|                            | Acknowledgement and General Information for  |                                      |
|----------------------------|--|--------------------------------------|
|                            | Entities That File Returns Electronically  | 2023                                 |
| Name(s) as shown on return | AND OF MODERNING GOVE  | Tax ID Number  **-**4416             |
| BOIS & GIRLS CI            | UB OF NORTHWEST COLO   | 4410                                 |
|                            |  |                                      |
| Entity address             |  |                                      |
| PO BOX 1251                |  |                                      |
| CRAIG, CO 816              | 26   |                                      |
|                            |  |                                      |
| Thank you for par          | ticipating in IRS e-file.  |                                      |
| 1. x 2023 990              | income tax retum for <b>Federal</b> was filed  | d electronically.                    |
|                            | ng services were provided by Kari Nelson CPA   | ·                                    |
| 2. x 990                   | income tax return was accepted on 05-23-2024 using a Pers                                | conal Identification Number (PIN) as |
|                            | nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to |                                      |
| The submission I           | D assigned to this return is 8428162024144ycqn0ws  | ·                                    |
|                            |  |                                      |
| DI FASE                    | DO NOT SEND A PAPER COPY OF ENTITY'S RETURN  | I TO THE                             |
|                            | OU DO, IT WILL DELAY THE PROCESSING OF THE RE  |                                      |
| 11.0.11                    | 30 DO, IT WILL BELAT THE TROCESSING OF THE RE  | - I OINIA.                           |
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|                            | Acknowledgement and General Information for  |                                     |
|----------------------------|--|-------------------------------------|
|                            | Entities That File Returns Electronically  | 2023                                |
| Name(s) as shown on return |  | Tax ID Number  **-**4416            |
| BOYS & GIRLS C             | UB OF NORTHWEST COLO   | ^^-^^4416                           |
|                            |  |                                     |
| Entity address             |  |                                     |
| Entity address             |  |                                     |
| PO BOX 1251                |  |                                     |
| CRAIG, CO 816              | 26   |                                     |
|                            |  |                                     |
| Thank you for pa           | ticipating in IRS e-file.  |                                     |
|                            |  |                                     |
| 1. x 2023 8868             | -01 income tax return for Federal was filed ing services were provided by Kari Nelson CPA  | l electronically.                   |
| THE Electronic in          | ring services were provided by Kall Nelson CPA   | ·                                   |
| 2. X 8868-01               |  | onal Identification Number (PIN) as |
|                            | nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to D assigned to this return is 84281620241201uszhkv | enter or generate a PIN signature.  |
| THE SUBINISSION            | D assigned to this retuin is   |                                     |
|                            |  |                                     |
| PI FASE                    | DO NOT SEND A PAPER COPY OF ENTITY'S RETURN  | TO THE                              |
|                            | OU DO, IT WILL DELAY THE PROCESSING OF THE RE  |                                     |
| iko. ir i                  | 50 DO, II WILL DELAT THE PROCESSING OF THE RE  | . I OKN.                            |
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### Form **990**

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

| Α             | For the       | 2023 calend   | lar year, or tax year begir           | nning                                     | , 2023, a                      | and ending             |                  | , 20                      |  |  |  |  |  |
|---------------|---------------|---|---------------------------------------|---|--------------------------------|------------------------|------------------|---------------------------|--|--|--|--|--|
| В             | Check if a    | pplicable:  | C Name of organization BC             | YS & GIRLS CLUB OF                        | NORTHWEST COLO                 |                        | D Emplo          | yer identification number |  |  |  |  |  |
|               | Address c     | hange   | Doing business as                     |   |                                |                        | ]                | 75-3124416                |  |  |  |  |  |
| Ī             | Name cha      | inge  | Number and street (or P.O. bo         | ox if mail is not delivered to street add | ess)                           | Room/suite             | E Teleph         | one number                |  |  |  |  |  |
|               | Initial retur | •   | PO BOX 1251                           |   | ,                              | (970)826-0411          |                  |                           |  |  |  |  |  |
|               | Final retur   | n/terminated  | City or town, state or province       | , country, and ZIP or foreign postal co   | de                             |                        | G Gross receipts |                           |  |  |  |  |  |
|               | Amended       | return  | CRAIG, CO 8162                        | 26  |                                |                        | \$ 2,452,235     |                           |  |  |  |  |  |
|               | Application   | n pending   | F Name and address of principa        | l officer: DANA DURAN                     |                                | H(a) Is this a         | group return fo  | r subordinates? Yes X No  |  |  |  |  |  |
|               |               |   | SAME AS C ABOV                        | <i>7</i> E                                |                                | H(b) Are all           | subordinates     | s included? Yes No        |  |  |  |  |  |
| ı             | Tax-exem      | pt status:  | 501(c)(3) 501(c) (                    | ) (insert no.) 4947(a)(                   | 1) or 527                      | If "No,                | " attach a list  | . See instructions        |  |  |  |  |  |
| J             | Website:      | N/A   |                                       |   |                                | H(c) Group             | exemption n      | umber                     |  |  |  |  |  |
| K             | Form of or    | rganization: X  | Corporation Trust Ass                 | ociation Other                            | L Year of format               | ion: 2004 M            | State of lega    | Il domicile: CO           |  |  |  |  |  |
| Pa            | art I         | Summar  |                                       |   |                                | ·                      |                  |                           |  |  |  |  |  |
|               | 1             | Briefly descr   | ribe the organization's miss          | ion or most significant activiti          | es: THE MISSION                | OF THE CLUB            | IS TO            | ENABLE AND                |  |  |  |  |  |
|               |               | INSPIRE   | THE YOUTH OF OUR                      | AREA TO REACH THEI                        | R FULL POTENTIAL               | AS PRODUCT             | IVE, RE          | SPONSIBLE AND             |  |  |  |  |  |
| ce            |               | CARING CITIZENS. THE CLUBS OFFERS CORE PROGRAMS DESIGNED TO ENGAGE YOUTH WITH PEERS AND |                                       |   |                                |                        |                  |                           |  |  |  |  |  |
| Governance    |               | CARING A  | DULTS TO ENHANCE                      | SELF-ESTEEM AND LI                        | FE SKILLS.                     |                        |                  |                           |  |  |  |  |  |
| Š             | 2             | Check this b  | ox if the organization of             | discontinued its operations or            | disposed of more than 25       | 5% of its net assets   | <br>3.           |                           |  |  |  |  |  |
|               | 3             | Number of v   | oting members of the gove             | erning body (Part VI, line 1a)            |                                |                        | 3                | 16                        |  |  |  |  |  |
| Activities &  | 4             | Number of in  | ndependent voting member              | s of the governing body (Par              | t VI, line 1b)                 |                        | 4                | 16                        |  |  |  |  |  |
| ij            | 5             | Total numbe   | er of individuals employed in         | n calendar year 2023 (Part V              | line 2a)                       |                        | 5                | 114                       |  |  |  |  |  |
| ξį            | 6             |   | er of volunteers (estimate if         |   |                                |                        | 6                |                           |  |  |  |  |  |
| ă             | 7a            | Total unrelat   | ted business revenue from             | Part VIII, column (C), line 12            |                                |                        | 7a               | 0                         |  |  |  |  |  |
|               |               |   |                                       | from Form 990-T, Part I, line             |                                |                        | 7b               | 0                         |  |  |  |  |  |
|               |               |   |                                       |   |                                | Prior Year             | ,                | Current Year              |  |  |  |  |  |
|               | 8             | Contributions   | s and grants (Part VIII, line         | 6,639                                     | 2,202,569                      |                        |                  |                           |  |  |  |  |  |
| ē             | 9             |   | rvice revenue (Part VIII, line        |   | 4,711                          | 171,354                |                  |                           |  |  |  |  |  |
| enc           | 10            | _   | ncome (Part VIII, column (A           |   | 3,473                          |                        |                  |                           |  |  |  |  |  |
| Revenue       | 11            |   | ,                                     | nes 5, 6d, 8c, 9c, 10c, and 11            |                                |                        | 2,195)           | 40,477<br>(48,361)        |  |  |  |  |  |
| _             |               |   |                                       | must equal Part VIII, column              | i company                      |                        | 2,628            | 2,366,039                 |  |  |  |  |  |
|               | 13            |   |                                       | IX, column (A), lines 1-3) .              |                                |                        |                  | 28,982                    |  |  |  |  |  |
|               | 14            |   | d to or for members (Part II          |   |                                | 0                      |                  |                           |  |  |  |  |  |
|               | 15            |   |                                       | e benefits (Part IX, column (A            | ) lines 5-10)                  | 1 - 10                 | 4,957            | 1,344,497                 |  |  |  |  |  |
| es            |               |   |                                       | column (A), line 11e)                     |                                | 1,10                   | 17557            | 1,311,137                 |  |  |  |  |  |
| Expenses      | h             |   | ising expenses (Part IX, co           |   | 139,782                        |                        |                  |                           |  |  |  |  |  |
| Š.            | 17            |   | 4 .                                   | nes 11a-11d, 11f-24e)                     |                                |                        | 6,560            | 537,208                   |  |  |  |  |  |
| ш             |               |   |                                       | equal Part IX, column (A), lir            |                                |                        | 1,517            | 1,910,687                 |  |  |  |  |  |
|               | 19            |   |                                       | 18 from line 12                           |                                |                        | 1,111            | 455,352                   |  |  |  |  |  |
| _             |               | Troveride ico   | o experioes. Cabiract inte            | TO HOME TE                                |                                | Beginning of Cur       |                  | End of Year               |  |  |  |  |  |
| ts<br>o       | ଞ୍ଚ <b>20</b> | Total assets  | (Part X line 16)                      |   |                                |                        | 9,630            | 1,814,583                 |  |  |  |  |  |
| essi          | 를 21          |   | ` '                                   |   |                                |                        | 8,653            | 108,254                   |  |  |  |  |  |
| Net Assets or | 22            |   | , ,                                   | line 21 from line 20                      |                                |                        | 0,977            | 1,706,329                 |  |  |  |  |  |
|               | art II        |   | ire Block                             |   |                                | 1,23                   | 0 7 3 7 7        | 177007525                 |  |  |  |  |  |
| Und           | der penaltie  | es of perjury, I de   | clare that I have examined this retu  | ırn, including accompanying schedule      |                                | of my knowledge and be | elief, it is     |                           |  |  |  |  |  |
| true          | e, correct, a | and complete. De  | claration of preparer (other than off | icer) is based on all information of wh   | ch preparer has any knowledge. |                        | 1                |                           |  |  |  |  |  |
|               |               | DANA  | DURAN                                 |   |                                |                        |                  |                           |  |  |  |  |  |
| Sig           | gn            | Signature of office   |                                       |   |                                |                        | Date             | )                         |  |  |  |  |  |
| He            |               | DANA  | DURAN, EXEC DIRE                      | CTOR                                      |                                |                        |                  |                           |  |  |  |  |  |
|               | -             | Type or print nar   |                                       | <del></del>                               |                                |                        |                  |                           |  |  |  |  |  |
|               |               | Print/Type pre  | eparer's name                         | Preparer's signature                      | Date                           | Check                  | X if F           | PTIN                      |  |  |  |  |  |
| Pa            | id            |   | elson CPA                             | _   | 05-29-20                       |                        | nployed          | P01031089                 |  |  |  |  |  |
|               | eparer        |   | Kari Nel                              | son CDA                                   | 05-29-20                       | Firm's EIN             | ipioyed          | E 0.T.0.3.T.0.0.3         |  |  |  |  |  |
|               | e Only        |   |                                       |   |                                | Phone no.              |                  |                           |  |  |  |  |  |
| -3            | o omy         | , i iiiiis adules   |                                       | 171273<br>at Springs CO 80477             |                                | FIIOHE IIO.            | 970-9            | 79-7869                   |  |  |  |  |  |
| May           | the IDC       | discuss this  |                                       | nown above? See instructions              |                                |                        | 910-8            | X Ves No                  |  |  |  |  |  |

Other program services (Describe on Schedule O.) including grants of \$

) (Revenue \$

Total program service expenses 4e 1,658,249

(Expenses \$

75-3124416

#### Form 990 (2023) **Part IV** CI 3) BOYS & GIRLS CLUB OF NORTHWEST COLO Checklist of Required Schedules

|             |   |      | Yes | No |
|-------------|---|------|-----|----|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                               |      |     |    |
|             | complete Schedule A   | 1    | х   |    |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2    | х   |    |
| 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 L   | 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    |     | х  |
| 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 Rev. Proc. 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 donor-restricted endowments                                | 40   |     |    |
|             | or in 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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," |      |     |    |
| а           | complete Schedule D, Part VI  | 11a  |     |    |
| h           | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more                             | 1 Ia | X   |    |
| D           | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b  |     | x  |
|             | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more                              | 1110 |     | ^  |
| ·           | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |     | 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                           | 110  |     |    |
| <b>.</b>    | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d  |     | x  |
| 6           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                       | 11e  |     | x  |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                     |      |     |    |
| -           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X                      | 11f  |     | x  |
| 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   |    |
| b           | Was the organization included in consolidated, independent audited financial statements for the tax year? If                                |      |     |    |
|             | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                          | 12b  |     | x  |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13   |     | x  |
| 14a         | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | 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  |     | 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 I.V   | 15   |     | 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 JV   | 16   |     | x  |
| 17          | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                              |      |     |    |
|             | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17   |     | х  |
| 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 JI  | 18   | х   |    |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                |      |     |    |
|             | If "Yes," complete Schedule G, Part III   | 19   |     | x  |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |     | х  |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                | 20b  |     |    |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                 |      |     |    |
|             | domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II   | 21   |     | x  |

Part IV

BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Checklist of Required Schedules (continued)

|             |  |                  | Yes | No |
|-------------|--|------------------|-----|----|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |                  |     |    |
|             | Part IX, column (A), line 2? 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 and former officers, directors, trustees, key employees, and highest compensated  |                  |     |    |
| 04-         | employees? If "Yes," complete Schedule J   | 23               |     | Х  |
| 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? If "Yes," answer lines 24b  | 04-              |     |    |
| <b>h</b>    | through 24d and complete Schedule K. If "No," go to line 25a   | 24a              |     | х  |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b              |     |    |
| С           | to defease any tax-exempt bonds?   | 24c              |     |    |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d              |     |    |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 2 <del>4</del> u |     |    |
| <b>Z</b> Ja | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a              |     | х  |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 200              |     | Λ  |
| ~           | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |                  |     |    |
|             | If "Yes," complete Schedule L, Part I  | 25b              |     | х  |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |                  |     |    |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |                  |     |    |
|             | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II   | 26               |     | х  |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |                  |     |    |
|             | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |                  |     |    |
|             | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these   |                  |     |    |
|             | persons? If "Yes," complete Schedule L, Part III   | 27               |     | x  |
| 28          | Was the organization a party to a business transaction with one of the following parties (See the Schedule   |                  |     |    |
|             | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  |                  |     |    |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |                  |     |    |
|             | "Yes," complete Schedule L, Part IV  | 28a              |     | Х  |
| b           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b              |     | X  |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |                  |     |    |
|             | "Yes," complete Schedule L, Part IV  | 28c              |     | X  |
| 29          | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  | 29               | х   |    |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |                  |     |    |
|             | conservation contributions? If "Yes," complete Schedule M  | 30               |     | X  |
| 31<br>22    | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J   | 31               |     | Х  |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  | 20               |     |    |
| 22          | complete Schedule N, Part II   | 32               |     | х  |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33               |     | v  |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   | 33               |     | Х  |
| J-T         | or IV, and Part V, line 1  | 34               |     | х  |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a              |     | X  |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | Jou              |     |    |
| _           | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b              |     |    |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |                  |     |    |
|             | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36               |     | х  |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |                  |     |    |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI   | 37               |     | х  |
| 38          | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and   |                  |     |    |
|             | 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O  | 38               | х   |    |
| Par         | t 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   |                  |     |    |
| b           | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |                  |     |    |
| С           | Did the organization comply with backup withholding rules for reportable payments to vendors and   |                  |     |    |
|             | reportable gaming (gambling) winnings to prize winners?  | 1c               | Х   |    |

| Par        | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            | Yes | No |
|------------|--|------------|-----|----|
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |     |    |
|            | Statements, filed for the calendar year ending with or within the year covered by this return 2a 114                               |            |     |    |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b         | х   |    |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a         |     | х  |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        | 3b         |     |    |
| 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)?                 | 4a         |     | х  |
| b          | If "Yes," enter the name of the foreign country  |            |     |    |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |            |     |    |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a         |     | х  |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b         |     | х  |
| С          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |     |    |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             |            |     |    |
|            | organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6a         |     | х  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |            |     |    |
|            | gifts were not tax deductible?   | 6b         |     |    |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |            |     |    |
| а          | 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         |     | х  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b         |     |    |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |            |     |    |
|            | required to file Form 8282?  | 7c         |     | х  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |    |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e         |     | х  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | <b>7</b> f |     | Х  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     | X  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h         |     | Х  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |            |     |    |
| _          | sponsoring organization have excess business holdings at any time during the year?   | 8          |     |    |
| 9          | Sponsoring organizations maintaining donor advised funds.  |            |     |    |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |    |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b         |     |    |
| 10         | Section 501(c)(7) organizations. Enter:  |            |     |    |
| a          | Initiation fees and capital contributions included on Part VIII, line 12   | -          |     |    |
| b<br>14    |  |            |     |    |
| 11         | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |            |     |    |
| a<br>b     | Gross income from other sources. (Do not net amounts due or paid to other sources  |            |     |    |
| b          | 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?                         | 12a        |     |    |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 120        |     |    |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |    |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |    |
| -          | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                           | 100        |     |    |
| 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   |            |     |    |
| С          | Enter the amount of reserves on hand   |            |     |    |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | x  |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q                          | 14b        |     |    |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |            |     |    |
|            | excess parachute payment(s) during the year?   | 15         |     | х  |
|            | If "Yes," see the instructions and file Form 4720, Schedule N.   |            |     |    |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16         |     | х  |
|            | If "Yes," complete Form 4720, Schedule O.  |            |     |    |
| 17         | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities                     |            |     |    |
|            | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  | 17         |     |    |
|            | If "Yes." complete Form 6069.  |            |     |    |

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 on Schedule O. See instructions. 

| Se      | ction 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 on Schedule O.   |          |        |             |
| b       | 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?  | 2        |        | X           |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct   |          |        |             |
|         | supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3        |        | X           |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |        | X           |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        |        | X           |
| 6<br>7- | Did the organization have members or stockholders?  | 6        |        | X           |
| 7a      | Did the organization have members, stockholders, or other persons who had the power to elect or appoint   | 70       |        | .,          |
| h       | one or more members of the governing body?  | 7a       |        | X           |
| b       |   | 7b       |        | v           |
| 8       | stockholders, or persons other than the governing body?   | 710      |        | X           |
| J       | 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       | х      |             |
| 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 on Schedule Q   | 9        |        | х           |
| Sec     | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |          |        |             |
|         |   |          | Yes    | No          |
| I0a     | Did the organization have local chapters, branches, or affiliates?  | 10a      |        | X           |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  |          |        |             |
|         | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b      |        |             |
| l1a     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | Х      |             |
| b       | Describe on 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   | 12a      | Х      |             |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                       | 12b      | х      | -           |
| С       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   | 120      |        |             |
| 12      | describe on Schedule 0 how this was done  | 12c      | X      | -           |
| 3<br> 4 | Did the organization have a written document retention and destruction policy?  | 13<br>14 | x<br>x |             |
|         | Did the process for determining compensation of the following persons include a review and approval by  | 14       |        |             |
| 15      | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |        |             |
| а       | The organization's CEO, Executive Director, or top management official  | 15a      | х      |             |
| b       | Other officers or key employees of the organization   | 15b      | x      | <del></del> |
| -       | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | ,        |        |             |
| l6a     | 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      |        | х           |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |          |        |             |
|         | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |          |        |             |
|         | organization's exempt status with respect to such arrangements?   | 16b      |        |             |
| Sec     | tion C. Disclosure  |          |        |             |
| 17      | List the states with which a copy of this Form 990 is required to be filed  |          |        |             |
| 18      | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)   |          |        |             |
| 19      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,   |          |        |             |
| 20      | and financial statements available to the public during the tax year.   |          |        |             |
| 20      | State the name, address, and telephone number of the person who possesses the organization's books and records.  ORGANIZATION (970)826-0411, PO BOX 1251, CRAIG, CO 81625 |          |        |             |
|         | UKGANIZATION 1970JAZD-0411. PO BOX 1251. (RAIG. (C) 81625   |          |        |             |

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

|                       |                        |             |                               | (C)          |                              |        |                             |                                  |                        |
|-----------------------|------------------------|-------------|-------------------------------|--------------|------------------------------|--------|-----------------------------|----------------------------------|------------------------|
| (A)                   | (B)                    |             |                               | sition       |                              |        | (D)                         | (E)                              | (F)                    |
| Name and title        | Average                |             | not check n<br>, unless pe    |              |                              |        | Reportable                  | Reportable                       | Estimated amount       |
|                       | hours                  |             | er and a di                   |              |                              |        | compensation                | compensation                     | of other               |
|                       | per week               |             |                               |              |                              |        | from the organization (W-2/ | from related organizations (W-2/ | compensation from the  |
|                       | (list any<br>hours for | or or       | Officer                       | Ke           | em Hig                       | ξ      | 1099-MISC/                  | 1099-MISC/                       | organization and       |
|                       | related                | direc       |                               | em           | hest                         | Former | 1099-NEC)                   | 1099-NEC)                        | related organizations  |
|                       | organizations          | for         | nal                           | key employee | e com                        |        |                             |                                  |                        |
|                       | below                  | or director | Officer Institutional trustee | e            | pen                          |        |                             |                                  |                        |
|                       | dotted line)           |             | 8                             | 1            | Highest compensated employee |        |                             |                                  |                        |
|                       |                        |             |                               |              |                              |        |                             |                                  |                        |
|                       |                        |             |                               |              |                              |        |                             |                                  |                        |
| (1) SUSAN NICHOLSON   | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | x           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (2) EILEEN DIAMOND    | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | x           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (3) JENNIFER BARKEY   | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (4)KIM SMITH          | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (5) SCOTT LEE         | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (6)BLAISE CARRIG      | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (7) STEVEN SOUTHWORTH | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (8)JAY OXLEY          | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | Х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (9) LES_KAPLAN        | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | Х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (10)VICKY HANNA       | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | Х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (11)BRYAN LUDGATE     | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | Х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (12)JIM_BRONNER       | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| MEMBER                |                        | Х           |                               |              |                              |        | 0                           | 0                                | 0                      |
| (13)CATHERINE BLEVINS | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| TREASURER             |                        | Х           | X                             |              |                              |        | 0                           | 0                                | 0                      |
| (14)CHRIS NICHOLS     | 1.00                   |             |                               |              |                              |        |                             |                                  |                        |
| VICE PRESIDENT        |                        | Х           | Х                             |              |                              |        | 0                           | 0                                | 0                      |
| EEA                   |                        |             |                               |              |                              |        |                             |                                  | Form <b>990</b> (2023) |

Form 990 (2023) EEA

|  | rustees,  | ney i   | =mp                   | ю       | yee          | s, an                        | ıa r        | lignest Comp                                  | ensated Emp   | Dioyees  | (continued)                                   |
|--|---|---|-----------------------|---------|--------------|------------------------------|-------------|---|---|----------|---|
| (A) Name and title   | (B) Average hours per week  | do not check more than of box, unless person is bot officer and a director/trus |                       |         |              |                              |             | (D)  Reportable compensation from the         | (E)  Reportable compensation from related organizations (W-2/ | co       | (F) nated amount of other mpensation from the |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former      | organization (W-2/<br>1099-MISC/<br>1099-NEC) | 1099-MISC/<br>1099-NEC)                                       | orga     | anization and dorganizations                  |
| (15)LINDA_LUND   | 1.00  |   |                       |         |              |                              |             |   |   |          |   |
| PRESIDENT (16)KRISTIN WILSON   | 1.00  | X   |                       | Х       |              |                              |             | 0   | 0   |          | 0   |
| SECRETARY  |   | x   |                       | x       |              |                              |             | 0   | 0   |          | 0   |
| (17)DANA_DURAN   | 40.00   | o   |                       |         |              |                              |             |   |   |          |   |
| EXEC DIRECTOR  |   |   |                       | х       |              |                              |             | 0   | 0   |          | 0   |
| <u>(18)</u>  |   |   |                       |         |              |                              |             |   |   |          |   |
| (19)   |   |   |                       |         |              |                              |             |   |   |          |   |
| (20)   |   |   |                       |         |              |                              | N           |   |   |          |   |
| (21)   |   |   |                       |         |              |                              | 1           |   |   |          |   |
| (22)   |   |   |                       |         |              |                              |             |   |   |          |   |
| <u>(23)</u>  |   |   |                       |         | 1            |                              |             |   |   |          |   |
| <u>(24)</u>  |   |   |                       |         |              |                              |             |   |   |          |   |
| <u>(25)</u>  |   |   |                       |         |              |                              |             |   |   |          |   |
| 1b Subtotal  |   |   |                       |         |              |                              |             |   |   |          |   |
| c Total from continuation sheets to Part VII, Sec<br>d Total (add lines 1b and 1c)                     | $\overline{}$   |   |                       |         |              |                              | •           | 0   | 0   |          |   |
| d Total (add lines 1b and 1c)  |   |   |                       |         |              |                              |             |   | ·   |          | 0   |
| reportable compensation from the organization  | ation   |   |                       |         |              |                              |             |   |   |          | 0   |
| O Diddle and in the latest factor of   |   |   |                       |         |              | Latera e e                   |             |   |   |          | Yes No  |
| 3 Did the organization list any former officer, dire<br>employee on line 1a? If "Yes," complete Schedu | *   | -   |                       |         |              | -                            |             |   |   | . 3      | x   |
| 4 For any individual listed on line 1a, is the sum of  | reportable co   | mpens   | ation                 | and     | oth          | er com                       | npen        | sation from the                               |   |          |   |
| organization and related organizations greater t   |   | )? <i>If</i> "Y   | es,"                  | com     | nple         | te Sch                       | edu         | le J for such                                 |   | 4        | v   |
| 5 Did any person listed on line 1a receive or accrue   |   | on from   | ···<br>n anv          | unre    | · ·<br>elate | ed ora                       | · ·<br>aniz | ation or individual                           |   | . 4      | X   |
| for services rendered to the organization? If "Ye  |   |   |                       |         |              |                              |             |   |   | . 5      | х   |
| Section B. Independent Contractors   |   |   |                       |         |              |                              |             |   |   |          |   |
| 1 Complete this table for your five highest co   | •   |   |                       |         |              |                              |             |   |   |          | tov voor                                      |
| compensation from the organization. Repo   | irt compens   | allon   | וטו נו                | ie c    | ale          | nuai y                       | yea         | (B)   | within the organ  | (C)      |   |
| Name and business addre  | ess   |   |                       |         |              |                              |             | Description of service                        | ces   | Compen   |   |
|  |   |   | _                     |         |              |                              |             |   |   | <u>-</u> |   |
|  |   |   |                       |         |              |                              |             |   |   |          |   |
|  |   |   |                       |         |              |                              |             |   |   |          |   |
|  |   |   |                       |         |              |                              |             |   |   |          |   |
| 2 Total number of independent contractors ( received more than \$100,000 of compensations)             | _   |   |                       |         |              | ose li                       | ste         | d above) who                                  |   |          |   |

Form 990 (2023) BOYS & GIR
Part VIII Statement of Revenue

|  |     | Check if Schedule O contains a res                    | pons     | e or note to any li |                      |  |                                |   |
|--|-----|---|----------|---------------------|----------------------|--|--------------------------------|---|
|  |     |   |          |                     | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D)  Revenue excluded from tax under sections 512–514 |
|  | 1a  | Federated campaigns                                   | 1a       | 29,500              |                      |  |                                |   |
| σ <sub>(0</sub>  | b   | Membership dues                                       | 1b       |                     |                      |  |                                |   |
| Contributions, Gifts, Grants and Other Similar Amounts | С   | Fundraising events                                    | 1c       | 905,149             |                      |  |                                |   |
| S, G   | d   | Related organizations                                 | 1d       |                     |                      |  |                                |   |
| Gifts<br>Iar A   | е   | Government grants (contributions)                     | 1e       | 460,966             |                      |  |                                |   |
| ns,<br>imi   | f   | All other contributions, gifts, grants,               |          |                     |                      |  |                                |   |
| utio<br>Per S  |     | and similar amounts not included above                | 1f       | 806,954             |                      |  |                                |   |
| ള  | g   | Noncash contributions included in                     | 4        |                     |                      |  |                                |   |
| Con  |     | lines 1a-1f   | 1g       |                     | 2 222 562            |  |                                |   |
|  | h   | Total. Add lines 1a-1f                                |          | Business Code       | 2,202,569            |  |                                |   |
|  | 22  | PROGRAM INCOME  |          | 611710              | 170,806              | 170,806                                |                                |   |
| 9  |     | MISC INCOME   |          | 611710              | 548                  | 548                                    |                                |   |
| Program Service<br>Revenue                             | C   | MIDE INCOME   |          | 011710              | 310                  | 310                                    |                                |   |
| gram Serv<br>Revenue                                   | d   |   |          |                     |                      | _                                      |                                |   |
| gra<br>Re  | е   |   |          |                     |                      |  |                                |   |
| Po   | f   | All other program service revenue                     |          |                     |                      |  |                                |   |
|  | g   | Total. Add lines 2a-2f                                |          |                     | 171,354              |  |                                |   |
|  | 3   | Investment income (including dividends, inte          | erest, a | and                 |                      |  |                                |   |
|  |     | other similar amounts)                                |          |                     | 40,477               | 40,477                                 |                                |   |
|  | 4   | Income from investment of tax-exempt bond             |          |                     |                      |  |                                |   |
|  | 5   | Royalties   |          |                     |                      |  |                                |   |
|  |     | (i) Real  |          | (ii) Personal       |                      |  |                                |   |
|  |     |   |          |                     |                      |  |                                |   |
|  |     | Less: rental expenses 6b                              |          |                     |                      |  |                                |   |
|  |     | Rental income or (loss) 6c                            |          |                     |                      |  |                                |   |
|  |     | Net rental income or (loss)                           |          | (ii) Other          |                      |  |                                |   |
|  | 7a  | Gross amount from (i) Securiti                        | 35       | (ii) Other          |                      |  |                                |   |
|  |     | other than inventory 7a                               |          |                     |                      |  |                                |   |
|  | b   | Less: cost or other basis                             |          |                     |                      |  |                                |   |
| ō  |     | and sales expenses 7b                                 |          |                     |                      |  |                                |   |
| enne   | С   | Gain or (loss) 7c                                     |          |                     |                      |  |                                |   |
| >  | d   | Net gain or (loss)                                    |          |                     |                      |  |                                |   |
| Other Re   |     | Gross income from fundraising                         |          |                     |                      |  |                                |   |
| ₹  |     | events (not including \$ 905,149                      |          |                     |                      |  |                                |   |
|  |     | of contributions reported on line                     |          |                     |                      |  |                                |   |
|  |     | 1c). See Part IV, line 18                             | 8a       |                     |                      |  |                                |   |
|  |     | Less: direct expenses                                 | 8b       | 86,196              |                      |  |                                |   |
|  |     | Net income or (loss) from fundraising event           | s        |                     | (48,361)             |  |                                | (48,361)  |
|  | 9a  | Gross income from gaming                              |          |                     |                      |  |                                |   |
|  | L . | activities. See Part IV, line 19                      | 9a       |                     |                      |  |                                |   |
|  |     | Less: direct expenses                                 | 9b       |                     |                      |  |                                |   |
|  |     | , , ,   | · ·      |                     |                      |  |                                |   |
|  | 10a | Gross sales of inventory, less returns and allowances | 10a      |                     |                      |  |                                |   |
|  | b   | Less: cost of goods sold                              | 10b      |                     |                      |  |                                |   |
|  |     | Net income or (loss) from sales of inventory          |          |                     |                      |  |                                |   |
|  |     | , , , , , , , , , , , , , , , , , , ,                 |          | Business Code       |                      |  |                                |   |
| S  | 11a |   |          |                     |                      |  |                                |   |
| nor  | b   |   |          |                     |                      |  |                                |   |
| ella<br>ven  | С   |   |          |                     |                      |  |                                |   |
| Miscellanous<br>Revenue                                | d   | All other revenue                                     |          |                     |                      |  |                                |   |
| 2  | е   | Total. Add lines 11a-11d                              |          |                     |                      |  |                                |   |
|  | 12  | Total revenue See instructions                        |          |                     | 2 366 039            | 211 831                                | 0                              | (48 361)  |

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#### 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

|    | Check if Schedule O contains a response or i  |                       |                     | (C)                |                    |
|----|---|-----------------------|---------------------|--------------------|--------------------|
|    | ot include amounts reported on lines 6b, 7b,<br>bb, and 10b of Part VIII.                   | (A)<br>Total expenses | (B) Program service | (C) Management and | (D)<br>Fundraising |
| 1  | Grants and other assistance to domestic organizations                                       |                       | expenses            | general expenses   | expenses           |
| •  | and domestic governments. See Part IV, line 21  |                       |                     |                    |                    |
| 2  | Grants and other assistance to domestic   |                       |                     |                    |                    |
| _  | individuals. See Part IV, line 22   | 28,982                | 28,982              |                    |                    |
| 3  | Grants and other assistance to foreign  | 20,302                | 20,302              |                    |                    |
| Ŭ  | organizations, foreign governments, and   |                       |                     |                    |                    |
|    | foreign individuals. See Part IV, lines 15 and 16   |                       |                     |                    |                    |
| 4  | Benefits paid to or for members   |                       |                     |                    |                    |
| 5  | Compensation of current officers, directors,  |                       |                     |                    |                    |
|    | trustees, and key employees   | 90,710                | 27,213              | 27,213             | 36,284             |
| 6  | Compensation not included above to disqualified   | 507120                |                     |                    | 00,201             |
| -  | persons (as defined under section 4958(f)(1)) and   |                       |                     |                    |                    |
|    | persons described in section 4958(c)(3)(B)  |                       |                     |                    |                    |
| 7  | Other salaries and wages  | 1,080,546             | 957,066             | 57,869             | 65,611             |
| 8  | Pension plan accruals and contributions (include  |                       | 33.70               | 31,000             | ,                  |
|    | section 401(k) and 403(b) employer contributions)   | 15,497                | 13,017              | 1,178              | 1,302              |
| 9  | Other employee benefits   | 52,907                | 40,544              | 5,183              | 7,180              |
| 10 | Payroll taxes   | 104,837               | 82,087              | 9,750              | 13,000             |
| 11 | Fees for services (nonemployees):   |                       | 32,337              | 27.30              |                    |
| а  | Management  |                       |                     |                    |                    |
| b  | Legal   |                       |                     |                    |                    |
| С  | Accounting  | 8,874                 | 6,949               | 825                | 1,100              |
| d  | Lobbying  |                       |                     |                    | -                  |
| е  | Professional fundraising services. See Part IV, line 17                                     | 1                     |                     |                    |                    |
| f  | Investment management fees  |                       |                     |                    |                    |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column                                   |                       |                     |                    |                    |
|    | (A), amount, list line 11g expenses on Schedule O.)   |                       |                     |                    |                    |
| 12 | Advertising and promotion   | 7,780                 | 7,780               |                    |                    |
| 13 | Office expenses   | 8,530                 | 6,713               | 783                | 1,034              |
| 14 | Information technology  | 3,057                 | 2,394               | 284                | 379                |
| 15 | Royalties   |                       |                     |                    |                    |
| 16 | Occupancy   | 119,537               | 111,277             | 4,448              | 3,812              |
| 17 | Travel  |                       |                     |                    |                    |
| 18 | Payments of travel or entertainment expenses  |                       |                     |                    |                    |
|    | for any federal, state, or local public officials   |                       |                     |                    |                    |
| 19 | Conferences, conventions, and meetings  | 13,381                | 13,381              |                    |                    |
| 20 | Interest  |                       |                     |                    |                    |
| 21 | Payments to affiliates  |                       |                     |                    |                    |
| 22 | Depreciation, depletion, and amortization   | 37,390                | 37,390              |                    |                    |
| 23 | Insurance   | 26,873                | 21,042              | 2,499              | 3,332              |
| 24 | Other expenses. Itemize expenses not covered  |                       |                     |                    |                    |
|    | above (List miscellaneous expenses on line 24e. If  |                       |                     |                    |                    |
|    | line 24e amount exceeds 10% of line 25, column  |                       |                     |                    |                    |
|    | (A), amount, list line 24e expenses on Schedule O.)   |                       |                     |                    |                    |
| а  | FUNDRAISING   | 6,748                 |                     |                    | 6,748              |
| b  | PROGRAM EXPENSES  | 263,368               | 263,368             |                    |                    |
| С  | DUES/FEES   | 36,951                | 34,327              | 2,624              |                    |
| d  | OTHER EXPENSE   | 4,719                 | 4,719               |                    |                    |
| е  | All other expenses  |                       |                     |                    |                    |
| 25 | Total functional expenses. Add lines 1 through 24e  | 1,910,687             | 1,658,249           | 112,656            | 139,782            |
| 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)  |                       |                     |                    |                    |

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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 |
|                             | 1   | Cash - non-interest-bearing   | 981,060           | 1   | 1,456,215   |
|                             | 2   | Savings and temporary cash investments  |                   | 2   |             |
|                             | 3   | Pledges and grants receivable, net  | 59,183            | 3   | 82,824      |
|                             | 4   | Accounts receivable, net  | 365               | 4   | 845         |
|                             | 5   | Loans and other receivables from any current or former officer, director,         |                   |     |             |
|                             |     | trustee, key employee, creator or founder, substantial contributor, or 35%        |                   |     |             |
|                             |     | controlled entity or family member of any of these persons                        |                   | 5   |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined           |                   |     |             |
|                             |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\dots$ |                   | 6   |             |
| Assets                      | 7   | Notes and loans receivable, net   |                   | 7   |             |
|                             | 8   | Inventories for sale or use   |                   | 8   |             |
| Ass                         | 9   | Prepaid expenses and deferred charges   | 120               | 9   | 120         |
| -                           | 10a | Land, buildings, and equipment cost or other                                      |                   |     |             |
|                             |     | basis. Complete Part VI of Schedule D 10a 631,53                                  | 4                 |     |             |
|                             | b   | Less: accumulated depreciation 10b 356,95   | 298,902           | 10c | 274,579     |
|                             | 11  | Investments - publicly traded securities  |                   | 11  |             |
|                             | 12  | Investments - other securities. See Part IV, line 11                              |                   | 12  |             |
|                             | 13  | Investments - program-related. See Part IV, line 11                               |                   | 13  |             |
|                             | 14  | Intangible assets   |                   | 14  |             |
|                             | 15  | Other assets. See Part IV, line 11  |                   | 15  |             |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                         | 1,339,630         | 16  | 1,814,583   |
|                             | 17  | Accounts payable and accrued expenses   | 88,653            | 17  | 108,254     |
|                             | 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  |             |
| S                           | 22  | Loans and other payables to any current or former officer, director,              |                   |     |             |
| Liabilities                 |     | trustee, key employee, creator or founder, substantial contributor, or 35%        |                   |     |             |
| -jab                        |     | controlled entity or family member of any of these persons                        |                   | 22  |             |
| _                           | 23  | Secured mortgages and notes payable to unrelated third parties                    |                   | 23  |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                      |                   | 24  |             |
|                             | 25  | Other liabilities (including federal income tax, payables to related third        |                   |     |             |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X      |                   |     |             |
|                             |     | of Schedule D   |                   | 25  |             |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 88,653            | 26  | 108,254     |
|                             |     | Organizations that follow FASB ASC 958, check here                                |                   |     |             |
| es                          |     | and complete lines 27, 28, 32, and 33.  |                   |     |             |
| ů.                          | 27  | Net assets without donor restrictions   | 1,250,977         | 27  | 1,566,329   |
| Bak                         | 28  | Net assets with donor restrictions  |                   | 28  | 140,000     |
| <u>B</u>                    |     | Organizations that do not follow FASB ASC 958, check here                         |                   |     |             |
| Net Assets or Fund Balances | 00  | and complete lines 29 through 33.   |                   | 00  |             |
| SOF                         | 29  | Capital stock or trust principal, or current funds                                |                   | 29  |             |
| set                         | 30  | Paid-in or capital surplus, or land, building, or equipment fund                  |                   | 30  |             |
| As                          | 31  | Retained earnings, endowment, accumulated income, or other funds                  | 1 050 055         | 31  | 1 804 300   |
| Se E                        | 32  | Total net assets or fund balances   | 1,250,977         | 32  | 1,706,329   |
|                             | 33  | Total liabilities and net assets/fund balances                                    | 1,339,630         | 33  | 1,814,583   |

EEA

Form 990 (2023)

| Par | rt XI Reconciliation of Net Assets  |    |   |    |      | <u> </u> |
|-----|---|----|---|----|------|----------|
|     | 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, | 366, | 039      |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  |   | 1, | 910, | 687      |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3  |   |    | 455, | 352      |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4  |   | 1, | 250, | 977      |
| 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 on Schedule O)  | 9  |   |    |      | 0        |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |    |   |    |      |          |
|     | 32, column (B))   | 10 |   | 1, | 706, | 329      |
| Par | rt 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:   Cash X Accrual Other  |    |   |    |      |          |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain on           |    |   |    |      |          |
|     | Schedule O.   |    |   |    |      |          |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |    |   | 2a |      | x        |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |    |   |    |      |          |
|     | reviewed on a separate basis, consolidated basis, or both.  |    |   |    |      |          |
|     | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                                    |    |   |    |      |          |
| b   | Were the organization's financial statements audited by an independent accountant?                              |    |   | 2b | х    |          |
|     | 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.  |    |   |    |      |          |
|     | X Separate basis  |    |   |    |      |          |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |    |   |    |      |          |
|     | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |    |   | 2c | х    |          |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on   |    |   |    |      |          |
|     | Schedule O.   |    |   |    |      |          |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |    |   |    |      |          |
|     | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |    | L | 3a |      | x        |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |    |   |    |      |          |
|     | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         |    |   | 3b |      |          |

EEA

Form 990 (2023)

#### SCHEDULE A (Form 990)

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

**Employer identification number** 

BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 X 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.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

|          | on A. Public Support                             | 1                |                 |                | _         |                 |                      |
|----------|--|------------------|-----------------|----------------|-----------|-----------------|----------------------|
| Calen    | dar year (or fiscal year beginning in)           | (a) 2019         | <b>(b)</b> 2020 | (c) 2021       | (d) 2022  | <b>(e)</b> 2023 | (f) Total            |
| 1        | Gifts, grants, contributions, and                |                  |                 |                |           |                 |                      |
|          | membership fees received. (Do not                |                  |                 |                |           |                 |                      |
|          | include any "unusual grants.")                   | 1,110,283        | 1,435,535       | 1,594,816      | 1,696,639 | 2,202,569       | 8,039,842            |
| 2        | Tax revenues levied for the                      |                  |                 |                |           |                 |                      |
|          | organization's benefit and either paid           |                  |                 |                |           |                 |                      |
|          | to or expended on its behalf                     |                  |                 |                |           |                 |                      |
| 3        | The value of services or facilities              |                  |                 |                |           |                 |                      |
|          | furnished by a governmental unit to the          |                  |                 |                |           |                 |                      |
|          | organization without charge                      |                  |                 |                |           |                 |                      |
| 4        | <b>Total.</b> Add lines 1 through 3              | 1,110,283        | 1,435,535       | 1,594,816      | 1,696,639 | 2,202,569       | 8,039,842            |
| 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)                     |                  |                 |                |           |                 | 290,008              |
| 6        | Public support. Subtract line 5 from line 4.     |                  |                 |                |           |                 | 7,749,834            |
|          | on B. Total Support                              |                  |                 |                |           |                 |                      |
|          | dar year (or fiscal year beginning in)           | (a) 2019         | <b>(b)</b> 2020 | (c) 2021       | (d) 2022  | <b>(e)</b> 2023 | (f) Total            |
| 7        | Amounts from line 4                              | 1,110,283        | 1,435,535       | 1,594,816      | 1,696,639 | 2,202,569       | 8,039,842            |
| 8        | Gross income from interest, dividends,           |                  |                 |                |           |                 |                      |
|          | payments received on securities loans,           |                  |                 |                |           |                 |                      |
|          | rents, royalties, and income from                |                  |                 |                |           |                 |                      |
| _        | similar sources                                  | 2,045            | 2,292           | 2,939          | 9,417     | 40,477          | 57,170               |
| 9        | Net income from unrelated business               |                  |                 |                |           |                 |                      |
|          | activities, whether or not the business          |                  |                 |                |           |                 |                      |
| 40       | is regularly carried on                          |                  |                 |                |           |                 |                      |
| 10       | Other income. Do not include gain or             |                  |                 |                |           |                 |                      |
|          | loss from the sale of capital assets             |                  |                 |                |           |                 |                      |
| 44       | (Explain in Part VI.)                            |                  |                 |                |           |                 | 0.007.010            |
| 11<br>12 | Gross receipts from related activities, etc      | (occ instruction | \               |                |           | 12              | 8,097,012            |
| 13       | First 5 years. If the Form 990 is for the o      |                  | •               |                |           | =               | 2)(3)                |
| 13       | organization, check this box and <b>stop he</b>  |                  |                 |                |           |                 |                      |
| Section  | on C. Computation of Public Suppo                | rt Percentag     | <u> </u>        |                |           |                 | · · · · · · <u> </u> |
| 14       | Public support percentage for 2023 (line         |                  |                 | 11 column (f)) |           | 14              | 95.71 %              |
| 15       | Public support percentage from 2022 Sch          |                  |                 |                |           | 15              | 91.19 %              |
| 16a      | 33 1/3% support test - 2023. If the organ        |                  |                 |                |           |                 |                      |
|          | box and <b>stop here.</b> The organization qua   |                  |                 |                |           |                 |                      |
| b        | 33 1/3% support test - 2022. If the organ        | -                |                 | -              |           |                 |                      |
| -        | this box and <b>stop here.</b> The organization  |                  |                 |                |           |                 |                      |
| 17a      | 10%-facts-and-circumstances test - 20            | -                |                 | -              |           |                 |                      |
|          | 10% or more, and if the organization mee         | _                |                 |                |           |                 |                      |
|          | Part VI how the organization meets the fa        |                  |                 |                |           |                 |                      |
|          | organization                                     |                  |                 | •              | •         |                 | _                    |
| b        | 10%-facts-and-circumstances test - 20            |                  |                 |                |           |                 | _                    |
|          | 15 is 10% or more, and if the organization       | _                |                 |                |           |                 |                      |
|          | in Part VI how the organization meets the        |                  |                 |                |           | -               | •                    |
|          | organization                                     |                  |                 | _              | •         |                 |                      |
| 18       | <b>Private foundation.</b> If the organization d |                  |                 |                |           |                 |                      |
|          | instructions                                     |                  |                 |                |           |                 |                      |

Schedule A (Form 990) 2023 EEA

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

(Complete only if you checked the box on line 10 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.)

| Secti   | on A. Public Support  |               |                 |                 |                  |                 |              |
|---------|---|---------------|-----------------|-----------------|------------------|-----------------|--------------|
| Calen   | dar year (or fiscal year beginning in)  | (a) 2019      | <b>(b)</b> 2020 | (c) 2021        | (d) 2022         | (e) 2023        | (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 fumished 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       | <b>Total.</b> 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   |               |                 |                 |                  |                 |              |
| С       | Add lines 7a and 7b   |               |                 |                 |                  |                 |              |
| 8       | Public support. (Subtract line 7c from  |               |                 |                 |                  |                 |              |
|         | line 6.)  |               |                 |                 |                  |                 |              |
| Secti   | on B. Total Support   |               |                 |                 |                  | I               |              |
|         | dar year (or fiscal year beginning in)  | (a) 2019      | <b>(b)</b> 2020 | (c) 2021        | (d) 2022         | (e) 2023        | (f) Total    |
| 9       | Amounts from line 6   |               | 1               | , ,             | ,                |                 |              |
| 10a     | Gross income from interest, dividends,  |               |                 |                 |                  |                 |              |
|         | payments received on securities loans, rents,   | 1             |                 |                 |                  |                 |              |
|         | royalties, and income from similar sources .  |               |                 |                 |                  |                 |              |
| b       | Unrelated business taxable income (less   |               |                 |                 |                  |                 |              |
| ~       | section 511 taxes) from businesses  |               |                 |                 |                  |                 |              |
|         | acquired after June 30, 1975  |               |                 |                 |                  |                 |              |
| _       | Add lines 10a and 10b   |               |                 |                 |                  |                 |              |
| С<br>11 | Net income from unrelated business  |               |                 |                 |                  |                 |              |
| 11      |   |               |                 |                 |                  |                 |              |
|         | activities not included on line 10b, whether  |               |                 |                 |                  |                 |              |
| 42      | or not the business is regularly carried on   |               |                 |                 |                  |                 |              |
| 12      | Other income. Do not include gain or  |               |                 |                 |                  |                 |              |
|         | loss from the sale of capital assets  |               |                 |                 |                  |                 |              |
| 40      | (Explain in Part VI.)   |               |                 |                 |                  |                 |              |
| 13      | Total support. (Add lines 9, 10c, 11,   |               |                 |                 |                  |                 |              |
|         | and 12.)  |               |                 | 1 ( () ()       | 61.              | : 504/          | \(\(\alpha\) |
| 14      | First 5 years. If the Form 990 is for the or  | •             |                 |                 | -                | ,               | · · · ·      |
| C4:     | organization, check this box and stop her   |               |                 | · · · · · · · · |                  |                 |              |
|         | on C. Computation of Public Suppor  |               |                 | (6)             |                  | 45              |              |
| 15      | Public support percentage for 2023 (line 8  |               | •               |                 |                  | 15              | <u>%</u>     |
| 16      | Public support percentage from 2022 Scho  |               |                 | <del></del>     |                  | 16              | %            |
|         | on D. Computation of Investment Inc   |               |                 |                 | (0)              | 1 4= 1          |              |
| 17      | Investment income percentage for 2023 (li   |               |                 | -               |                  | 17              | %            |
| 18      | Investment income percentage from 2022  |               |                 |                 |                  | 18              | %            |
| 19a     | 33 1/3% support tests - 2023. If the organ  |               |                 |                 |                  |                 |              |
| _       | 17 is not more than 33 1/3%, check this bo  | =             | -               | -               |                  |                 |              |
| b       | 33 1/3% support tests - 2022. If the organization   |               |                 |                 |                  |                 |              |
|         | line 18 is not more than 33 1/3%, check this box  | -             | -               |                 |                  | -               |              |
| 20      | Private foundation. If the organization did   | d not check a | box on line 14, | 19a, or 19b, o  | check this box a | and see instruc | tions        |

EEA Schedule A (Form 990) 2023

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d. Part I. complete Sections A and D. and complete Part V.)

|  | Section . | A. All | Support | ing Orga | nizations |
|--|-----------|--------|---------|----------|-----------|
|--|-----------|--------|---------|----------|-----------|

| Secti | on A. All Supporting Organizations  | ı uıt | <b>v</b> .) |    |
|-------|---|-------|-------------|----|
|       | 11 5 5  |       | Yes         | No |
| 1     | Are all of the organization's supported organizations listed by name in the organization's governing  |       |             |    |
|       | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by  |       |             |    |
|       | class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1     |             |    |
| 2     | Did the organization have any supported organization that does not have an IRS determination of status  |       |             |    |
|       | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported   |       |             |    |
|       | organization was described in section 509(a)(1) or (2).   | 2     |             |    |
| 3a    | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer  |       |             |    |
|       | lines 3b and 3c below.  | 3a    |             |    |
| b     | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and  |       |             |    |
|       | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the  |       |             |    |
|       | organization made the determination.  | 3b    |             |    |
| С     | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  |       |             |    |
|       | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  | 3c    |             |    |
| 4a    | Was any supported organization not organized in the United States ("foreign supported organization")? If  |       |             |    |
|       | "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a    |             |    |
| b     | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign   |       |             |    |
|       | supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion   |       |             |    |
|       | despite being controlled or supervised by or in connection with its supported organizations.  | 4b    |             |    |
| С     | Did the organization support any foreign supported organization that does not have an IRS determination   |       |             |    |
|       | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used  |       |             |    |
|       | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)  | 4c    |             |    |
| 5a    | purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"   | 40    |             |    |
| Ja    | answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN  |       |             |    |
|       | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;   |       |             |    |
|       | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action   |       |             |    |
|       | was accomplished (such as by amendment to the organizing document).   | 5a    |             |    |
| b     | Type I or Type II only. Was any added or substituted supported organization part of a class already   |       |             |    |
|       | designated in the organization's organizing document?   | 5b    |             |    |
| С     | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c    |             |    |
| 6     | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to  |       |             |    |
|       | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited   |       |             |    |
|       | by one or more of its supported organizations, or (iii) other supporting organizations that also support or   |       |             |    |
|       | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.  | 6     |             |    |
| 7     | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor   |       |             |    |
|       | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity   |       |             |    |
|       | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 7     |             |    |
| 8     | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line  |       |             |    |
| _     | 7? If "Yes," complete Part I of Schedule L (Form 990).  | 8     |             |    |
| 9a    | Was the organization controlled directly or indirectly at any time during the tax year by one or more   |       |             |    |
|       | disqualified persons, as defined in section 4946 (other than foundation managers and organizations  |       |             |    |
|       | described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a    |             |    |
| b     | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which   | OI-   |             |    |
| _     | the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b    |             |    |
| С     | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit   | 0.5   |             |    |
| 100   | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9с    |             |    |
| 10a   | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated |       |             |    |
|       | supporting organizations)? If "Yes" answer line 10b below   | 10a   |             |    |

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

| Part     | Supporting Organizations (continued)   |         |        |      |
|----------|--|---------|--------|------|
|          |  |         | Yes    | No   |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?  |         |        |      |
| а        | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   | 44.     |        |      |
|          | 11c below, the governing body of a supported organization?   | 11a     |        |      |
|          | A family member of a person described on line 11a above?  A 25% controlled entity of a person described on 11a as 11b above? If "Yes" to line 11a, 11b ar 11a      | 11b     |        |      |
| С        | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>                            | 11c     |        |      |
| Section  | on B. Type I Supporting Organizations  | 110     |        |      |
|          | 511 Di Typo i dapporting digunizatione   |         | Yes    | No   |
| 1        | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |         |        |      |
|          | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,                                      |         |        |      |
|          | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)                                     |         |        |      |
|          | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported                                     |         |        |      |
|          | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |         |        |      |
|          | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1       |        |      |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported  |         |        |      |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |         |        |      |
|          | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |         |        |      |
| <u> </u> | supervised, or controlled the supporting organization.   | 2       |        |      |
| Section  | on C. Type II Supporting Organizations   |         | V      | NI - |
| 4        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |         | Yes    | No   |
| 1        | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |         |        |      |
|          | or management of the supporting organization was vested in the same persons that controlled or managed   |         |        |      |
|          | the supported organization(s).   | 1       |        |      |
| Section  | on D. All Type III Supporting Organizations  |         |        |      |
|          | 27 17 5 5  |         | Yes    | No   |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |         |        |      |
|          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |         |        |      |
|          | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |         |        |      |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1       |        |      |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |         |        |      |
|          | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI   |         |        |      |
| _        | how the organization maintained a close and continuous working relationship with the supported organization(s).  | . 2     |        |      |
| 3        | By reason of the relationship described in line 2, above, did the organization's supported organizations have  |         |        |      |
|          | a significant voice in the organization's investment policies and in directing the use of the organization's   |         |        |      |
|          | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard. | 3       |        |      |
| Section  | on E. Type III Functionally Integrated Supporting Organizations  |         |        |      |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | e inst  | ructio | nns) |
| a        | The organization satisfied the Activities Test. <i>Complete line 2 below.</i>  | , ,,,,, |        |      |
| b        | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |         |        |      |
| С        | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc   | ctions) |        |      |
| 2        | Activities Test. Answer lines 2a and 2b below.   |         | Yes    | No   |
| а        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |         |        |      |
|          | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |         |        |      |
|          | those supported organizations and explain how these activities directly furthered their exempt purposes,   |         |        |      |
|          | how the organization was responsive to those supported organizations, and how the organization determined  |         |        |      |
|          | that these activities constituted substantially all of its activities.   | 2a      |        |      |
| b        | Did the activities described on line 2a, above, constitute activities that, but for the organization's   |         |        |      |
|          | involvement, one or more of the organization's supported organization(s) would have been engaged in? If  |         |        |      |
|          | "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would  | 2b      |        |      |
| 3        | have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.                         | 20      |        |      |
| э<br>a   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |         |        |      |
| a        | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>  | 3a      |        |      |
| b        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |         |        |      |
|          | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b      |        |      |

| Ochicaa | BOTH & GIRLD CHOD OF NORTHWEDT COLO   |       | 75-512-                           | rago                                |
|---------|---|-------|-----------------------------------|-------------------------------------|
| Part    | V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of | gan   | izations                          |                                     |
| 1       | $\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying  | trus  | st on Nov. 20, 1970 <i>(expla</i> | ain in <b>Part VI</b> ). <b>See</b> |
|         | instructions. All other Type III non-functionally integrated supporting organ   | izati | ons must complete Section         | ons A through E.                    |
| Secti   | on A - Adjusted Net Income  |       | (A) Prior Year                    | (B) Current Year (optional)         |
| 1       | Net short-term capital gain   | 1     |                                   |                                     |
| 2       | Recoveries of prior-year distributions  | 2     |                                   |                                     |
| 3       | Other gross income (see instructions)   | 3     |                                   |                                     |
| 4       | Add lines 1 through 3.  | 4     |                                   |                                     |
| 5       | Depreciation and depletion  | 5     |                                   |                                     |
| 6       | Portion of operating expenses paid or incurred for production or collection   |       |                                   |                                     |
|         | of gross income or for management, conservation, or maintenance of  |       |                                   |                                     |
|         | property held for production of income (see instructions)   | 6     |                                   |                                     |
| 7       | Other expenses (see instructions)   | 7     |                                   |                                     |
| 8       | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8     |                                   |                                     |
| Secti   | on B - Minimum Asset Amount   |       | (A) Prior Year                    | (B) Current Year (optional)         |
| 1       | Aggregate fair market value of all non-exempt-use assets (see   |       |                                   |                                     |
|         | instructions for short tax year or assets held for part of year):   |       |                                   |                                     |
| а       | Average monthly value of securities   | 1a    |                                   |                                     |
| b       | Average monthly cash balances   | 1b    |                                   |                                     |
| С       | Fair market value of other non-exempt-use assets  | 1c    |                                   |                                     |
| d       | Total (add lines 1a, 1b, and 1c)  | 1d    |                                   |                                     |
| е       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |       |                                   |                                     |
| 2       | Acquisition indebtedness applicable to non-exempt-use assets  | 2     |                                   |                                     |
| 3       | Subtract line 2 from line 1d.   | 3     |                                   |                                     |
| 4       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |       |                                   |                                     |
|         | see instructions).  | 4     |                                   |                                     |
| 5       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5     |                                   |                                     |
| 6       | Multiply line 5 by 0.035.   | 6     |                                   |                                     |
| 7       | Recoveries of prior-year distributions  | 7     |                                   |                                     |
| 8       | Minimum Asset Amount (add line 7 to line 6)   | 8     |                                   |                                     |
| Secti   | on C - Distributable Amount   | •     |                                   | Current Year                        |
| 1       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1     |                                   |                                     |
| 2       | Enter 0.85 of line 1.   | 2     |                                   |                                     |
| 3       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3     |                                   |                                     |
| 4       | Enter greater of line 2 or line 3.  | 4     |                                   |                                     |
| 5       | Income tax imposed in prior year  | 5     |                                   |                                     |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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c Excess from 2021d Excess from 2022e Excess from 2023

| Part         | V Type III Non-Functionally Integrated 509(a)(3              |                             | izations (continue         | ed) | 1110 . ago .                  |
|--------------|--|-----------------------------|----------------------------|-----|-------------------------------|
| Secti        | on D - Distributions   |                             |                            |     | Current Year                  |
| 1            | Amounts paid to supported organizations to accomplish ex     |                             | 1                          |     |                               |
| 2            | Amounts paid to perform activity that directly furthers exer | npt purposes of support     | ed                         |     |                               |
|              | organizations, in excess of income from activity             |                             |                            | 2   |                               |
| 3            | Administrative expenses paid to accomplish exempt purpo      | oses of supported organi    | izations                   | 3   |                               |
| 4            | Amounts paid to acquire exempt-use assets                    | -                           |                            | 4   |                               |
| 5            | Qualified set-aside amounts (prior IRS approval required)    | - provide details in Part   | VI)                        | 5   |                               |
| 6            | Other distributions (describe in Part VI). See instructions. |                             |                            | 6   |                               |
| 7            | <b>Total annual distributions.</b> Add lines 1 through 6.    |                             |                            | 7   |                               |
| 8            | Distributions to attentive supported organizations to which  | the organization is resp    | onsive                     |     |                               |
|              | (provide details in Part VI). See instructions.              |                             |                            | 8   |                               |
| 9            | Distributable amount for 2023 from Section C, line 6         |                             |                            | 9   |                               |
| 10           | Line 8 amount divided by line 9 amount                       |                             |                            | 10  |                               |
|              | •  | (n)                         | (ii)                       |     | (iii)                         |
| Secti        | on E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions | Underdistribution Pre-2023 | ns  | Distributable Amount for 2023 |
| 1            | Distributable amount for 2023 from Section C, line 6         |                             |                            |     |                               |
| 2            | Underdistributions, if any, for years prior to 2023          |                             |                            |     |                               |
|              | (reasonable cause required - explain in Part VI). See        |                             |                            |     |                               |
|              | instructions.  | $\wedge$                    |                            |     |                               |
| 3            | Excess distributions carryover, if any, to 2023              |                             |                            |     |                               |
| a            | From 2018  |                             |                            |     |                               |
| b            | From 2019  |                             |                            |     |                               |
|              | From 2020  |                             |                            |     |                               |
| d            | From 2021  |                             |                            |     |                               |
| е            | From 2022  |                             |                            |     |                               |
| f            | Total of lines 3a through 3e                                 |                             |                            |     |                               |
| g            | Applied to underdistributions of prior years                 |                             |                            |     |                               |
| <del>_</del> | Applied to 2023 distributable amount                         |                             |                            |     |                               |
| i            | Carryover from 2018 not applied (see instructions)           |                             |                            |     |                               |
| i            | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       | <u> </u>                    |                            |     |                               |
| 4            | Distributions for 2023 from                                  |                             |                            |     |                               |
|              | Section D, line 7:   |                             |                            |     |                               |
| a            | Applied to underdistributions of prior years                 |                             |                            |     |                               |
| b            | Applied to 2023 distributable amount                         |                             |                            |     |                               |
| C            | Remainder. Subtract lines 4a and 4b from line 4.             |                             |                            |     |                               |
| 5            | Remaining underdistributions for years prior to 2023, if     |                             |                            |     |                               |
|              | any. Subtract lines 3g and 4a from line 2. For result        |                             |                            |     |                               |
|              | greater than zero, explain in Part VI. See instructions.     |                             |                            |     |                               |
| 6            | Remaining underdistributions for 2023. Subtract lines 3h     |                             |                            |     |                               |
| -            | and 4b from line 1. For result greater than zero, explain in |                             |                            |     |                               |
|              | Part VI. See instructions.                                   |                             |                            |     |                               |
| 7            | Excess distributions carryover to 2024. Add lines 3j         |                             |                            |     |                               |
|              | and 4c.  |                             |                            |     |                               |
| 8            | Breakdown of line 7:   |                             |                            |     |                               |
| а            | Excess from 2019   |                             |                            |     |                               |
| b            | Excess from 2020   |                             |                            |     |                               |

EEA Schedule A (Form 990) 2023

| Schedule A (F | orm 990) 2023 Page <b>8</b>   |
|---------------|---|
| Part VI       | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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EEA Schedule A (Form 990) 2023

## Schedule B (Form 990)

#### Schedule of Contributors

2022

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on 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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

| Name o | of the organization | -  |  | Employer identification number      |
|--------|---------------------|--|--|-------------------------------------|
| BOYS   | & GIRLS CLU         | B OF NORTHWEST COLO                                |  | 75-3124416                          |
| Pa     | rt I Organiz        | ations Maintaining Donor Advised F                 | Funds or Other Similar Funds or Acc                | counts                              |
|        |                     | te if the organization answered "Yes" o            |  |                                     |
|        |                     |  | (a) Donor advised funds                            | (b) Funds and other accounts        |
| 1      | Total number at     | end of year  | ,  |                                     |
| 2      |                     | of contributions to (during year)                  |  |                                     |
| 3      |                     | of grants from (during year)                       |  |                                     |
| 4      |                     | at end of year                                     |  |                                     |
| 5      |                     | tion inform all donors and donor advisors in       | writing that the assets held in donor advised      |                                     |
|        | _                   | ganization's property, subject to the organiza     | =  |                                     |
| 6      |                     | tion inform all grantees, donors, and donor a      |  |                                     |
| -      |                     | e purposes and not for the benefit of the don      |  |                                     |
|        |                     | missible private benefit?                          |  |                                     |
| Par    |                     | rvation Easements                                  |  |                                     |
| 1 4.   |                     | te if the organization answered "Yes" o            | n Form 990, Part IV, line 7.                       |                                     |
| 1      |                     | enservation easements held by the organization     |  |                                     |
| •      |                     | of land for public use (for example, recreation    | 11 12  | historically important land area    |
|        |                     | natural habitat                                    |  | certified historic structure        |
|        | =                   | of open space                                      | I reservation of a                                 | cortifica riistorie structure       |
| 2      |                     | a through 2d if the organization held a qualifi    | ied conservation contribution in the form of a     | a conservation                      |
|        | •                   | last day of the tax year.                          | ded conservation contribution in the form of a     | Held at the End of the Tax Year     |
| •      |                     | conservation easements                             |  |                                     |
| a<br>h |                     | stricted by conservation easements                 |  |                                     |
| b      | =                   | ervation easements on a certified historic stru    |  |                                     |
| ۲<br>C |                     |  |  | 20                                  |
| d      |                     | ervation easements included on line 2c, acqu       |  | 24                                  |
| ,      |                     | cture listed in the National Register              |  |                                     |
| 3      |                     | ervation easements modified, transferred, re       | leased, extinguished, or terminated by the o       | rganization during the              |
|        | tax year            |  | and the land of                                    |                                     |
| 4      |                     | s where property subject to conservation eas       |  |                                     |
| 5      | -                   | ration have a written policy regarding the per     |  | □ v <sub>-</sub> , □ v <sub>-</sub> |
| _      |                     | nforcement of the conservation easements it        |  |                                     |
| 6      | Starr and volunte   | er hours devoted to monitoring, inspecting, h      | andling of violations, and enforcing conserv       | ation easements during the year     |
| _      | A 1 - f             |  | Para africal affaire and a affaire an arrange of a | and the same                        |
| 7      | Amount of exper     | ses incurred in monitoring, inspecting, handl      | ling of violations, and enforcing conservation     | n easements during the year         |
| _      |                     |  |  | 0.00.00                             |
| 8      |                     | ervation easement reported on line 2d above        |  |                                     |
| _      |                     | (h)(4)(B)(ii)?                                     |  |                                     |
| 9      |                     | ribe how the organization reports conservati       |  |                                     |
|        |                     | e, if applicable, the text of the footnote to the  | organization's financial statements that des       | cribes the                          |
| Dan    |                     | counting for conservation easements                | of Aut Historical Tracerras on C                   | Athan Cimilan Aparta                |
| Par    |                     | zations Maintaining Collections                    |  | otner Similar Assets                |
|        |                     | te if the organization answered "Yes" o            |  |                                     |
| 1a     | =                   | n elected, as permitted under FASB ASC 95          |  |                                     |
|        |                     | reasures, or other similar assets held for pub     |  | nerance of public                   |
|        |                     | in Part XIII the text of the footnote to its final |  |                                     |
| b      | _                   | n elected, as permitted under FASB ASC 95          |  |                                     |
|        |                     | asures, or other similar assets held for public    | exhibition, education, or research in further      | ance of public service,             |
|        | •                   | ving amounts relating to these items:              |  |                                     |
|        |                     | luded on Form 990, Part VIII, line 1               |  |                                     |
|        |                     | ded in Form 990, Part X                            |  |                                     |
| 2      | _                   | n received or held works of art, historical tre    |  | gain, provide the                   |
|        | -                   | ts required to be reported under FASB ASC          | _  |                                     |
| а      |                     | d on Form 990, Part VIII, line 1                   |  | \$                                  |
| b      | Assets included     | in Form 990. Part X                                |  | \$                                  |

| Par     | t III Organizations Maintaining Coll                                     | ections of Art, His        | storical Treasures          | , or Other Similar As       | sets (co  | ntinu  | ıed)   |
|---------|--|----------------------------|-----------------------------|-----------------------------|-----------|--|--------|
| 3       | Using the organization's acquisition, accession, an                      | nd other records, check    | any of the following that   | make significant use of its |           |  |        |
|         | collection items (check all that apply):                                 |                            | _                           |                             |           |  |        |
| а       | Public exhibition  | d                          | Loan or exchange p          | orogram                     |           |  |        |
| b       | Scholarly research   | е                          | Other                       |                             |           |  |        |
| С       | Preservation for future generations                                      |                            |                             |                             |           |  |        |
| 4       | Provide a description of the organization's collection                   | ons and explain how the    | ey further the organization | n's exempt purpose in Part  |           |  |        |
|         | XIII.  |                            |                             |                             |           |  |        |
| 5       | During the year, did the organization solicit or rece                    | eive donations of art, his | torical treasures, or othe  | r similar                   |           |  |        |
|         | assets to be sold to raise funds rather than to be r                     |                            | e organization's collection | on?                         | . Yes     | <u>;                                    </u> | No     |
| Par     | t IV Escrow and Custodial Arrange  |                            |                             |                             |           | _  |        |
|         | Complete if the organization answ  | vered "Yes" on Foi         | m 990, Part IV, line        | e 9, or reported an am      | ount on   | Form   | )      |
|         | 990, Part X, line 21.  |                            |                             |                             |           |  |        |
| 1a      | Is the organization an agent, trustee, custodian or                      |                            |                             |                             |           |  |        |
|         | included on Form 990, Part X?  |                            |                             | • • • • • • • • • • • • • • | .   Yes   | · 📙  | No     |
| b       | If "Yes," explain the arrangement in Part XIII and o                     | complete the following to  | able.                       |                             |           |  |        |
|         |  |                            |                             |                             | ount      |  |        |
| С       | Beginning balance  |                            |                             |                             |           |  |        |
| d       | Additions during the year  |                            |                             |                             |           |  |        |
| e       | Distributions during the year  |                            |                             |                             |           |  |        |
| f<br>n- | Ending balance   |                            |                             |                             |           |  | NI-    |
| 2a      | Did the organization include an amount on Form 9                         |                            |                             |                             | _         |  | No     |
| Par     | If "Yes," explain the arrangement in Part XIII. Che  t V Endowment Funds | ck nere if the explanation | n nas been provided on      | Part XIII                   |           | <u>. Ц</u>                                   |        |
| Гаі     | Complete if the organization answ  | vored "Vec" on Fo          | cm 000 Part IV line         | 10                          |           |  |        |
|         |  |                            |                             |                             | (a) Faur  |  | a al : |
| 10      | Beginning of year balance  | Current year (b) F         | Prior year (c) Two year     | s back (d) Three years back | (e) Four  | years ba                                     | аск    |
| 1a      | Contributions  |                            |                             |                             |           |  |        |
| b       | Net investment earnings, gains, and                                      |                            |                             |                             |           |  |        |
| С       | losses   |                            |                             |                             |           |  |        |
| d       | Grants or scholarships   |                            |                             |                             |           |  |        |
| e       | Other expenditures for facilities and                                    |                            |                             |                             | +         |  |        |
| -       | programs   |                            |                             |                             |           |  |        |
| f       | Administrative expenses  |                            |                             |                             | +         |  |        |
|         | End of year balance  |                            |                             |                             | +         |  |        |
| g<br>2  | Provide the estimated percentage of the current year                     | ear end halance (line 1c   | r column (a)) held as:      |                             |           |  |        |
| a       | Board designated or quasi-endowment                                      | %                          | ,, column (a)) nola ac.     |                             |           |  |        |
| b       | Permanent endowment %  |                            |                             |                             |           |  |        |
| c       | Term endowment %   |                            |                             |                             |           |  |        |
|         | The percentages on lines 2a, 2b, and 2c should ed                        | rual 100%.                 |                             |                             |           |  |        |
| 3a      | Are there endowment funds not in the possession                          |                            | t are held and administer   | ed for the                  |           |  |        |
|         | organization by:   | Ü                          |                             |                             |           | Yes  | No     |
|         |  |                            |                             |                             | . 3a(i)   |  |        |
|         | (ii) Related organizations?  |                            |                             |                             | . 3a(ii)  |  |        |
| b       | If "Yes" on line 3a(ii), are the related organizations                   | s listed as required on S  | Schedule R?                 |                             |           |  |        |
| 4       | Describe in Part XIII the intended uses of the orga                      | anization's endowment t    | funds.                      |                             |           |  |        |
| Par     | t VI Land, Buildings, and Equipmen                                       |                            |                             |                             |           |  |        |
|         | Complete if the organization answ  |                            | rm 990, Part IV, line       | e 11a. See Form 990,        | Part X, I | ine 1  | 0.     |
|         | Description of property  | (a) Cost or other basis    | (b) Cost or other basis     | (c) Accumulated             | (d) Bool  |  |        |
|         |  | (investment)               | (other)                     | depreciation                |           |  |        |
| 1a      | Land   |                            |                             |                             |           |  |        |
| b       | Buildings  |                            |                             |                             |           |  |        |
| С       | Leasehold improvements   |                            | 353,198                     | 263,762                     |           | 89,4   | 136    |
| d       | Equipment  |                            | 140,103                     | 47,068                      |           | 93,0   | 35     |
| е       | Other STMD1E.  |                            | 138,233                     | 46,125                      |           | 92,1   | L08    |
| Total   | Add lines 1a through 1e. (Column (d) must equal                          | Form 990 Part X line       | 10c column (R)              |                             | -         | 74 5   |        |

Part VII

**Investments - Other Securities** 

| (a) Description of security or category (including name of security)                    | (b) Book value          |   |
|---|-------------------------|---|
| ( 3   | (b) Book value          | <ul><li>(c) Method of valuation:</li><li>Cost or end-of-year market value</li></ul> |
| 1) Financial derivatives  |                         |   |
| 2) Closely-held equity interests  |                         |   |
| 3) Other  |                         |   |
| (A)   |                         |   |
| (B)   |                         |   |
| (C)   |                         |   |
| (D)   |                         |   |
| (E)   |                         |   |
| (F)   |                         |   |
| (G)   |                         |   |
| (H)   |                         |   |
| Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))                       |                         |   |
| Part VIII Investments - Program Related   |                         |   |
| Complete if the organization answered "Yes" on For                                      | m 990, Part IV, line 1  | 1c. See Form 990, Part X, line 13.  |
| (a) Description of investment   | (b) Book value          | (c) Method of valuation: Cost or end-of-year market value                           |
| (1)   |                         |   |
| (2)   |                         |   |
| (3)   |                         |   |
| (4)   |                         |   |
| (5)   |                         |   |
| (6)   |                         |   |
| (7)   |                         |   |
| (8)   |                         |   |
| (9)   |                         | <u> </u>  |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets |                         |   |
|   | m 000 Port IV line 1    | 1d Soc Form 000 Bort V line 15  |
| Complete if the organization answered "Yes" on Form                                     | ir 990, Part IV, line i |   |
| (a) Description   |                         | (b) Book value  |
| (1)   |                         |   |
| (2)   |                         |   |
| (3)   |                         |   |
| (4)<br>(5)  |                         |   |
| (5)   |                         |   |
| (6)   |                         |   |
| (7)   |                         |   |
| (8)   |                         |   |
| Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))                       |                         |   |
| Part X Other Liabilities  |                         |   |
| Complete if the organization answered "Yes" on Formula line 25.                         | m 990, Part IV, line 1  | 1e or 11f. See Form 990, Part X,  |
|   | alua                    |   |
| 1. (a) Description of liability (b) Book v. (1) Federal income taxes                    | alue                    |   |
|   |                         |   |
| (2)   |                         |   |
| (3)   |                         |   |
| (4)   |                         |   |
| (5)<br>(6)  |                         |   |
| (7)   |                         |   |
|   |                         |   |
|   |                         |   |
| (8)   |                         |   |
| (9)  Fotal. (Column (b) must equal Form 990, Part X, line 25 col. (B))                  |                         |   |

| Part    | •  |          | •                         | Return     | 1         |
|---------|--|----------|---------------------------|------------|-----------|
|         | Complete if the organization answered "Yes" on Form 990, Pa  |          |                           |            |           |
| 1       | Total revenue, gains, and other support per audited financial statements   |          |                           | 1          | 2,445,539 |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |          |                           |            |           |
| а       | Net unrealized gains (losses) on investments   | 2a       |                           |            |           |
| b       | Donated services and use of facilities   | 2b       | 67,500                    |            |           |
| С       | Recoveries of prior year grants  | 2c       |                           |            |           |
| d       | Other (Describe in Part XIII.)   | 2d       |                           |            |           |
| е       | Add lines 2a through 2d  |          |                           | 2e         | 67,500    |
| 3       | Subtract line 2e from line 1   | • • • •  | • • • • • • • • • •       | 3          | 2,378,039 |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |          |                           |            |           |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a       |                           |            |           |
| b       | Other (Describe in Part XIII.)   | 4b       |                           | -          |           |
| _ C     | Add lines 4a and 4b  |          |                           | 4c         |           |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |          |                           | 5 Dot:     | 2,378,039 |
| Part    | Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Page 1990, Page 19 |          |                           | Relu       | 1111      |
|         |  |          |                           | 1          | 1 000 107 |
| 1<br>2  | Total expenses and losses per audited financial statements   |          |                           | 1          | 1,990,187 |
|         | Donated services and use of facilities   | 2a       | 67 500                    |            |           |
| a<br>b  | Prior year adjustments   | 2b       | 67,500                    |            |           |
| C       | Other losses   | 2c       |                           |            |           |
| d       | Other (Describe in Part XIII.)   | 2d       |                           |            |           |
| e       | Add lines 2a through 2d  | _        |                           | 2e         | 67,500    |
| 3       | Subtract line 2e from line 1   |          |                           | 3          | 1,922,687 |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |          |                           |            | 1,522,007 |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a       |                           |            |           |
| b       | Other (Describe in Part XIII.)   | 4b       |                           |            |           |
| C       | Add lines <b>4a</b> and <b>4b</b>  |          |                           | 4c         |           |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |          |                           | 5          | 1,922,687 |
| Part    |  |          |                           | '          |           |
| Provide | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4a  | nes 1b   | and 2b; Part V, line 4; P | art X, lir | ne        |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any   | y additi | onal information.         |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
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|         |  |          |                           |            |           |
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|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |
|         |  |          |                           |            |           |

EEA Schedule D (Form 990) 2023

#### **SCHEDULE G** (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

If "Yes," explain:

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 COWBOY XMAS BASH 3 col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . 84,952 741,957 116,075 942,984 2 Less: Contributions 76,777 723,387 104,985 905,149 3 Gross income (line 1 minus line 2) . . . . . . . . . 8,175 18,570 11,090 37,835 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs . . . . . . Direct Expenses Food and beverages . . . . . 12,525 21,061 1,947 35,533 8 Entertainment . . . . . . . . 1,200 1,380 2,580 Other direct expenses . . . . 9 3,063 10,300 34,720 48,083 10 Direct expense summary. Add lines 4 through 9 in column (d) <u>86,196</u> 11 Net income summary. Subtract line 10 from line 3, column (d) (48,361)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses 5 Volunteer labor 6 No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a

EEA Schedule G (Form 990) 2023

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization Employer identification number BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . . 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . . . . . . . 5 Clothing and household 6 Cars and other vehicles Boats and planes ...... 7 8 Intellectual property . . . . . . . . . Securities - Publicly traded . . . . . . 9 10 Securities - Closely held stock . . . . 11 Securities - Partnership, LLC, or trust interests . . . . . . . . . . 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures . . . . . . . . . . . . . Qualified conservation 14 contribution - Other . . . . . . . . . 15 Real estate - Residential . . . . . . 16 Real estate - Commercial . . . . . . . 17 Real estate - Other . . . . . . . . . Collectibles . . . . . . . . . 18 19 1 67,500 FMV 20 Drugs and medical supplies 21 Taxidermy . . . . . . . . . . . . 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ( 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 V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

## SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer identification number** 

75-3124416 BOYS & GIRLS CLUB OF NORTHWEST COLO 01. Form 990 governing body review (Part VI, line 11) THE CLUB DELIVERS COPIES OF THE FORM 990 TO ALL BOARD MEMBERS FOR THEIR REVIEW. 02. Conflict of interest policy compliance (Part VI, line 12c) ANNUALLY, THE CLUBS' STAFF, VOLUNTEERS AND BOARD OF DIRECTORS DISCUSS THE CONFLICT OF INTEREST STATEMENT, AND ALL ARE ASKED IF FOR ANY REASON THEY CANNOT SIGN THE STATEMENT. AT THE CONCLUSION OF DISCUSSION, THE STATEMENT IS SIGNED AND KEPT IN PERSONNEL FILES. 03. CEO, executive director, top management comp (Part VI, line 15a) ALL STAFF MEMBERS, INCLUDING THE EXECUTIVE DIRECTOR, RECEIVE AN ANNUAL REVIEW MANAGEMENT OF THE ORGANIZATION AND THE BOARD REVIEW COMPENSATION POLICIES INTERNALLY AND EXTERNALLY. 04. Other officer or key employee compensation (Part VI, line 15b ALL STAFF MEMBERS, INCLUDING THE EXECUTIVE DIRECTOR, RECEIVA AN ANNUAL REVIEW. MANAGEMENT OF THE ORGANIZATION AND THE BOARD REVIEW COMPENSATION POLICIES INTERNALLY AND EXTERNALLY. 05. Governing documents, etc, available to public (Part VI, line 19) ALL FINANCIALS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS, ARE OPEN AND AVAILABLE TO THE PUBLIC UPON REQUEST.

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or print BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for PO BOX 1251 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions CRAIG CO 81626 Enter the Return Code for the return that this application is for (file a separate application for each return) ...... **Application Is For** Return Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) Form 5227 10 Form 990-PF Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 06 Form 5330 (individual) Form 990-T (trust other than above) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 80 Form 1041-A • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ORGANIZATION, PO BOX 1251 CRAIG CO 81625 Telephone No. 970-826-0411 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_, 2 If the tax year entered in line 1 is for less than 12 months, check reason: 

Initial return 

Final return ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a | \$ **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c

## Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

| Part   Type of Return and Return Information   | Name of   | f filer   |  |  |  |   |  |   |  |   | EIN or SSN  |  |   |
|--|---|---|--|--|--|---|--|---|--|---|---|--|---|
| DANA DURAN, EXEC DIRECTOR  Part I Type of Return and Return Information  Check the box for the retum for which you are using this Form 8879-TE and enter the applicable amount, if any, from the retum. Form 8039-CP and Form 5330 flers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10b above, and the amount on that line for the return being filled with this form was blank, then level line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable. blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.  1a Form 990 check here.  | BOYS  | & GIRLS   | CLUB OF N  | ORTHWE   | ST COL   | ıO_   |  |   |  |   | 75-3124   | 416                                    |   |
| Check the lock for the return for which you are using this Form 82079TE and enter the applicable amount, if any from the return. Form 82030-8CP and from \$201 gliets may enter delians and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9b, 9b, or 10b, below, good the papers the factor forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9b, 9b, or 10b, whichever is applicable, blank (on one riter -0-), But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.  1a Form 990-CE check here.  | Name a  | and title of office   | er or person sub   | ject to tax  |  |   |  |   |  |   |   |  |   |
| Check the tox (for the return for which) you are using this Form 8207-TE and enter the applicable amount, if any, from the return. Form 8208-QF and Form \$201 (life nor most) | DANA  | DURAN, E  | XEC DIREC  | CTOR   |  |   |  |   |  |   |   |  |   |
| 8038-CP And Form \$330 liters may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, on 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 5b, 7b, 8b, 9b, or 10b, whichever is applicable, be below. Do not complete more than one line in Part I.  1a Form 990 check here.  | Part  | І Тур   | e of Return  | and Re   | turn In  | nformation  |  |   |  |   |   |  |   |
| 2a Form 990-EZ check here   b Total revenue, if any (Form 990-EZ, line 9)   2b   3a Form 1120-POL check here   b Total tax (Form 1120-POL, line 22)   3b   3b   4a Form 990-FF, check here   b Total tax (Form 1120-POL, line 22)   3b   5a Form 896 Fcheck here   b Balance due (Form 8868, line 3c)   5b   5a Form 890-FF, Part V, line 5)   4b   5a Form 890-FF, check here   b Total tax (Form 990-FF, Part V, line 5)   4b   5a Form 890-FP, check here   b Total tax (Form 990-FF, Part V, line 5)   5b   5a Form 990-FF, check here   b Total tax (Form 990-FF, Part V)   6b   5a Form 523 Check here   b Total tax (Form 4720, Part III, line 4)   6b   5a Form 5237 (here V)   7b   5a Form 5230 check here   b Total tax (Form 4720, Part III, line 4)   9b   5a Form 5230 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330 check here   b Tax due (Form 5330, Part II, line 19)   9b   5a Form 5330, Part II, line 19b   9b   9b   5a Form 5330, Part II, line 19b   9b   5a Form 5330, Part II | 8038-C<br><b>3a, 4a,</b><br><b>3b, 4b,</b><br>applica | P and Form 5a, 6a, 7a, 8 , 5b, 6b, 7b, ble line belo                  | 5330 filers ma<br>8a, 9a, or 10a<br>8b, 9b, or 10b<br>w. <b>Do not</b> con | ay enter do<br>below, and<br>, whicheven<br>plete more | ollars and<br>the amo<br>er is appl<br>e than or | I cents. For all<br>bunt on that lin<br>icable, blank (one line in Part I | other forms<br>e for the re<br>do not ente     | s, enter w<br>turn being<br>r -0-). But | hole dolla<br>g filed wit<br>i, if you e | ars only. If<br>th this form<br>ntered -0-  | you check the<br>was blank, the<br>on the return, the | box on lin<br>en leave li<br>hen enter | ne <b>1a, 2a,</b><br>ine <b>1b, 2b,</b><br>r -0- on the |
| As Form 1120-POL check here.   |   |   |  | =  |  |   | • .  |   |  | . ,   | ,   |  |   |
| 4a Form 990-PF check here   b Balance due (Form 896, line 3c)  | <del></del>   |   |  |  |  |   |  |   |  |   |   |  |   |
| 5a Form 8968 check here     b Balance due (Form 8967, Part III, line 4)  |   |   |  | =  |  |   |  |   |  |   |   |  |   |
| 6a Form 990-T check here.  | 5a  | Form 8868   | check here .   | 🗖  |  |   |  |   |  |   |   |  |   |
| Ta Form 4720 check here  | 6a  | Form 990-   | Check here.  | 🗖  | b T  | otal tax (Form  | 990-T, Pai                                     | t III, line                             | 4)                                       |   |   | 6b                                     |   |
| 88 Form 5227 check here  | 7a  | Form 4720   | check here .   | 🗖  |  | ,   |  |   | ,  |   |   |  |   |
| 9a Form \$330 check here   | 8a  | Form 5227   | check here .   | 🗍  |  |   |  |   |  |   |   |  |   |
| Part II Declaration and Signature Authorization of Officer or Person Subject to Tax  Under penalties of perjuy, I declare that   | 9a  | Form 5330   | check here .   | 🗌  | b T  | ax due (Form  | 5330, Part                                     | II, line 19                             | )  |   |   | 9b                                     | )   |
| Under penalties of perjury, I declare that   | _   | _   | -CP check he   | e  | b A  | mount of cred   | dit paymen                                     | t reques                                | ted (Forn                                | n 8038-CP                                   | , Part III, line 2                                    | .2) . 10k                              | )   |
| of entity)  . (EIN)  . and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an asknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treastry and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only  I authorize  ERO firm name  ERO firm name  ERO firm name  Tenter five numbers, but do not enter all zeros  on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed | Part  | II Dec  | aration an   | d Signa  | ture A   | uthorizatio   | n of Offic                                     | er or F                                 | $\overline{}$                            |   |   |  |   |
| 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treastry and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment testfement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only  I authorize  ERO firm name  I as my signature on the tax year 2023 electronically filled return. If I have indicated within this return that a copy of the return is being filled with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN as my signature on the tax year 2023 electronically filled return. If I have indicated within this return that a copy of the return is being filled with a state agency(ies) regulating charities as part of th | Under p   | penalties of p  | erjury, I declai   | e that   | lan  | n an officer of t   | he above e                                     | ntity or                                | l a                                      | ım a persor                                 | n subject to tax                                      | with respe                             | ect to (name  |
| complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERQ) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treastry and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for part of the pectate taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only  I authorize    RRO firm name   | of entity   | y)  |  |  |  |   |  | , (EIN) _                               |  |   | and that I have                                       | examine                                | d a copy of the   |
| ERO firm name  Enter five numbers, but do not enter all zeros  on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax  Date 05-15-2024  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  842816 31089  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.   | the pay<br>electro                                    | ment. I have<br>nic funds with  | selected a pendrawal.  |  |  |   |  |   | •  |   |   |  |   |
| on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax  Date 05-15-2024  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  842816 31089  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  | χI  | authorize   | Kari Nel   | son CPA  |  |   |  |   | to enter                                 | my PIN                                      | 12345   | a                                      | s my signature  |
| agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax  Date 05-15-2024  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  842816 31089  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.   |   |   |  |  | ERO fir  | rm name   |  |   |  |   |   | -                                      |   |
| Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  842816 31089  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.   | a<br>ro<br>D<br>A<br>fi                               | agency(ies) re<br>etum's disclo<br>As an officer of<br>iled retum. If | egulating char<br>sure consent s<br>or person subje<br>I have indicate     | ities as par<br>screen.<br>ect to tax wed within th    | rt of the I<br>vith respe<br>is return           | RS Fed/State pact to the entity, that a copy of the                       | orogram, I a<br>, I will enter<br>the retum is | my PIN a                                | rize the a                               | aforemention<br>nature on the<br>state agen | ned ERO to en<br>he tax year 202                      | nter my Pl                             | N on the nically  |
| Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  842816 31089  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.   | Signatur  | re of officer or  | person subject to  | o tax  |  |   |  |   |  |   | Date <b>05-</b>                                       | -15-202                                | 24  |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  842816 31089  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  |   |   |  |  | enticat  | tion  |  |   |  |   |   |  |   |
| I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  | ERO's   | EFIN/PIN. E   | nter your six-o  | digit electro  | nic filing                                       | identification  |  | _ 8                                     | 42816                                    | 31089                                       | 1   |  |   |
| am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  |   |   |  |  |  |   |  |   |  |   |   |  |   |
| ERO's signature Date   | am sub  | mitting this r  | eturn in accor   |  |  |   |  |   |  |   |   |  |   |
|  | ERO's s   | signature   |  |  |  |   |  |   |  | Date  | 05-29-20  | 24                                     |   |
|  |   |   | D  |  |  | flust Retain<br>This Form   |  |   |  |   | To Do So  |  |   |

| FOR YOUR RECORDS ONLY Federal Supporting Statements | <b>2023</b> PG01 |
|---|------------------|
| Name(s) as shown on return                          | Tax ID Number    |
| BOYS & GIRLS CLUB OF NORTHWEST COLO                 | 75-3124416       |

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

| <b>DESCRIPTION</b> OF INVESTMENT VEHICLES | COST/BASIS (INVESTMENT) | COST/BASIS<br>(OTHER)<br>138,233 | DEPR<br><b>46,125</b> | BOOK<br>VALUE<br>92,108 |
|---|-------------------------|----------------------------------|-----------------------|-------------------------|
| TOTAL                                     | 0                       | 138,233                          | 46,125                | 92,108                  |

