC)			_	anızatı d relate	
			below	dual t	1tous	ا ا	nploy	8 C	**					nızatı	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
				┢	Ī	Ť			_			$\neg \neg$			
-				-	$\vdash$			Н				$\dashv$			
	-							H				-			
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	<del>-</del>				<u> </u>							$\dashv$			
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			l	<u>L</u> .	<u> </u>	<u></u>	<u> </u>	Ļ		272 224		ᅰ			_
	Sub-total									273,324.		<u>0.</u>			0.
	Total from continuation		II, Section A							0.		0.			0.
	Total (add lines 1b and 1							<b>&gt;</b>		273,324.		0.			0.
2	Total number of individual	_	ot limited to th	ose	liste	ed al	DOVE	e) wh	o re	eceived more than \$100	,000 of reportable				_
	compensation from the or	ganization >						···		<del> </del>				37	2
_												1		Yes	No
3	Did the organization list ar	•			e, ke	у ег	nplo	yee,	or	highest compensated e	mployee on		į į		
	line 1a? If "Yes," complete												3		X
4	For any individual listed or		•							•	the organization			.,	
	and related organizations										•	-	4	Х	
5	Did any person listed on li						_		elat	ted organization or indivi	dual for services				.,
	rendered to the organizati		nplete Schedui	e J 1	for s	uch	pers	son					5_		Х
	tion B. Independent Cont	-													
1	Complete this table for yo											ens	ation f	rom	
	the organization. Report of		the calendar y	ear	end	ng v	vith	or w	<u>ithir</u>		year.				
	No	(A) ame and business	addraga	3.77	~ N T 1				- {	( <b>B)</b> Description of s		_	)) (C		_
	- ING	ine and business	address	N	INC	<u>.                                    </u>			$\dashv$	Description of s			ompe	iisalio	<del>''</del>
									-						
						_			-						
			<del>.</del>												
			<del></del>						Į						
									- 1						
		. –													
2	Total number of independ	dent contractors (	including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				

\$100,000 of compensation from the organization

Form 990 (2012) COMPETE
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question	ın this Part VIII	_		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1 2	Federated campaigns	1a			10/0/100	10101100	313,01314
E T		• •	1b					I .
عَ ق		Membership dues	•					
T A	C	· ·	1c					1
ਭੂੰ≣	d	•	1d					
Sin	e	Government grants (contribut	· —					
眞티	f	All other contributions, gifts, gran						
[종		similar amounts not included abor						1
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines	1a-1f \$					
9 0	<u> </u>	Total. Add lines 1a-1f					······	<u> </u>
	٥.	RECERTIFICATION	י דידיכ	Business Code	1 115 200	1 115 200		†
Š	2 a	CERTIFICATION F			1,115,209. 1,055,522.	1,113,209.		<del>                                     </del>
ine a	b	STUDY GUIDE INC			254 044	254,044.		
ΕŞ	С.	COMPETENCY MODU			85,203.			····
Pa	d	MEMBER STORE	пе		75,518.			<u> </u>
Program Service Revenue	e		<u> </u>		148,389.			<del>-</del>
_	Ţ	All other program service reve	nue		2,733,885.	140,309.	***************************************	<u> </u>
$\dashv$	_ 9		40.544		2,733,003.			<del>-</del>
ŀ	3	Investment income (including	aiviaenas, intere	est, and	392,420.			392,420.
		other similar amounts)		332,420.			392,420.	
	4	Income from investment of tax	x-exempt bona p	roceeds				<del> </del>
	5	Royalties .	6) David	63 Daman al				<u> </u>
		0	(i) Real	(ii) Personal				1
	6 a	Gross rents			-			<b>‡</b>
	b				1			‡
]	C							†
1	d	` '	(i) O	60.045				
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		<u> </u>				1
	b	Less: cost or other basis						
	_	and sales expenses						1
		Gain or (loss)		<b>•</b>				†
1		Net gain or (loss)	a avanta (nat					,
Je	o a	Gross income from fundraising including \$	of					1
ē		contributions reported on line	<del></del>					1
œ		Part IV, line 18	·					1
Other Reve	h	Less: direct expenses	a b		ŧ			
δ		Net income or (loss) from fund	••	<b></b>	1			†
		Gross income from gaming ac	_				······	-
	, u	Part IV, line 19	a a					
	h	Less: direct expenses	b		1			1
		Net income or (loss) from garr	_					1
		Gross sales of inventory, less	-					
		and allowances	а					1
	ь	Less: cost of goods sold	b		1			
		Net income or (loss) from sale	s of inventory	. •	1			1
		Miscellaneous Revenu		Business Code				
	11 a				1	1		
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<del>. •</del>				
	12	Total revenue. See instructions			[3,126,305.	2,733,885.	0	. 392,420.

Form 990 (2012) COMPETENCY & Compart IX Statement of Functional Expenses

Secu	Check if Schedule O contains a respon			ompiete column (A).	X
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		одроново	goneral expenses	0,40,1000
-	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in	-			
_	the United States. See Part IV, line 22	36,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	927,599.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	47,415.			
9	Other employee benefits				
10	Payroll taxes	68,858.			
11	Fees for services (non-employees).				
а	Management		· · · · · · · · · · · · · · · · · · ·		
b	Legal	7,950.			
C	Accounting	7,305.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	120 501			
12	Advertising and promotion	120,581. 6,506.			
13	Office expenses	0,300.			
14	Information technology				
15	Royalties	82,344.			
16	Occupancy	02,344.			<u> </u>
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	73,552.	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,851.			
23	Insurance	10,094.			
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.)				
а	TEST ADMINISTRATION	404,360.			
b	PRODUCT COST	161,031.			
С	COMPUTER PROGRAM SUPPOR	125,494.			
d	TEST DEVELOPMENT	99,601.			
е	All other expenses SEE SCH O	371,437.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	2,601,978.		ļ	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	L

Form 990 (2012)
Part X Balance Sheet

rai	1.	Check if Schodule O contains a response to an	/ question in this Dart V			<del></del>
		Check if Schedule O contains a response to any	question in this Part X	(A)	1	. <u>L</u>
				(A) Beginning of year	1	<b>(B)</b> End of year
-		Cook - non-interest-hoomes		56,903.	1	124,568.
	1	Cash - non-interest-bearing		163,937.	2	161,609.
	2	Savings and temporary cash investments	•	103,937.		101,005.
	3	Pledges and grants receivable, net		12,462.	3	9,946.
	4	Accounts receivable, net		12,402.	4	9,940.
	5	Loans and other receivables from current and fo	., ,			
		trustees, key employees, and highest compens	ated employees. Complete	!	ا ۔ ا	: :
		Part II of Schedule L	5 . d ( d . 6 d d		5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec			ا ۱	 
ţ	_	employees' beneficiary organizations (see instr).	. Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		06 427	7	52 546
Ä	8	Inventories for sale or use		96,427. 68,200.	8	53,546. 76,745.
	9	Prepaid expenses and deferred charges	1 1	00,200.	9	10,143
	10a		106 961			
	١.	basis. Complete Part VI of Schedule D	10a 496,861.	217 545		150 000
	l	Less: accumulated depreciation	10b 336,981.	217,545.	<del></del>	159,880.
	11	investments - publicly traded securities		2 572 000	11	1 017 510
	12	Investments - other securities. See Part IV, line		3,572,800.	12	4,017,548.
	13	Investments - program-related. See Part IV, line	11		13	1 007
	14	Intangible assets		14	1,987.	
	15	Other assets. See Part IV, line 11		A 100 27A	15	1 605 920
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	4,188,274.	16	4,605,829
	17	Accounts payable and accrued expenses		229,411.	17	144,872.
	18	Grants payable		124,528.	18	172,219.
	19	Deferred revenue		124,320.	19	1/2,219
	20	Tax-exempt bond liabilities			20	
ties	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Loans and other payables to current and forme				
Lia Lia		key employees, highest compensated employee	es, and disqualified persons.			
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	•	100,113.	23	0.
	24	Unsecured notes and loans payable to unrelate	•	100,113.	24	0.
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X or	9,019.	25	59,264.
	26	Schedule D		463,071.		376,355
	26	Total liabilities. Add lines 17 through 25	3), check here	403,071.	20	370,333.
ιΛ		Organizations that follow SFAS 117 (ASC 956	••			
čě	27	complete lines 27 through 29, and lines 33 and Unrestricted net assets	10 34.	3,725,203.	27	4,229,474.
lau	l		•	3/123/203.	28	1/22/11/1
ä	28	Temporarily restricted net assets			29	
Net Assets or Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (#	ISC 958) check hare		23	
Ē		and complete lines 30 through 34.	300 300), Check nere			
s o	20				20	İ
set	30	Capital stock or trust principal, or current funds	•		30	
t As	31	Paid-in or capital surplus, or land, building, or ed			31	
Ne	32	Retained earnings, endowment, accumulated in	icome, or other funds	3,725,203.	32	4,229,474
	33	Total net assets or fund balances		4,188,274.		4,605,829
	34	Total liabilities and net assets/fund balances	<del></del>	7,100,2/4.	J4	Form <b>990</b> (2012

-orm	990 (2012) COMPETENCY & CREDENTIALING INSTITUTE	84-	.001/7	291	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,60	1,9	78.
3	Revenue less expenses. Subtract line 2 from line 1	3		52	4,3	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,72	5,2	03.
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		-2	0,0	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4	,22	9,4	74.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?		Į	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C		e audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c		ļ
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					Ī
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dıt			l
	Act and OMB Circular A-133?			3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		1

Form **990** (2012)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

COMPETENCY & CREDENTIALING INSTITUTE

Employer identification number 84-0817297

Par	t I Organizations Maintaining Donor Advise			ds or A	CCOU	nts. Complete if t	
<u></u>	organization answered "Yes" to Form 990, Part IV, line						
			nor advised funds	1 (	b) Func	ls and other acco	unts
1	Total number at end of year	<u></u>		<del>                                     </del>		<del></del>	
2	Aggregate contributions to (during year)			<del> </del>			
3	Aggregate grants from (during year)			<del>                                     </del>			
4	Aggregate value at end of year			<del>                                     </del>			
5	Did the organization inform all donors and donor advisors in v	writing that the	assets held in donor adv	J	de		
•	are the organization's property, subject to the organization's			vised full	us	Yes	□ No
6	Did the organization inform all grantees, donors, and donor as	_		se used d	anh.	ies	
•	for charitable purposes and not for the benefit of the donor of		•		•		
	impermissible private benefit?	donor adviso	it, or for any other purpos	se come	iiig	Yes	☐ No
Par	t II Conservation Easements. Complete if the org	anization ansi	vered "Yes" to Form 990	. Part IV.	line 7.		110
1	Purpose(s) of conservation easements held by the organization		····	, ,			
•	Preservation of land for public use (e.g., recreation or e	=	Preservation of an I	nistorical	lv impo	rtant land area	
	Protection of natural habitat		Preservation of a ce				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservati	on contribution in the for	m of a co	nserva	tion easement on	the last
	day of the tax year.			0. 4 00	71.001.10		
						Held at the End of t	ne Tax Year
а	Total number of conservation easements				2a		
ь	Total acreage restricted by conservation easements	-			2b		
c	Number of conservation easements on a certified historic stru	ucture include	d in (a)		2c		
d	Number of conservation easements included in (c) acquired a		• •	cture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rel	eased, extingi	ushed, or terminated by t	the organ	ization	during the tax	
	year ▶		•	-		-	
4	Number of states where property subject to conservation eas	sement is loca	ted ►	_			
5	Does the organization have a written policy regarding the per	nodic monitori	ng, inspection, handling o	of			
	violations, and enforcement of the conservation easements it	holds?				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing	conservation easements	during t	he year	· <b></b>	
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing cons	servation easements duri	ng the ye	ear 🕨 🛭	S	
8	Does each conservation easement reported on line 2(d) above	e satisfy the r	equirements of section 1	70(h)(4)(E	3)(ī)		
	and section 170(h)(4)(B)(ii)?					. Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	on easements	in its revenue and expen	ise statei	ment, a	nd balance sheet,	and
	include, if applicable, the text of the footnote to the organizat	tion's financial	statements that describe	es the or	ganızatı	on's accounting f	or
	conservation easements.	<del></del>					
Pai	d III Organizations Maintaining Collections of	=	•	Other	Simila	ar Assets.	
	Complete if the organization answered "Yes" to Form	-					
1a	If the organization elected, as permitted under SFAS 116 (AS		·				
	historical treasures, or other similar assets held for public exh			erance of	public	service, provide, i	n Part XIII,
	the text of the footnote to its financial statements that descri						
Ь	,						
	treasures, or other similar assets held for public exhibition, ed	ducation, or re	search in furtherance of p	public se	rvice, p	rovide the following	ng amounts
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1				. 🏲 🤄	§	
	(ii) Assets included in Form 990, Part X				▶ \$	§	
2	If the organization received or held works of art, historical treating			cıal gaın,	provide	9	
	the following amounts required to be reported under SFAS 1	16 (ASC 958)	relating to these items:				
a	Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> (	<u> </u>	
b	Assets included in Form 990, Part X				▶ \$	Ď	

		CY & CREDI							<u> 17297</u>	Page 2
Par	t III Organizations Maintaining Co	llections of Ar	rt, Hist	torical Tre	easures, c	or Othe	r Simila	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	, and other record	ls, check	any of the	following tha	t are a sig	nıficant	use of its	collection	tems
	(check all that apply):			·						
а	Public exhibition	d		l oan or excl	hange progra	ams				
ь	Scholarly research	e			go p. og. c					
c	Preservation for future generations	•	' ـــــــ	Ott 161						
					h	!		Dad	VIII	
4	Provide a description of the organization's colle							se in Pan	VIII.	
5	During the year, did the organization solicit or r				•	er sımılar	assets	_	7.,	
	to be sold to raise funds rather than to be main								Yes	No_
Par	Escrow and Custodial Arrange		ete if the	organizatio	n answered	'Yes' to H	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part 2									
1a	Is the organization an agent, trustee, custodiar	n or other intermed	diary for	contribution	is or other as	sets not i	ncluded		٦	
	on Form 990, Part X?		-						」 Yes	No
b	if "Yes," explain the arrangement in Part XIII ar	nd complete the fol	llowing t	table:						
									Amount_	
С	Beginning balance			-			1c			
d	Additions during the year						1d			
е	Distributions during the year	. <u>.</u>		_			1e			
f	Ending balance			_			1f			
2a	Did the organization include an amount on Fore	m 990, Part X, line	212						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	kplanatio	on has been	provided in	Part XIII			_	
Par							).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (	d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		•	4	1					
ь	Contributions									
c	Net investment earnings, gains, and losses			•						
ď	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
	Administrative expenses									
g	End of year balance		- /1 1			1111				
2	Provide the estimated percentage of the current	nt year end balanc		g, column (a	a)) neid as:					
a	Board designated or quasi-endowment		_%							
ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	="								
3a	Are there endowment funds not in the possess	sion of the organiza	ation tha	at are held a	ınd admınıste	ered for th	e organi	zation	_	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations I	isted as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the c	organization's endo	wment	funds.						
Par	t VI Land, Buildings, and Equipme	nt. See Form 990	), Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other			49	6,861.	3	36,9	81.	159	,880.
	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	X, colur					<b>•</b>		,880.

Schedule D (Form 990) 2012

Sche	dule D'(Form 990) 2012 COMPETENCY & CREDENTIALING	INSTITUTE	84-	0817297	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Returr	1	
1	Total revenue, gains, and other support per audited financial statements		1	3,126,	,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
а	Net unrealized gains on investments	2a	_	ļ	
b	Donated services and use of facilities	2b	]		
С	Recoveries of prior year grants	2c	]		
d	Other (Describe in Part XIII.)	2d	]		
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	3,126,	305.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	1	
þ	Other (Describe in Part XIII.)	4b	_		
c	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,126,	,305 <u>.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Retu	m	
1	Total expenses and losses per audited financial statements		1	2,601,	978.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities .	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c	_		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	- •	2e		0.
3	Subtract line 2e from line 1	-	3	2,601,	,978.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIII.)	4b			
¢	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,601	,978.
Pa	1 XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a and 4; Part IV, lines	1b and	2b, Part V, line	4; Part
K, lın	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informa	ation.		
	· · · · · · · · · · · · · · · · · · ·				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. See separate instructions. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

COMPETENCY & CREDENTIALING INSTITUTE

**Employer identification number** 84-0817297

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

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

Schedule J (Form 990) 2012

84-0817297

Page 2

COMPETENCY & CREDENTIALING INSTITUTE

Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deterred compensation		(n)-(i)(g)	reported as deterred in prior Form 990
(1) SHANNON S CARTER CRO	€ €	156,269.	000	0	000	000	156,269.	00
	€ €							
	€ €							
	€ €							
	€ €							
	€ 8							
	€ €							
	8							
	€ €							
	© (E)							
	(ii)							
	© (E)							
	(ii) (i)							
	(1)							
	€ €							
	© (E)							
232112							Schedu	Schedule J (Form 990) 2012

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

**Employer identification number** 

COMPETENCY & CREDENTIALING INSTITUTE	84-0817297
FORM 990, PART VI, SECTION B, LINE 11: DISTRIBUTED TO	THE BOARD OF
DIRECTORS BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 15: ALL EMPLOYEES A	
ANNUALLY. COMPENSATION IS DETERMINED BY THIRD PARTY CO	MPARISON, PERFORMANCE
AND MARKET REVIEW FOR THE APPROPRIATE POSITION.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AND PO	
REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPE	NSES:
HEALTH INSURANCE:	
TOTAL EXPENSES	
BANK CHARGES:	
TOTAL EXPENSES	
PRINTING AND MAILHOUSE:	
TOTAL EXPENSES	50,247.
BUSINESS DEVELOPMENT:	
TOTAL EXPENSES	47,471.
POSTAGE AND SHIPPING:	
TOTAL EXPENSES	34,581.

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization	Page 2 Employer identification number
COMPETENCY & CREDENTIALING INSTITUTE	84-0817297
SALES MEETINGS AND CONFERENCES:	<del>-</del>
TOTAL EXPENSES	24,896.
TELEPHONE:	
TOTAL EXPENSES	15,597.
EQUIPMENT RENT:	
TOTAL EXPENSES	11,518.
STAFF DEVELOPMENT:	
TOTAL EXPENSES	10,926.
LIST RENTAL:	
TOTAL EXPENSES	7,358.
CREDENTIALING INDUSTRY MEETINGS:	
TOTAL EXPENSES	7,113.
PROPERTY/SALES TAXES:	
TOTAL EXPENSES	5,463.
TEMPORARY PERSONNEL:	
TOTAL EXPENSES	3,269.
MISCELLANEOUS:	
TOTAL EXPENSES	519.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 371,437.

Schedule O (Form 990 or 990-EZ) (2012)

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  COMPETENCY & CREDENTIALING INSTITUTE	Employer identification number 84-0817297
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	01 001/25/
UNREALIZED GAIN/(LOSS) ON INVESTMENT PORTFOLIO	-20,056.
232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)