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Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public
Inspection

| | | | | | |
|--|--|--------------------------------------|--|--|--|
| A For the 2012 calendar year, or tax year beginning 7/01 | | , 2012, and ending 6/30 | | , 2013 | |
| B Check if applicable | | C | | D Employer identification number | |
| <input checked="" type="checkbox"/> Address change | | Colorado Parent and Child Foundation | | 84-1169805 | |
| <input type="checkbox"/> Name change | | 800 Grant Street #200 | | E Telephone number | |
| <input type="checkbox"/> Initial return | | Denver, CO 80203 | | 303 860-6000 | |
| <input type="checkbox"/> Terminated | | | | | |
| <input type="checkbox"/> Amended return | | | | | |
| <input type="checkbox"/> Application pending | | | | | |
| F Name and address of principal officer | | Same As C Above | | G Gross receipts \$ 1,646,801. | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) | | 501(c) () (insert no) | | H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| J Website: ► N/A | | 4947(a)(1) or 527 | | H(b) Are all affiliates included? If 'No, attach a list (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| K Form of organization <input checked="" type="checkbox"/> Corporation | | Trust | | H(c) Group exemption number ► | |
| Association | | Other ► | | L Year of formation M State of legal domicile CO | |

| | |
|--|---|
| Part I Summary | |
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities <u>The primary programs focus on parent involvement and school readiness programs designed for parents who may also be hard pressed by life circumstances.</u> |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |
| Revenue | 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 | |
| 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 5 | |
| 6 Total number of volunteers (estimate if necessary) 6 0 | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. | |
| 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | |
| Expenses | 8 Contributions and grants (Part VIII, line 1h) 1,125,514. 1,590,102. |
| | 9 Program service revenue (Part VIII, line 2g) 53,144. 55,423. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 566. 342. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 847. |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,179,224. 1,646,714. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 682,166. 878,987. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 225,338. 317,221. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► 17,433. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 181,453. 238,360. |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,088,957. 1,434,568. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 90,267. 212,146. |
| Net Assets or Fund Balances | Beginning of Current Year 615,465. 814,140. |
| | 20 Total assets (Part X, line 16) 191,899. 178,428. |
| | 21 Total liabilities (Part X, line 26) 423,566. 635,712. |
| | 22 Net assets or fund balances Subtract line 21 from line 20 |

| | |
|--|---|
| 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 | ► <u>Leslie Hilton</u> Date |
| | ► <u>LESLIE HILTON</u> Type or print name and title |

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Paid Preparer Use Only

| | | | |
|---|--|---|----------------|
| Print/Type preparer's name Paul L. Smith | Preparer's signature <u>Paul Smith</u> Date 10/10/2013 | Check <input type="checkbox"/> if self-employed | PTIN P00967910 |
| Firm's name ► Paul L. Smith, P.C. | Firm's EIN ► 84-1129536 | | |
| Firm's address ► 3801 East Florida, Suite 604 Denver, CO 80210 | Phone no (303) 759-3862 | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/18/12

Form 990 (2012)

g17 n

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission

The primary programs focus on parent involvement and school readiness programs designed for parents who may also be hard pressed by life circumstances.

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

Yes No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 1,345,003, including grants of \$ 878,987) (Revenue \$ _____)

Statewide leadership and support of the network of over 40 evidence-based HIPPY and Parents as Teachers early childhood home visiting programs throughout Colorado, which provide parents of more than 3,500 vulnerable young children with the knowledge, tools, and support they need to guide their child's growth, learning and development, closing the achievement gap prior to entry into the K-12 system.

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 1,345,003.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete *Schedule A*

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

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*

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*

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*

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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete *Schedule D, Part III*

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*

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*

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*

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*

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*

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*

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete *Schedule D, Part 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*

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete *Schedule D, Parts XI, and XII*

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete *Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

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*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete *Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete *Schedule F, Parts III and IV*

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)

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*

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*

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete *Schedule H*

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7 | | X |
| 8 | | X |
| 9 | | X |
| 10 | | X |
| 11a | X | |
| 11b | | X |
| 11c | | X |
| 11d | | X |
| 11e | | X |
| 11f | X | |
| 12a | | X |
| 12b | | X |
| 13 | | X |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | | X |
| 19 | | X |
| 20 | | X |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|-----------|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? 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 Schedule J | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 | 24a X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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 | |
| d 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 X | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b X | |
| 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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 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) | | |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a 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 | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 X | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 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, Parts II, III, IV, and V, line 1 | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a X | |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 X | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 X | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 X | |

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question 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 | 6 | |
| 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? | 1 c | X | |
| 2 a 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 | 2 a | 5 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | |
| Note. 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? | 3 a | X | |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' 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)? | 4 a | X | |
| b If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | 4 b | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | X | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | X | |
| 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? | 6 a | X | |
| 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 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | X | |
| 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? | 7 c | X | |
| 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? | 7 e | X | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | X | |
| 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9 a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 Section 501(c)(7) organizations. 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 Section 501(c)(12) organizations. 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 Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12 b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| Note. 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? | | | |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | X | |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----|----|-----|----|
| 1 a | 10 | | |
| 1 b | 10 | | |
| 2 | | X | |
| 3 | | X | |
| 4 | | X | |
| 5 | | X | |
| 6 | | X | |
| 7 a | | X | |
| 7 b | | X | |
| 8 a | X | | |
| 8 b | | X | |
| 9 | | X | |

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

| | Yes | No |
|------|-----|----|
| 10 a | | X |
| 10 b | | |
| 11 a | X | |
| 11 b | | |
| 12 a | X | |
| 12 b | X | |
| 12 c | X | |
| 13 | X | |
| 14 | X | |
| 15 a | X | |
| 15 b | X | |
| 16 a | | X |
| 16 b | | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
► Sara Marquez Same 303 860-6000

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

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) Name and Title | (B) Average hours per week (list any hours for related organiza- tions below dotted line) | (C) | | | | | (D) Reportable compensation from the organization (W-2/1099 MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|--|---|----------------|-----------------------|--------------------------|---------|-----------------|---|--|---|----|
| | | Or director | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated | | | |
| (1) Trish Cole Director | 1 0 | | X | | | | | 0. | 0. | 0. |
| (2) Mike Heinrich Director | 1 0 | | X | | | | | 0. | 0. | 0. |
| (3) Barbara Ladon Director | 1 0 | | X | | | | | 0. | 0. | 0. |
| (4) Dwight Steele Treasurer | 1 0 | | X | X | | | | 0. | 0. | 0. |
| (5) Julie Hoopes Director | 1 0 | | X | | | | | 0. | 0. | 0. |
| (6) Brian Astone Secretary | 1 0 | | X | X | | | | 0. | 0. | 0. |
| (7) Levetta Love Director | 1 0 | | X | | | | | 0. | 0. | 0. |
| (8) Gail Wilson Director | 1 0 | | X | | | | | 0. | 0. | 0. |
| (9) Leslie Hilton Chairman | 3 0 | | X | X | | | | 0. | 0. | 0. |
| (10) Tara Tongco Rojas Vice Chair | 1 0 | | X | X | | | | 0. | 0. | 0. |
| (11) Melissa Kelley Executive Direc | 50 0 | | | X | | | | 90,380. | 0. | 0. |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII | Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

| (A) Name and title | (B) Average hours per week (list any hours for related orga- niza- tions below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | (D) Reportable compensation from the organization (W 2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|--|---|--|-----------------------|--------------------------|---------|---|--|--|-----------|
| | | Or director | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| (17) | | | | | | | | | |
| (18) | | | | | | | | | |
| (19) | | | | | | | | | |
| (20) | | | | | | | | | |
| (21) | | | | | | | | | |
| (22) | | | | | | | | | |
| (23) | | | | | | | | | |
| (24) | | | | | | | | | |
| (25) | | | | | | | | | |
| 1 b Sub-total | | | | | | | 90,380. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | 90,380. | 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 ► 0

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---------------------------------|--|----------------------|--|---|---|--|
| CONTRIBUTIONS, GIFTS, GRANTS | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 1,017,609. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 572,493. | | | |
| | g Noncash contributions included in line 1a-1f | | \$ | | | |
| h Total. Add lines 1a-1f | | ► 1,590,102. | | | | |
| PROGRAM SERVICE REVENUE | 2 a Training fees | Business Code | | | | |
| | b MIECHV Site Fees | | 35,665. | 35,665. | | |
| | c Other | | 17,500. | 17,500. | | |
| | d | | 2,258. | 2,258. | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | ► 55,423. | | | |
| 3 | Investment income (including dividends, interest and other similar amounts) | ► | 342. | 342. | | |
| 4 | Income from investment of tax-exempt bond proceeds | ► | | | | |
| 5 | Royalties | ► | | | | |
| 6 a | Gross rents | (i) Real | (ii) Personal | | | |
| b | Less rental expenses | | | | | |
| c | Rental income or (loss) | | | | | |
| d | Net rental income or (loss) | ► | | | | |
| 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b | Less: cost or other basis and sales expenses | | | | | |
| c | Gain or (loss) | | | | | |
| d | Net gain or (loss) | ► | | | | |
| 8 a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) | | | | | |
| | See Part IV, line 18 | a | 934. | | | |
| b | Less direct expenses | b | 87. | | | |
| c | Net income or (loss) from fundraising events | ► | 847. | | 847. | |
| 9 a | Gross income from gaming activities | a | | | | |
| | See Part IV, line 19 | b | | | | |
| b | Less direct expenses | b | | | | |
| c | Net income or (loss) from gaming activities | ► | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | |
| b | Less cost of goods sold | b | | | | |
| c | Net income or (loss) from sales of inventory | ► | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | ► | | | | |
| e | Total. Add lines 11a-11d | ► | | | | |
| 12 | Total revenue. See instructions | ► | 1,646,714. | 55,765. | 0. 847. | |

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 to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 878,987. | 878,987. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 90,380. | 44,029. | 32,180. | 14,171. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 187,917. | 175,475. | 12,442. | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 15,295. | 12,064. | 2,452. | 779. |
| 10 Payroll taxes | 23,629. | 18,637. | 3,789. | 1,203. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 7,981. | | 7,981. | |
| f Investment management fees | | | | |
| g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) | 675. | 675. | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,408. | 1,899. | 386. | 123. |
| 14 Information technology | 7,050. | 7,050. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 12,558. | 9,905. | 2,014. | 639. |
| 17 Travel | 14,388. | 14,388. | | |
| 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 | | | | |
| 23 Insurance | 3,331. | | 3,331. | |
| 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 Evaluation | 100,023. | 100,023. | | |
| b Training | 61,142. | 61,142. | | |
| c Telephone & communications | 5,586. | 4,406. | 896. | 284. |
| d Office move | 4,664. | | 4,664. | |
| e All other expenses | 18,554. | 16,323. | 1,997. | 234. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,434,568. | 1,345,003. | 72,132. | 17,433. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| Check here □ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | (B) End of year |
|------------------------------------|--|---------------------------------|---------------------------|
| ASSETS | 1 Cash – non-interest-bearing | 27,860. | 1 17,557. |
| | 2 Savings and temporary cash investments | 389,486. | 2 445,115. |
| | 3 Pledges and grants receivable, net | 3 | 100,000. |
| | 4 Accounts receivable, net | 198,118. | 4 246,223. |
| | 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 | 9 | 5,245. |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 13,324. | |
| | b Less accumulated depreciation | 10b 13,324. | 1. 10c |
| | 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 Total assets. Add lines 1 through 15 (must equal line 34) | 615,465. | 16 814,140. |
| LIABILITIES | 17 Accounts payable and accrued expenses | 191,898. | 17 178,428. |
| | 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 | 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 | 1. 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 191,899. | 26 178,428. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 224,807. | 27 334,228. |
| | 28 Temporarily restricted net assets | 198,759. | 28 301,484. |
| | 29 Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 32 | |
| | 33 Total net assets or fund balances | 423,566. | 33 635,712. |
| | 34 Total liabilities and net assets/fund balances | 615,465. | 34 814,140. |

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | |
|--|----|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,646,714. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,434,568. |
| 3 Revenue less expenses Subtract line 2 from line 1 | 3 | 212,146. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 423,566. |
| 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 | 0. |
| 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 635,712. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 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 | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2b Were the organization's financial statements audited by an independent accountant? | 2b | 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 | | |
| 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O See Schedule O | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| 3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

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Form 990 (2012)

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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

| | |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| Colorado Parent and Child Foundation | 84-1169805 |

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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 (ii) A family member of a person described in (i) above? Yes No
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? Yes No
 h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 1,218,086. | 1,056,248. | 1,041,054. | 1,125,514. | 1,590,102. | 6,031,004. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3 | 1,218,086. | 1,056,248. | 1,041,054. | 1,125,514. | 1,590,102. | 6,031,004. |
| 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) | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 6,031,004. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------------------------------|
| 7 Amounts from line 4 | 1,218,086. | 1,056,248. | 1,041,054. | 1,125,514. | 1,590,102. | 6,031,004. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,563. | 1,178. | 715. | 566. | 342. | 5,364. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10 | | | | | | 6,036,368. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 0. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.91 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 100.00 % |
| 16a 33-1/3% support test – 2012. 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 stop here . The organization qualifies as a publicly supported organization | | |
| <input checked="" type="checkbox"/> | | |
| b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |
| <input type="checkbox"/> | | |

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Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 Total. Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 Public support (Subtract line 7c from line 6)

| | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-------------------------|----------|----------|----------|----------|----------|-----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 Total. | | | | | | |
| 7a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| 8 Public support | | | | | | |

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 Total support. (Add Ins 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** ►

| | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-----------------------------|----------|----------|----------|----------|----------|-----------|
| 9 | | | | | | |
| 10a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 Total support. | | | | | | |
| 14 First five years. | | | | | | |

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))

15 %

16 Public support percentage from 2011 Schedule A, Part III, line 15

16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))

17 %

18 Investment income percentage from 2011 Schedule A, Part III, line 17

18 %

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to 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).

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Schedule A (Form 990 or 990-EZ) 2012

TEEA04041 08/10/12

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545 0047

2012Open to Public
Inspection

Name of the organization

Employer identification number

Colorado Parent and Child Foundation

84-1169805

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

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

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

| | | |
|---|--|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| | <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| | <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year | | |
| | | Held at the End of the Tax Year |
| a Total number of conservation easements | 2 a | |
| b Total acreage restricted by conservation easements | 2 b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2 c | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | | |
| 4 Number of states where property subject to conservation easement is located ► | | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► | | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ | | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

| | |
|--|------|
| 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | ► \$ |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | ► \$ |
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. | ► \$ |
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ► \$ |

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other

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

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

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

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 |
|-----|--------|
| 1 c | |
| 1 d | |
| 1 e | |
| 1 f | |

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

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

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

| | (a) Current | (b) Prior year | (c) Two years | (d) Three years | (e) Four years |
|--|-------------|----------------|---------------|-----------------|----------------|
| 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:

(i) unrelated organizations

(ii) related organizations

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

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

| Yes | No |
|--------|----|
| 3a(i) | |
| 3a(ii) | |
| 3b | |

Part VI Land, Buildings, and Equipment. 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 13,324. | 13,324. | 0. |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | ► | 0. |

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Schedule D (Form 990) 2012

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

| (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) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ► | | |

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

| (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) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► | | |

Part IX Other Assets. See Form 990, Part X, line 15. N/A

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ► | |

Part X Other Liabilities. 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) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ► | |

2. FIN 48 (ASC 740) Footnote 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 See Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

Part XIII Supplemental Information

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

Part X - FIN 48 Footnote

CPCF is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. However, CPCF is subject to federal income tax on any unrelated business taxable income. CPCF is not considered a private foundation. CPCF is no longer subject to federal or state income tax examinations by taxing authorities for years before 2008. CPCF had no unrelated business taxable income for the years ended June 30, 2013 and 2012.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Name of the organization

Colorado Parent and Child Foundation

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?
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 Governments and Organizations in the United States. 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 | 2 (b) EIN | 3 (c) IRC section if applicable | 4 (d) Amount of cash grant | 5 (e) Amount of non-cash assistance | 6 (f) Method of valuation (book, FMV, appraisal, other) | 7 (g) Description of non-cash assistance | 8 (h) Purpose of grant or assistance |
|--|------------|---------------------------------|----------------------------|-------------------------------------|---|--|--------------------------------------|
| (1) Adams County Head Start 7111 E. 56th Commerce City, CO 80022 | 84-0000732 | | 30,443. | 0. | | | HIPPY and PAT Programs |
| (2) Arapahoe CO Early Childhood C 6436 S. Racine Circle Centennial, CO 80111 | 84-160762 | | 20,000. | 0. | | | HIPPY & PAT Programs |
| (3) Bright Futures For Children P.O. Box 4216 Telluride, CO 81435 | 20-2169766 | | 53,000. | 0. | | | HIPPY & PAT Programs |
| (4) Catholic Charities 429 W. 10th Ave Pueblo, CO 81003 | 84-0471001 | | 106,232. | 0. | | | HIPPY & PAT Programs |
| (5) Clayton Early Learning 3751 Martin Luther King Blvd Denver, CO 80205 | 84-0432238 | | 30,000. | 0. | | | HIPPY & PAT Programs |
| (6) Custer County Transitions P.O. Box 1117 Westcliffe, CO 81252 | 84-1547730 | | 15,000. | 0. | | | HIPPY & PAT Programs |
| (7) Family & Intercultural Resour 330 Friedler Ave, P.O. 4056 Dillon, CO 80435 | 84-1252900 | | 43,750. | 0. | | | HIPPY & PAT Programs |
| (8) Family Development Ctr of Ste 2875 Village Dr., Box 775376 Steamboat Springs, CO 80477 | 84-0951686 | | 27,000. | 0. | | | HIPPY & PAT Programs |

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

84-1169805
See Part IV

Yes No

OMB No 1545-0047

2012

Open to Public
Inspection.

Employer identification number

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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

18

1

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I, Line 2- Procedures for Monitoring Use of Grants Funds in U.S.

While the Colorado Parent and Child Foundation is not a grant making institution, the organization does serve as an intermediary funding partner on major public grants, passing through grant monies specifically to approved HIPPY and PAT programs throughout Colorado. These programs are monitored through formal site visits, ongoing review of program documentation, and regular training/technical assistance and reporting, to ensure fidelity to the program model, performance targets, and compliance with funding requirements pursuant to each grant.

BAA

Schedule I (Form 990) (2012)

Continuation Sheet for Schedule I (Form 990)

2012

► Attach to Form 990 to list additional information for
Schedule I (Form 990, Part II and Part III).

Name of the organization

Colorado Parent and Child Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 | Employer identification number |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|--------------------------------|
| Focus Points Family Resource Cen 3532 Franklin St Denver, CO 80205 | 84-1353944 | | | 112,414. | | | HIPPY & PAT Programs | 84-1169805 |
| Growing Home 3489 W 72nd Avenue, Suite 11 Westminster, CO 80030 | 84-1461503 | | | 27,000. | | | HIPPY & PAT Programs | |
| Jefferson Co Public Schools 5280 W. Ohio Lakewood, CO 80226 | 84-6002817 | | | 94,056. | | | HIPPY & PAT Programs | |
| La Llave Resource Center 801 1/2 State Ave., P.O. Box 5 Alamosa, CO 81101 | 90-441785 | | | 17,859. | | | HIPPY & PAT Programs | |
| La Plata Family Centers Coalition P.O. 2451 Durango, CO 81302 | 84-0988973 | | | 25,000. | | | HIPPY & PAT Programs | |
| Metro State College Denver 4440 Nayatio Denver, CO 80211 | 84-0559160 | | | 15,000 | | | HIPPY & PAT Programs | |
| Mountain Resource Center 11030 Kitty Drive Conifer, CO 80421 | 84-1178699 | | | 25,000 | | | HIPPY and PAT Programs | |
| Northeast Behavioral Health 1300 N. 17th Avenue Greeley, CO 80634 | 84-1393531 | | | 72,400. | | | HIPPY and PAT Programs | |
| Starpoint (Fremont CO Family Ctr 1401 Oak Grade Rd. Canon City, CO 81212 | 84-0618871 | | | 51,250. | | | HIPPY & PAT Programs | |
| The Family Center-Ft. Collins 309 Hickory Fort Collins, CO 80524 | 84-1318219 | | | 11,817. | | | HIPPY & PAT Programs | |

TEEA4001L 12/10/12

Schedule I Cont (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

2012

Open to Public
Inspection

Name of the organization

Colorado Parent and Child Foundation

Employer identification number

84-1169805

Form 990, Part VI, Line 11b - Form 990 Review Process

A draft of the 990 is prepared by the CPA and provided to the Executive Director.

She reviews the 990 for accuracy and upon her satisfaction, it circulated among the entire board and there is follow up on any questions or corrections. Upon approval, the 990 is signed and filed.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Upon election to the Board, each Board member signs a conflict of interest disclosure representation. Thereafter, each Board member signs a conflict of interest disclosure representation annually.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

The elected officers of the Board of Directors serve as a personnel committee and utilize local salary comparability data as part of its process and contemporaneously documents its deliberation process. Upon the completion of the evaluation, the committee proposes a salary for the executive director which is subject to the approval of the entire Board.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The entity has a very limited number of staff and as part of the annual budgeting process and determination of the Executive Director's salary, salaries for all other staff are approved by the Board.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Disclosed as part of www.coloradogives.org/cpcf, an online resource sponsored by the Community First Foundation that provides vital facts about a nonprofit's management, finances and programs and creates a detailed portrait to help donors make informed decisions about their charitable giving.

Name of the organization

Employer identification number

Colorado Parent and Child Foundation

84-1169805

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

Annually, the entire Board considers the level of service and expertise required for performance of the audit. Additionally, the associated cost is evaluated and compared to like entities. Upon evaluation of these factors, the auditor is selected with the approval of the entire Board.

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Schedule Q (Form 990 or 990-EZ) 2012

TEEA4902I 13/8/13