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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Inspection Internal Revenue Service For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address change COMPETENCY & CREDENTIALING INSTITUTE 84-0817297 Doing Business As Initial Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 303-369-9566 Termin-2170 SOUTH PARKER ROAD Amended 3,512,279. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion DENVER, CO 80231 H(a) Is this a group return pendina F Name and address of principal officer: SHANNON CARTER Yes X No for subordinates? 2170 S PARKER ROAD, SUITE 295, DENVER, CO 8 H(b) Are all subordinates included? __ Yes __ I Tax-exempt status: 501(c)(3) X 501(c) (If "No," attach a list. (see instructions) J Website: ► WWW.CC-INSTITUTE.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1979 M State of legal domicile. CO Part I Summary Briefly describe the organization's mission or most significant activities: ENHANCE PATIENT CARE THROUGH Activities & Governance CARE PROVIDER CERTIFICATION AND QUALIFIED PROGRAM TRAINING. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) o 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (6), life-0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b MAY 2 1 2014 **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 2,733,885 3,021,038. OGDEN, UT 9 Program service revenue (Part VIII, line 2g) 392,420 491,241 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,126,305 3,512,279. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 36,000 41,500. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,192,681 1,043,872 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,646,562. 1,522,106 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,601,978 2,880,743. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 524,327 631,536. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,314,696. 4,605,829. 20 Total assets (Part X, line 16) 376,355 453,686. 21 Total liabilities (Part X, line 26) 4,229,474. 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 (others han officer) is based on all information of which preparer has any knowledge Juanno Signature of officer Sian SHANNON CARTER, CEO Here Type or print name and title Date PTIN r's signature Check Print/Type preparer's name ₽00980896 Paid PETER W CAMPBELL Firm's name CAMPBELL & COMPANY 26-3632365 Preparer Firm's EIN Firm's address 12200 E. BRIARWOOD AVE, SUITE 150 Use Only Phone no 303.621.0143 CENTENNIAL, CO 80112 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form 990 (2013)

	t III Statement of Program Service Accomplishments
1 (4)	Check if Schedule O contains a response or note to any line in this Part III
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? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
4	If "Yes," describe these changes on Schedule O. 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.
	(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.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
•	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
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		Х
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	10		Х
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,		1	Ī
_	Part VI	11a	Х	
ь	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	116	Х	
С	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		X
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	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	X	
ь	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	<u> </u>	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	1	X
20a		20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
		Form	1990	(2013)

Form 990 (2013) COMPETENCY & CREDE (Part IV Checklist of Required Schedules (continued)

			T	r
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 -
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
ь	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	240		
C	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		\vdash
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		<u> </u>
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		
06	Schedule L, Part I	25b	l	-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		x
07	complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III			
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 current or former officer, director, trustee, or key employee? If "Yee," complete Schodule I. Port IV	28a	•	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	-	-
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule with Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30	,	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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		ļ	
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JE		
33	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		х
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	33a	 	-
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
30		36		
27	If "Yes," complete Schedule R, Part V, line 2	30	 	
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	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	 ^``
30	Note. All Form 990 filers are required to complete Schedule O	38	X	
	NOTE: All 1 OTH 330 Hets are required to complete schedule o			(2013)
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COMPETENCY & CREDENTIALING INSTITUTE 84-0817297 Form 990 (2013) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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14a

14b

Х

13b 13c Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	
	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) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section for the section of the section for the sect	avaılat	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, an	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 organiza THE ORGANIZATION - 303-369-9566	tion: 🕨	_	
	SAME AS PAGE ONE, DENVER, CO 80231			

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

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

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

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

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

Check this box if neither the organization no	organization compensat					rsat	ed any current officer, o	director, or trustee.				
(A)	(B))			(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)				is bot	n an	compensation	compensation	amount of		
	week	—	Der an	lo a o	recio	n/trus	(ee)	from	from related	other		
	(list any	ᇐ						the	organizations	compensation		
	hours for	9	88			zated		organization	(W-2/1099-MISC)	from the		
	related	age of	123		8	npeu		(W-2/1099-MISC)		organization		
	organizations below	lag 4	gona		l g	15 B				and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			Organizations		
(1) SHANNON S CARTER	40.00							150 000				
CEO		ļ	<u></u>	X	<u> </u>			170,023.	0.	0.		
(2) JAMES X STOBINSKI	40.00											
DIRECTOR OF CERTIFICATION						X		122,778.	0.	0.		
(3) JANE F SKLAR	40.00]	}									
DIRECTOR OF MARKETING				<u> </u>	L	X		101,335.	0.	0.		
(4) JOYCE COX, RN, MSN, CNOR, CRNFA	0.00								_			
PRESIDENT		<u> </u>				<u> </u>		0.	0.	0.		
(5) MICHAEL VILLAIRE, MSLM	0.00				•							
SECRETARY/TREASURER								0.	0.	0.		
(6) PAM GORGONE, MS, RN, CNOR	0.00			1								
DIRECTOR		<u> </u>	_		_			0.	0.	0.		
(7) FRANCES SKUPSKI MBA, BSN, CNOR	0.00	1	1					_	_	_		
DIRECTOR			<u> </u>	<u>L</u> _		<u> </u>		0.	0.	0.		
(8) JULIE THOMPSON PHD, RN. CNS, CIP. C	0.00	1							_	_		
DIRECTOR			Ļ	_		<u> </u>		0.	0.	0.		
(9) THEODORE J. WALKER, LT COL, USA	0.00		ł									
DIRECTOR		<u> </u>	_	<u> </u>		ļ_		0.	0.	0.		
(10) DEBBY DUNN, MBA, MSN, RN, CNOR	0.00								_	_		
DIRECTOR		ļ.,	<u>. </u>	<u> </u>		1		0.	0.	0.		
(11) MARIE PAULSON BSN, MS, RN, CNOR	0.00	1				1						
DIRECTOR		<u> </u>	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.		
(12) KAREN WHITE-EDWARDS MBA, BSN, CNO	0.00		1					1				
DIRECTOR		_	<u> </u>	_	<u> </u>	<u> </u>		0.	0.	0.		
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		-	<u> </u>	├	<u> </u>	_	<u> </u>					
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			Ц.	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	Ц	<u>.L.</u>	I	<u> </u>		

Part '	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)		(C)		(D)	(E)			(F)				
	Name and title	Average	ļ ,,,			ition			Reportable	Reportable	e Estimated		ed .	
		hours per	box	(do not check more than one box, unless person is both an			ıs bot	th an	compensation	on amount of		of		
		week	<u> </u>	cer ar	nd a d	Irecto	or/trus	tee)	from	from related	ed other			
		(list any	ecto				1		the	organizations			pensa	
		hours for	or di				Highest compensated employee Former		organization	(W-2/1099-MIS	3C)		om th	
		related	Individual trustee or director	Institutional trustae			Bens		(W-2/1099-MISC)			-	anizat	
		organizations below	투	g		Кеу етріоуев	S 8	ł	}				d relat	
		line)	₽ Q	affar	E E	E E	용을	Ě				orga	ınızatı	JI 15
			Ξ	ᄩ	<u>5</u>	ᄬ	포동	12	 					
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]	1	l									
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		-		1	T	1								
		-	1				1							
1b 5	Sub-total	•	1	-			•		394,136.		0.			0.
	Total from continuation sheets to Part V	II. Section A	•					•	0.		0.			0.
	Total (add lines 1b and 1c)	., 000						•	394,136.		0.			0.
	Total number of individuals (including but r	not limited to th	1086	lista	ed a	bov	e) w	ho r		0.000 of reportable	 le			
	compensation from the organization		,000	, 1104			o,			,,000 01 100011.000.				3
	compensation from the organization												Yes	No
3 [Did the organization list any former officer,	director or tri	usta	e ka	2V A	mole)Vee	or	highest compensated e	mnlovee on	1			
	ine 1a? If "Yes," complete Schedule J for s			, i	., c	прк	,,,,,	, 01	mgnest compensated c	inployee en		3	1	X
	For any individual listed on line 1a, is the si			omo	one	ation	200	d of	her compensation from	the organization				
	and related organizations greater than \$15								•	the organization		4	X	
	Did any person listed on line 1a receive or									idual for convece		-		
	rendered to the organization? If "Yes," con	•				-		Cla	teo organization or mark	idual foi selvices		5		X
	on B. Independent Contractors	ipiete scriedui	e u	101 5	ucn	per	SULL							
		mnonostad (=	do	ord.			ract	ore *	that received more than	\$100,000 of oo-	ness	ation f	rom	
	Complete this table for your five highest co he organization. Report compensation for										ihelis	auvii I	10111	
		the calendar y	/ear	ena	ing v	WILLI	OI W	/((1))	(B)	year.		((٠,	
	(A) Name and business	address	N	ON	F				Description of s	services	c	ر ompe		n
			14	014.	<u></u> -									
								-						
								ı						
								\dashv						
-										-				
									<u> </u>					
	Total number of independent contractors (_	not I	ımıte	ed to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization 🟲					0				<u></u>		000	

COMPETENCY & CREDENTIALING INSTITUTE 84-0817297 Form 990 (2013) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 1b Membership dues 1c Fundraising events d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a RECERTIFICATION FEES 1,304,465.1,304,465. Program Service 1,196,996.1,196,996. **b** CERTIFICATION FEES c STUDY GUIDE INCOME 213,030. 213,030. 110,349. 110,349. d EDUCATION 63,956 63<mark>,</mark>956. e CERTIFICATE PROGRAMS 132,242. 132,242 f All other program service revenue 3,021,038. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 491,241. 491,241. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 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 Other Revenue contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a

3,512,279.3,021,038.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

secti	on 501(c)(3) and 501(c)(4) organizations must comp			ompiete column (A).	X
	Check if Schedule O contains a respon-	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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		<u> </u>	gonora oxpoxicos	
•	organizations in the United States See Part IV, line 21	41,500.			
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	1 000 544	·		
7	Other salaries and wages .	1,068,544.			
8	Pension plan accruals and contributions (include	42 012			
_	section 401(k) and 403(b) employer contributions)	43,913.			
9	Other employee benefits	80,224.			
10	Payroll taxes	00,224.		<u> </u>	
11	Fees for services (non-employees):				
a	Management .	10,572.		-	
b	Legal	6,835.			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	37,100.			
12	Advertising and promotion	117,096.			
13	Office expenses	9,534.			
14	Information technology		. <u> </u>		
15	Royalties	02 244			
16	Occupancy	82,344.			
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	137,616.			
19 20	Conferences, conventions, and meetings Interest	1377010.			
21	Payments to affiliates		 		
22	Depreciation, depletion, and amortization	63,022.			
23	Insurance	10,126.			
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)			Í	
	amount, list line 24e expenses on Schedule 0)				
а	TEST ADMINISTRATION	423,895.			
ь	COMPUTER PROGRAM SUPPOR	123,714.			
c	HEALTH INSURANCE	100,133.		ļ	<u></u> .
d	APRN TASK FORCE	85,663.			
e		438,912.			
25	Total functional expenses. Add lines 1 through 24e	2,000,143.	• • • • • • • • • • • • • • • • • • • •		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 124,568. 50,870. 1 Cash · non-interest-bearing 1 161,609. 1,244,865. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 14,289. Accounts receivable, net 9,946. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 53,546. 52,560. Inventories for sale or use 76,745. 102,620. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 521,974. basis. Complete Part VI of Schedule D 10a 400,003. 159,880. 10b 10c 121,971. b Less: accumulated depreciation 11 11 Investments - publicly traded securities 4,017,548. 3,725,534. 12 Investments · other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 1,987. 1,987. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 5,314,696. 168,973. 4,605,829 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 144,872. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 172,219. 186,849. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 59,264. 97,8<u>64.</u> Schedule D 25 376,355. 453,686. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,229,474. 4,861,010. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,229,474. 4,861,010. 33 33 Total net assets or fund balances 4,605,829. 5,314,696. 34 Total liabilities and net assets/fund balances

orm	1 990 (2013) COMPETENCY & CREDENTIALING INSTITUTE	84-08	17297	Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,88	0,7	<u>43.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,22	9 <u>,4</u>	<u>74.</u>
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	4,86	1,0	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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	· 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 reviewe	d 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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				٠.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2013)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMPETENCY & CREDENTIALING INSTITUTE

Employer identification number 84-0817297

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or I	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 fu	nds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		only
	for charitable purposes and not for the benefit of the donor of		-
	Impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space	1 reconvenient of a continue i	
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year.	ned conservation continuation in the form of a c	onservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
- L	Total acreage restricted by conservation easements	•	2b
Þ	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	20
u	listed in the National Register	aller 0/17/00, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, re	lessed extinguished or terminated by the orga	—— -
Ŭ	year ▶	incases, extragalaries, or terminates by the ergo	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		· gg
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	•	
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	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 tre	easures, or other similar assets for financial gain	n, provide
-	the following amounts required to be reported under SFAS 1		•
а	Revenues included in Form 990, Part VIII, line 1	,	▶ \$
	Assets included in Form 990. Part X		▶ \$

		NCY & CRED	ENTI.	ALING	INSTIT	UTE			<u> </u>	17297	<u>Pa</u>	ge 2
Par	t III Organizations Maintaining C	collections of A	<u>rt, Hist</u>	torical Tr	easures, e	or Oth	<u>er S</u>	<u>imila</u>	<u>r Asse</u>	ts(contin	ued)_	
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that	at are a s	signifi	cant u	se of its	collection	ı tems	;
	(check all that apply):											
а	Public exhibition	d		Loan or exc	hange progra	ams						
ь	Scholarly research	е		Other								
c	Preservation for future generations								-			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran	_					Forn	n 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par			•								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	t ınclı	ıded				
	on Form 990, Part X?		-							Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:								
		•	_				ſ			Amount		
c	Beginning balance			_				1c				
d	Additions during the year							1d				
е	Distributions during the year						. [1e				
f	Ending balance						. [1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	provided in	Part XIII				-		
Par	TV Endowment Funds. Complete r	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line	10.			_		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) T	hree y	ears back	(e) Four	years b	oack
1a	Beginning of year balance									<u> </u>		
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships				İ							
е	Other expenditures for facilities											
	and programs				<u> </u>							
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administe	ered for t	the o	rganız	ation	_		
	by:										Yes	No
	(i) unrelated organizations			-						3a(i)		
	(ii) related organizations			_						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?						3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.						···-		
Par	t VI Land, Buildings, and Equipm	nent.										
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line	10.				
	Description of property	(a) Cost or c		(b) Cost	t or other			nulate	d	(d) Book	value	,
		basis (investr	ment)	basis	(other)	de	prec	ation				
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
e	Other			52	<u> 21,974.</u>		400	0,00)3.		1,97	
Total	l. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	nn (B), line	10(c))				•	123	1,97	<u>/1.</u>

Complete if the organization answered "Yes" t	to Form 990, Part IV, line	e 11b. See Form 990, F	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	of-year market value
(1) Financial derivatives	- 1		•	
(2) Closely-held equity interests				<u> </u>
(3) Other	··			
(A) INVESTMENTS	3,725,534	. COST		<u> </u>
(B)				·
(C)				
(D)	<u> </u>			
(E)				
(F)				
(G)			<u> </u>	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,725,534	•		<u></u>
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	·			
(6)	· ··			
(7)				
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990,	Part X, line 15.	
(a) I	Description			(b) Book value
(1)				. <u>. </u>
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11e or 11f. See Forn	n 990, Part X, line 25.	······
1. (a) Description of liability		(b) Book value	1	
(1) Federal income taxes				
(2) ACCRUED PAYROLL LIABILITI	ES	92,912.		
(3) PAYROLL TAXES PAYABLE		4,952.	<u> </u>	
(4)				
			1	
(6)				
(7)			1	
(8)			1	
(9)		<u> </u>	1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) . 🕨	97,864.		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Che	ck here if the text of th	e footnote has been	provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
The state of the s	3,512,279.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d 2e	0.
3 Subtract line 2e from line 1	3,512,279.
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	0.
	3,512,279.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
	2,880,743.
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.)	
e Add lines 2a through 2d	0.
3 Subtract line 2e from line 1	2,880,743.
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2,880,743.
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, I lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	inte 2,1 at 71,

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

Department of the Treasury

COMPETENCY & CREDENTIALING INSTITUTE

Employer identification number 84-0817297

Fo	Rt 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,			Ė			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use			Ė			
	Travel for companions Payments for business use of personal residence			É			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			Ĺ			
				ĺ			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			Ė			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			l			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			Ī			
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant						
	Form 990 of other organizations X Approval by the board or compensation committee			I			
				•			
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:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate In, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	X			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			•			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Ī			
	contingent on the revenues of:	_		ŧ			
		5a		┼			
b	Any related organization?	5b	 	 			
	If "Yes" to line 5a or 5b, describe in Part III.	1		İ			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1			
	contingent on the net earnings of:			•			
а	The organization?	6a	 	 			
b		6b	-	-			
	If "Yes" to line 6a or 6b, describe in Part III.			1			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	! _		ŧ			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		 			
8							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	ļ	ļ			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		1			
	Regulations section 53.4958-6(c)?	9	<u> </u>	1			

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

Schedule J (Form 990) 2013

Part il Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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). 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		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(I)(B)	reported as deferred in prior Form 990
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SCHEDULE 0 (Form 990 or 990-EZ)

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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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

COMPETENCY & CREDENTIALING INSTITUTE

Employer identification number 84-0817297

FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: ALL EMPLOYEES ARE REVIEWED ANNUALLY. COMPENSATION IS DETERMINED BY THIRD PARTY COMPARISON, PERFORMANCE AND MARKET REVIEW FOR THE APPROPRIATE POSITION. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: DOCUMENTS AND POLICY AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: PRODUCT COST: 84,053. TOTAL EXPENSES BUSINESS DEVELOPMENT: TOTAL EXPENSES 62,982. **BANK CHARGES:** 59,240. TOTAL EXPENSES SALES MEETINGS AND CONFERENCES: 47,397. TOTAL EXPENSES PRINTING AND MAILHOUSE: TOTAL EXPENSES 34,779.

<u>Schedule O (Form 990 or 990-EZ) (2013)</u>	Page 2
Name of the organization COMPETENCY & CREDENTIALING INSTITUTE	Employer identification number 84-0817297
POSTAGE AND SHIPPING:	
TOTAL EXPENSES	29,711.
STAFF DEVELOPMENT:	
TOTAL EXPENSES	25,861.
TELEPHONE:	
TOTAL EXPENSES	17,899.
TEMPORARY PERSONNEL:	
TOTAL EXPENSES	14,112.
CREDENTIALING INDUSTRY MEETINGS:	
TOTAL EXPENSES	12,604.
SELF ASSSESSMENT DEVELOPMENT:	
TOTAL EXPENSES	11,921.
TEST DEVELOPMENT:	
TOTAL EXPENSES	11,530.
LIST RENTAL:	
TOTAL EXPENSES	10,865.
EQUIPMENT RENT:	
TOTAL EXPENSES	8,951.

Schedule (O (Form 990 o	or 990-EZ) (2013)									Page 2
Name of th	ne organizatio	on	ENCY & CI	REDEN'	rialii	NG II	NSTITU	JTE		Employer identi	fication number
PROPE	RTY/SAI	LES TAXES	:								
TOTAL	EXPENS	SES									6,980.
MISCE	LLANEOU	JS:									
TOTAL	EXPENS	SES					· -				27.
TOTAL	OTHER	EXPENSES	ON FORM	990,	PART	IX,	LINE	24E,	COL	A	438,912.
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