

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

Form header section containing: B Check if applicable (Address change, Name change, etc.), C Name of organization (THE GATHERING PLACE, A REFUGE FOR REBUILDING LIVES), D Employer identification number (84-1021059), E Telephone number (303) 321-4198, F Name and address of principal officer (LESLIE FOSTER), G Gross receipts \$ 2,541,498, H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, I Tax-exempt status: 501(c)(3), J Website: WWW.TGPDENVER.ORG, K Form of organization: Corporation, L Year of formation: 1986, M State of legal domicile: CO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section containing: Sign Here (Signature of officer, Date, Name and title), Paid Preparer Use Only (Preparer's name, signature, date, PTIN, Firm's name, address, EIN, phone number)

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,318,937. including grants of \$ 322,910.) (Revenue \$ 30,833.)
BASIC, EMERGENCY AND FAMILY SERVICES: TGP PROVIDES SHOWERS, LAUNDRY, A NAP ROOM, MAIL PICK-UP, TELEPHONE ACCESS, AND REFERRALS TO OVERNIGHT SHELTERS AND COMMUNITY RESOURCES. THIS YEAR, TGP RESPONDED TO THE IMMEDIATE NEEDS OF 6,148 ADULTS WHO VISITED 59,527 TIMES. TGP'S BASIC SERVICES ARE ENHANCED BY A COLLABORATION WITH DENVER DEPARTMENT OF HUMAN SERVICES (DDHS) THROUGH AN ONSITE OUTREACH PROFESSIONAL. LAST YEAR, TGP MEMBERS MET WITH THE DDHS CASE MANAGER NEARLY 4000 TIMES. TGP'S FAMILY PROGRAMS PROVIDE SIMILAR SUPPORT FOR FAMILIES IN A CHILD-FRIENDLY, SAFE, NURTURING, AND DEVELOPMENTALLY RICH ENVIRONMENT. THE FAMILY PROGRAMS TEAM WORKS ONE-ON-ONE WITH MOMS TO PLAN A MORE SECURE FUTURE FOR THE CHILDREN. CONTINUED ON SCHEDULE O.

4b (Code:) (Expenses \$ 142,576. including grants of \$ 22,591.) (Revenue \$ 70,492.)
BASED ON NATIONALLY ACCEPTED AND BEST EVIDENCE PRACTICES, THE HOUSING STABILIZATION PROGRAM IS TGP'S ONLY CASE MANAGED PROGRAM. TGP SUPPORTS UNACCOMPANIED WOMEN AND TRANSGENDER INDIVIDUALS WHO ARE CONSIDERED CHRONICALLY HOMELESS BY HELPING THEM FIND, SECURE, AND MAINTAIN STABLE HOUSING. TGP ALSO PROVIDES ASSISTANCE WITH TRANSPORTATION AND LEGAL ISSUES. FOR FISCAL 2014, 40 WOMEN PARTICIPATED IN THE PROGRAM, 28 (70%) WERE HOUSED, AND 21 (53%) STAYED HOUSED FOR AT LEAST SIX MONTHS.

4c (Code:) (Expenses \$ 241,386. including grants of \$ 104,923.) (Revenue \$ 82,125.)
TO REDUCE FOOD INSECURITY, OUR FOOD SERVICES PROGRAM PROVIDES NUTRITIOUS, FRESHLY PREPARED MEALS (BREAKFAST, LUNCH, AND SNACK) EACH DAY. OUR FOOD PANTRIES (BETSY'S CUPBOARD AND FAMILY PROGRAMS) PROVIDE HEALTHY GROCERIES, BABY FOOD/FORMULA, TOILETRIES, AND DIAPERS. THIS YEAR, THE PROGRAM SERVED 70,571 MEALS AND DISTRIBUTED 54,818 POUNDS OF FOOD, 2,152 TOILETRY BAGS, AND 15,700 DIAPERS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 228,012. including grants of \$ 20,263.) (Revenue \$)

4e Total program service expenses 1,930,911.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: _____
 LESLIE FOSTER - 303-321-4198
 1535 HIGH STREET, DENVER, CO 80218

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOB ALDER BOARD MEMBER	1.00	X						0.	0.	0.
(2) RACHEL ALLON BOARD MEMBER	1.00	X						0.	0.	0.
(3) RACHEL BASYE BOARD MEMBER	1.00	X						0.	0.	0.
(4) GEOFFREY BATEMAN CHAIR ELECT	1.00	X		X				0.	0.	0.
(5) CHUCK BORGMAN BOARD MEMBER	1.00	X						0.	0.	0.
(6) CINDY DELANEY BOARD SECRETARY	1.00	X		X				0.	0.	0.
(7) SUE ENGLE TREASURER	1.00	X		X				0.	0.	0.
(8) BRITTA EVANS MILES CHAIR	1.00	X		X				0.	0.	0.
(9) KC HIGGINS BOARD MEMBER	1.00	X						0.	0.	0.
(10) QUEEN JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) BECKY JACOBSEN BOARD MEMBER	1.00	X						0.	0.	0.
(12) ROWEENA NAIDOO BOARD MEMBER	1.00	X						0.	0.	0.
(13) ALLISON PANTER IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(14) ANDREW PETERSON BOARD MEMBER	1.00	X						0.	0.	0.
(15) DEB RADMAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) CHRISTINA SAUNDERS BOARD MEMBER	1.00	X						0.	0.	0.
(17) THERESA WARDON BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LESLIE FOSTER PRESIDENT	40.00			X				100,136.	0.	9,378.
(19) ALLYSON THERIEN VP OF INTERNAL RESOURCES	40.00			X				50,784.	0.	6,636.
1b Sub-total								150,920.	0.	16,014.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								150,920.	0.	16,014.

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 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 79,957.					
	b Membership dues	1b					
	c Fundraising events	1c 175,784.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,988,308.					
	g Noncash contributions included in lines 1a-1f: \$	318,182.					
	h Total. Add lines 1a-1f		2,244,049.				
	Program Service Revenue	2 a FEES & CONTRACTS	Business Code 624100	183,450.	183,450.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			183,450.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,595.			3,595.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	3,356.				
		(ii) Personal	0.				
		b Less: rental expenses	0.				
		c Rental income or (loss)	3,356.				
	d Net rental income or (loss)		3,356.			3,356.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	21,321.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	21,321.				
	d Net gain or (loss)		21,321.	21,321.			
	8 a Gross income from fundraising events (not including \$ 175,784. of contributions reported on line 1c). See Part IV, line 18	a	39,062.				
		b Less: direct expenses	45,131.				
c Net income or (loss) from fundraising events			-6,069.			-6,069.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	45,863.					
	b Less: cost of goods sold	45,736.					
	c Net income or (loss) from sales of inventory		127.	127.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME		900099	802.	802.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		802.				
12 Total revenue. See instructions.			2,450,631.	205,700.	0.	882.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	470,687.	470,687.		
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	166,935.	50,613.	86,072.	30,250.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,009,550.	686,091.	157,593.	165,866.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	107,645.	70,288.	17,353.	20,004.
10 Payroll taxes	83,160.	51,894.	17,166.	14,100.
11 Fees for services (non-employees):				
a Management				
b Legal	25.		25.	
c Accounting	23,969.		23,969.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,630.		3,630.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15,773.	3,996.	449.	11,328.
12 Advertising and promotion	25,303.	4,025.	7,088.	14,190.
13 Office expenses	113,084.	28,403.	33,278.	51,403.
14 Information technology	24,061.	9,238.	10,662.	4,161.
15 Royalties				
16 Occupancy	190,786.	138,900.	32,543.	19,343.
17 Travel	298.	147.	84.	67.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	174,465.	164,380.	6,485.	3,600.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	239,350.	226,875.	7,506.	4,969.
23 Insurance	22,496.	20,139.	1,922.	435.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	5,432.	5,235.	197.	
b BAD DEBT	1,995.		1,995.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,678,644.	1,930,911.	408,017.	339,716.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing	95,564.	1	99,075.		
	2 Savings and temporary cash investments	36,593.	2	2,102.		
	3 Pledges and grants receivable, net	318,314.	3	231,165.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use	26,232.	8	27,235.		
	9 Prepaid expenses and deferred charges	40,343.	9	76,186.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,315,402.				
	b Less: accumulated depreciation	10b 1,681,825.	6,872,926.	10c	6,633,577.	
	11 Investments - publicly traded securities	346,564.	11	392,020.		
	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)		7,736,536.	16	7,461,360.		
Liabilities	17 Accounts payable and accrued expenses	146,671.	17	142,381.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties	2,909,988.	23	2,857,652.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26 Total liabilities. Add lines 17 through 25		3,056,659.	26	3,000,033.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	3,827,967.	27	3,675,395.		
	28 Temporarily restricted net assets	524,109.	28	457,931.		
	29 Permanently restricted net assets	327,801.	29	328,001.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	4,679,877.	33	4,461,327.		
34 Total liabilities and net assets/fund balances	7,736,536.	34	7,461,360.			

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,450,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,678,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	-228,013.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,679,877.
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	9,463.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,461,327.

Part XII Financial Statements and Reporting

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

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

Form **990** (2013)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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 it 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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,361,236.	2,784,301.	2,634,477.	2,543,825.	2,244,049.	12,567,888.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,361,236.	2,784,301.	2,634,477.	2,543,825.	2,244,049.	12,567,888.
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)						755,391.
6 Public support. Subtract line 5 from line 4.						11,812,497.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,361,236.	2,784,301.	2,634,477.	2,543,825.	2,244,049.	12,567,888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,332.	1,026.	451.	202.	147.	4,158.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,899.		334.	7,720.	802.	15,755.
11 Total support. Add lines 7 through 10						12,587,801.
12 Gross receipts from related activities, etc. (see instructions)					12	1,343,660.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93.84 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.63 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. 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 - 2013. 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 - 2012. 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"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS EXEMPT PURPOSE REVENUE

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE GATHERING PLACE
A REFUGE FOR REBUILDING LIVES

Employer identification number

84-1021059

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANIELS FUND 101 MONROE STREET DENVER, CO 80206	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE ANSCHUTZ FOUNDATION 1727 TREMONT PLACE DENVER, CO 80202	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF CO: CHILD AND ADULT CARE FOOD PROGRAM/DDHS EMERG SOLUTIONS GRANT 1313 SHERMAN ST, ROOM 500 DENVER, CO 80203	\$ 80,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF DENVER/ROAD HOME & ESG 1200 FEDERAL BOULEVARD DENVER, CO 80204	\$ 93,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PAMELA RAY 669 EMERSON ST DENVER, CO 80218	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES

Employer identification number 84-1021059

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure), a table for held at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts for revenues and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	361,219.	427,394.	409,097.	435,330.	421,216.
b Contributions	200.				
c Net investment earnings, gains, and losses	31,271.	32,835.	59,595.	-4,798.	36,948.
d Grants or scholarships		-99,010.	41,298.	21,435.	22,834.
e Other expenditures for facilities and programs	670.				
f Administrative expenses					
g End of year balance	392,020.	361,219.	427,394.	409,097.	435,330.

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 83.67 %
- c Temporarily restricted endowment 16.33 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000.		50,000.
b Buildings		7,961,644.	1,405,143.	6,556,501.
c Leasehold improvements				
d Equipment		303,758.	276,682.	27,076.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,633,577.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,668,283.
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	160,015.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	61,268.
e	Add lines 2a through 2d	2e	221,283.
3	Subtract line 2e from line 1	3	2,447,000.
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	3,631.
c	Add lines 4a and 4b	4c	3,631.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,450,631.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,886,833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	160,015.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	51,805.
e	Add lines 2a through 2d	2e	211,820.
3	Subtract line 2e from line 1	3	2,675,013.
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	3,631.
c	Add lines 4a and 4b	4c	3,631.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,678,644.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE GATHERING PLACE HAS A PERMANENT ENDOWMENT FUND THAT IS

HELD AND INVESTED BY THE DENVER FOUNDATION FOR THE BENEFIT OF THE

GATHERING PLACE AND IS REPORTED AS BENEFICIAL INTEREST IN ASSETS HELD BY

THE DENVER FOUNDATION IN THE STATEMENT OF FINANCIAL POSITION.

PART X, LINE 2:

THE GATHERING PLACE APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY

TO REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX

POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO

Part XIII Supplemental Information (continued)

AMOUNTS HAVE BEEN RECOGNIZED AS OF SEPTEMBER 30, 2014.

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE

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

PENALTIES HAVE BEEN ASSESSED AS OF SEPTEMBER 30, 2014.

TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2011 THROUGH THE

CURRENT YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	45,736.
FUNRAISING EXPENSES	6,069.
ENDOWMENT INVESTMENT ACTIVITY	9,463.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	61,268.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEE	3,631.
----------------	--------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	45,736.
FUNRAISING EXPENSES	6,069.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	51,805.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEE	3,631.
----------------	--------

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	CANSTRUCTION (event type)	NONE (total number)	
Revenue	1 Gross receipts	182,461.	15,102.		197,563.
	2 Less: Contributions	150,425.	8,076.		158,501.
	3 Gross income (line 1 minus line 2)	32,036.	7,026.		39,062.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,033.	6,266.		10,299.
	7 Food and beverages	21,832.			21,832.
	8 Entertainment	150.			150.
	9 Other direct expenses	10,979.	1,871.		12,850.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				45,131.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-6,069.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

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Inspection**

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

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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	(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

- 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 ▶ _____

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

Schedule I (Form 990) (2013)

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
FOOD AND KITCHEN SUPPLIES	6197	0.	190,383.	FMV	GENERAL ASSISTANCE
EMERGENCY FUNDS	274	4,916.	0.		
HOUSING STABILIZATION	40	22,591.	0.		
TRANSPORTATION COSTS	774	9,138.	0.		
HEALTH ASSISTANCE	225	7,052.	1,940.	FMV	GENERAL ASSISTANCE

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

PART I, LINE 2:

GRANT FUNDS FOR PURPOSES OTHER THAN GENERAL OPERATING PURPOSES

ARE RECORDED AS REVENUE DESIGNATED FOR THE SPECIFIC PROGRAM OR SERVICE TO

WHICH THEY RELATE. EXPENSES FOR PROGRAMS ARE RECORDED UNDER THE SAME

DESIGNATIONS TO ENSURE THAT THE FUNDING IS USED FOR ITS INTENDED PURPOSE.

THE GRANTMAKER RECEIVES AN ACKNOWLEDGEMENT STATING THE AMOUNT RECEIVED AND

FOR WHICH SPECIFIC PURPOSE. OFTEN THE GRANTMAKER REQUESTS A REPORT STATING

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

THE CLIENT DATABASE.

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

(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
CLIENT ACTIVITIES AND INCENTIVES	426.	525.	4,342.	FMV	GENERAL ASSISTANCE
GED TESTS	93.	1,966.	0.		
IN-KIND TANGIBLE GOODS	8,229.	0.	205,775.	FMV	GENERAL ASSISTANCE
GIFT CARDS	557.	0.	20,033.	FMV	GENERAL ASSISTANCE
PERSONAL CLIENT SUPPLIES - CLOTHING AND HOUSEHOLD, TOILETRIES	1,318.	2,026.	0.	FMV	GENERAL ASSISTANCE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE GATHERING PLACE**
A REFUGE FOR REBUILDING LIVES

Employer identification number
84-1021059

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		147,319.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	9,619.	CLOSING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	538	143,889.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER GOODS)	X	99	17,355.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

SCHEDULE M, LINE 32B:

TGP COORDINATES A VOLUNTEER COMMITTEE TO SOLICIT DONATED ITEMS FOR THE SILENT AUCTION AND FOR THE LIVE AUCTION FOR OUR ANNUAL GALA. TGP HIRES AN AUCTIONEER TO CONDUCT THE LIVE AUCTION AND A THIRD PARTY PROCESSES THE RESULTS OF BOTH THE LIVE AND THE SILENT AUCTION. TGP HAS AN AGREEMENT WITH A LOCAL DRY CLEANING COMPANY TO ACCEPT AND DELIVER DONATED CLOTHING ON OUR BEHALF. TGP HOLDS A CONTRACT WITH USAGAIN TO PURCHASE SPECIFIC NON-CASH ITEMS. THIRD PARTY INVESTMENT BROKERS DISPOSE OF MARKETABLE SECURITIES IN THE ORDINARY COURSE OF BUSINESS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

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

Name of the organization	THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number	84-1021059
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

CHILDREN REMAIN IN THE FAMILY AREA ALLOWING MOMS TO UTILIZE OTHER TGP
SERVICES AND PROGRAMS. DURING THE YEAR, 2,081 CHILDREN VISITED TGP
6,509 TIMES.

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

THE EDUCATION AND JOB READINESS PROGRAM EMPOWERS TGP MEMBERS TO
INCREASE THEIR POTENTIAL THROUGH COLLABORATIVE LEARNING AND DEVELOPMENT
OF SKILLS TO BE USED FOR GAINING IMMEDIATE AND FUTURE EMPLOYMENT AND
CONTINUED GROWTH. THE PROGRAM CONSISTS OF THE GED PROGRAM, COMPUTER
LAB ACCESS, AND JOB READINESS COMPONENTS INCLUDING WORKSHOPS AND
PRIVATE APPOINTMENTS. IN COLLABORATION WITH COMMUNITY COLLEGE OF
DENVER, THE GED PROGRAM PROVIDES STUDENTS WITH CLASSROOM INSTRUCTION
AND ONE-TO-ONE TUTORING IN A DEDICATED STUDY ROOM, PAYS GED TESTING
FEES, AND PROVIDES ACCESS TO COMPUTERS FOR STUDYING AND TAKING TESTS.

THIS YEAR, 93 STUDENTS ATTENDED STUDY SESSIONS 633 TIMES, AND 14

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332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization THE GATHERING PLACE A REFUGE FOR REBUILDING LIVES	Employer identification number 84-1021059
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STUDENTS EARNED THEIR GED. TGP'S COMPUTER LAB PROVIDES ACCESS TO TECHNOLOGICAL OPPORTUNITIES AND OFFERS FREEDOM OF CHOICE IN A MODERN LAB. VOLUNTEERS RUN THE LAB AND ARE AVAILABLE TO HELP MEMBERS LEARN COMPUTER SOFTWARE AND PROGRAMS. DURING THE YEAR, 1,357 MEMBERS UTILIZED THE COMPUTER LAB 8,803 TIMES. JOB READINESS WORKSHOPS, PRESENTED ONSITE BY OUR COLLABORATIVE PARTNER AGENCIES, PROVIDE GENERAL INFORMATION AND SKILL BUILDING OPPORTUNITIES. THIS YEAR, 385 MEMBERS PARTICIPATED IN WORKSHOPS 935 TIMES. PRIVATE APPOINTMENTS WITH THE PROGRAM MANAGER PROVIDE TGP MEMBERS A CHANCE TO DISCUSS THEIR JOB OR EDUCATION NEEDS, OBTAIN REFERRALS, AND OTHER ASSISTANCE SUCH AS TRANSPORTATION AND APPROPRIATE CLOTHING. THIS YEAR, 413 MEMBERS MET WITH THE PROGRAM MANAGER 862 TIMES.

EXPENSES \$ 85,695. INCLUDING GRANTS OF \$ 9,773. REVENUE \$ 0.

THE PHYSICAL AND MENTAL HEALTH PROGRAM PROMOTES WELLNESS, GROWTH, AND HOPE BY INCREASING ACCESS TO HEALTH CARE INFORMATION, SERVICES, AND REFERRALS. BY BRINGING PARTNER AGENCIES AND PRO BONO HEALTH PROFESSIONALS ON SITE, TGP REMOVES BARRIERS TO CARE (E.G., TRANSPORTATION) FOR MEMBERS. DURING THE YEAR, THE PROGRAM FACILITATED 673 COUNSELING SESSIONS AND 1,268 MEDICAL SCREENINGS, PROVIDED 430 PRESCRIPTION VOUCHERS, AND HOSTED AN ONSITE HEALTH FAIR ATTENDED BY 111 MEMBERS.

EXPENSES \$ 88,065. INCLUDING GRANTS OF \$ 10,490. REVENUE \$ 0.

THE CARD PROJECT PROVIDES AN OPPORTUNITY TO SHOWCASE AND SELL ARTISTS' CREATIONS WHILE PROVIDING A SAFE AND SUPPORTIVE ENVIRONMENT TO BE EXPRESSIVE. PARTICIPANTS CREATE INDIVIDUALLY MADE CARDS OR FRAMED WORKS THAT ARE SOLD TO THE PUBLIC. CARDS SELL FOR \$2.00 AND \$1.50 GOES

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TO THE ARTIST. FRAMED ART SELLS FOR \$25.00 AND \$12.50 IS PAID TO THE

ARTIST. THE FINANCIAL BENEFITS ARE UNDERScoreD BY INTANGIBLE BENEFITS

SUCH AS INCREASED SELF-ESTEEM, THE OPPORTUNITY TO BE PART OF A CARING

COMMUNITY, AND THE CHANCE TO ENGAGE IN CREATIVE EXPRESSION. THE CARD

PROJECT HAD 138 PARTICIPATING MEMBERS THIS YEAR AND SOLD 19,000 CARDS

AND 111 FRAMED ART PIECES FOR APPROXIMATELY \$30,000 IN INCOME FOR THE

ARTISTS.

EXPENSES \$ 54,252. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THERE SHALL BE AN EXECUTIVE COMMITTEE, WHOSE CHAIRPERSON SHALL

BE THE CHAIR, AND WHOSE MEMBERS SHALL CONSIST OF THE CHAIR, THE

CHAIR-ELECT, THE SECRETARY, THE TREASURER, AND THE IMMEDIATE PAST- CHAIR.

THE PRESIDENT AND CEO SHALL SERVE AS A NON-VOTING MEMBER OF THE EXECUTIVE

COMMITTEE. BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE

COMMITTEE SHALL MEET AT THE CALL OF THE CHAIR OR AT THE DIRECTION OF THE

BOARD OF DIRECTORS. ALL DECISIONS OF THE EXECUTIVE COMMITTEE SHALL BE

RATIFIED BY THE BOARD OF DIRECTORS AT ITS NEXT REGULARLY SCHEDULED MEETING.

THE BOARD OF DIRECTORS SHALL HAVE THE AUTHORITY TO DELEGATE ALL OR A

PORTION OF THE POWERS OF THE BOARD FROM TIME TO TIME TO THE EXECUTIVE

COMMITTEE, OR TO OTHER STANDING OR SPECIAL COMMITTEES.

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

THE AUDIT AND FINANCE COMMITTEE REVIEWS A DRAFT COPY OF THE

FORM 990. UPON THIS COMMITTEE'S APPROVAL, THE FORM IS PRESENTED TO THE

FULL BOARD OF DIRECTORS FOR REVIEW. ONCE REVIEWED, FORM 990 IS FILED.

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

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THE BOARD SELF-MONITORS THE CONFLICT OF INTEREST POLICY. THE BOARD MEMBERS ATTEST TO COMPLIANCE WITH THE POLICY ANNUALLY. ANY BOARD MEMBERS WITH A CONFLICT OF INTEREST RECUSE THEMSELVES FROM VOTING ON ANY MATTERS PERTAINING TO THE CONFLICT.

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

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

OTHER OFFICERS' COMPENSATION IS DETERMINED USING THE SAME PROCESS BY WHICH ALL OTHER EMPLOYEE COMPENSATION IS DETERMINED. THE PRESIDENT/ CEO MEETS WITH THE VP OF INTERNAL RESOURCES AND PROJECTED BUDGET AND SALARY RANGES ARE REVIEWED AT THE SAME TIME. RANGES ARE CURRENTLY BASED ON THE 50TH PERCENTILE FOR EACH POSITION. WE STRIVE TO COMPENSATE WITHIN THE RANGE BASED ON EXPERIENCE, QUALIFICATIONS, AND LENGTH OF SERVICE. THE PRESIDENT/CEO MEETS WITH THE VP OF INTERNAL RESOURCES TO DISCUSS EACH POSITION AND WHERE THAT EMPLOYEE IS IN RELATION TO THEIR SALARY RANGE. THE BOARD OF DIRECTORS APPROVES THE AGGREGATE COMPENSATION OF ALL EMPLOYEES THROUGH ITS REVIEW AND APPROVAL OF THE ANNUAL BUDGET. THERE WERE NO RAISES IN FY14 DUE TO FINANCIAL CONSTRAINTS.

THE ORGANIZATION DOCUMENTS GENERAL INFORMATION ON COMPENSATION DECISIONS;

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THE CURRENT SALARY RANGE, THE PERCENT/AMOUNT OF INCREASE THAT WAS GIVEN,
THE PERCENT OF INCREASE STILL NEEDED TO GET THE EMPLOYEE INTO THEIR RANGE
(IF APPLICABLE) AND INFORMATION REGARDING OUR PRIORITIES FOR SALARIES THAT
YEAR.

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

THE ANNUAL REPORT IS POSTED TO THE ORGANIZATION'S WEBSITE. FINANCIAL
STATEMENTS ARE PROVIDED UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT
OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST 9,463.