EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ 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.

OMB No. 1545-0047

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change F.R.I.E.N.D.S. OF BROOMFIELD, INC. Name change 84-1516104 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (303) 404-0123 11851 SAULSBURY STREET 2,219,047. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 80020 BROOMFIELD, CO H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GINA COUFAL for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► FRIENDSOF BROOMFIELD.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1998 M State of legal domicile: CO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 607,272. 772,824. Contributions and grants (Part VIII, line 1h) 8 1,606,763. 1,402,922. Program service revenue (Part VIII, line 2g) 14,458. 19,976. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -11,303. -10,356. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,185,366. 2,217,190. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,186,324. 1,094,361. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 937,516. 751,384. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,031,877. 1,937,708. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 185,313. 247,658. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,730,438. 4,009,568. 20 Total assets (Part X, line 16) 1,257,309. 1,228,988. 21 Total liabilities (Part X, line 26) 三年 2,501,450. 2,752,259 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANNIE GREEN, EXECUTIVE DIRECTOR OPERATIONS Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01240896 KEVIN RICKMAN Paid self-employed Firm's EIN ▶ 84-0930288 Firm's name ▶ BROCK AND COMPANY, CPAS, P.C. Preparer Firm's address > 900 S. MAIN STREET, SUITE 200 Use Only Phone no. 303 - 776 - 2160LONGMONT, CO 80501

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DEDICATED TO ENHANCING COMMUNITIES BY CREATING OPPORTUNITIES FOR
	INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH
	AN INNOVATIVE AND PERSON CENTERED APPROACH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 825,870 • including grants of \$) (Revenue \$ 709,931 •)
	RESIDENTIAL PROGRAM: FRIENDS BELIEVES THAT EVERY PERSON, REGARDLESS OF
	THEIR ABILITIES, HAS THE RIGHT TO BE FULLY INCLUDED IN THEIR COMMUNITY
	AND TO LIVE THE LIFE THEY CHOOSE. FRIENDS INDEPENDENT LIVING SERVICES
	SUPPORTS INDIVIDUALS IN A MANNER THAT WORKS BEST FOR EACH PERSON AND IS
	APPROPRIATE FOR THEIR LIFE STYLE. WE CUSTOMIZE SUPPORT TO MEET THE
	PERSON'S NEEDS, PREFERENCES AND DESIRES. FRIENDS OFFERS SEVERAL MODELS
	OF SERVICE INCLUDING HOST HOMES, FAMILY CARE GIVER AND INDEPENDENT
	LIVING.
4b	(Code:) (Expenses \$ 620 , 121 including grants of \$) (Revenue \$ 533 , 066 .)
	DAY PROGRAM: FRIENDS UNLIMITED DAY PROGRAM IS GUIDED BY A
	PERSON-CENTERED PHILOSOPHY AND IS DESIGNED TO PROMOTE COMMUNITY
	INCLUSION AND INDEPENDENCE.WE BELIEVE THAT WHEN ADULTS WITH
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ARE GIVEN THE OPPORTUNITY
	AND SUPPORT TO PARTICIPATE AND CONTRIBUTE TO THE COMMUNITY, ALL OF OUR
	LIVES ARE ENRICHED. FRIENDS SCHEDULES A VARIETY OF CLASSES AND
	COMMUNITY ACTIVITIES THAT FOCUS ON INDEPENDENCE, COMMUNITY ACCESS, AND
	CONTINUOUS LEARNING. THE CLASSES GO BEYOND THE BASICS AND OFFER
	INDIVIDUALS LIFE ENRICHMENT OPPORTUNITIES; CLASSES INCLUDE RECREATIONAL
	EDUCATIONAL, AND CULTURAL ACTIVITIES, COOKING, COMPUTERS, WEIGHT
	TRAINING, ART, MUSIC AND VOLUNTEERING. EVERY PERSON RECEIVES SUPPORTS
	TAILORED AROUND THEIR AREAS OF STRENGTHS AND HELP TO EMPOWER ADULTS TO
4c	160 000
	SUPPORTIVE EMPLOYMENT PROGRAM: WORK IS AN IMPORTANT PART OF LIFE.
	PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BENEFIT FROM
	WORKING AS MUCH AS PEOPLE WITHOUT DISABILITIES DO. THE BENEFITS FROM
	WORK INCLUDE FINANCIAL INDEPENDENCE AND SECURITY, INCREASE
	SELF-CONFIDENCE, PERSONAL GROWTH, SKILL DEVELOPMENT AND A MORE
	FULFILLING SOCIAL LIFE. FRIENDS USES A PERSON-CENTERED CAREER PLANNING
	MODEL THAT TAKES INTO ACCOUNT A PERSON'S INDIVIDUAL PREFERENCE, GOALS
	AND DREAMS. FRIENDS WILL COORDINATE SERVICES WITH COLORADO'S DIVISION
	OF VOCATIONAL REHABILITATION AND WILL WORK WITH EMPLOYERS IN OUR
	COMMUNITY TO FIND A JOB THAT MATCHES A PERSON'S INTERESTS, WORKS WITH
	THEIR SCHEDULE AND PROMOTES INDEPENDENCE.
	THEIR COMBOUNT MAD INCHOING INDUINDENCE.
44	Other program services (Describe on Schedule O.)
÷u	17 000
4 e	(Expenses \$ 17,820 ⋅ including grants of \$) (Revenue \$ 15,318 ⋅) Total program service expenses ► 1,632,034 ⋅
	1 1

Form 990 (2020) F.R.I.E.N.D.S. OF BROOMFIELD, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		_
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 25	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

	990 (2020) F.R.I.E.N.D.S. OF BROOMFIELD, INC. 84-151	6104	Р	age ⁴
Pai	rt IV Checklist of Required Schedules (continued)		1	Ι
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEh		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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		x
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		_ v
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	· 3,		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	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	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2020) F.R.I.E.N.D.S. OF BROOMFIELD, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 47 b If all east one is reported on line 2a, did the organization file all required federal employment tax returns? b If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Notes If the sum of lines it and 2a is greater than 250, you may be required to e-jile (see instructions) 3b If Ves, 1 has it filed a form 990° Tor this year? If 1/0° To line 3b, provide an explanation on Schedule 0 3c If the organization have unrelated business goes income of \$1,000 or more during the year? 3a X X b If 1/4°s, 1 has it filed a form 990° Tor this year? If 1/0° To line 3b, provide an explanation on Schedule 0 3c If 1/4°s, 1 has it filed a form 990° Tor this year? If 1/4°s to line 3b, provide an explanation on Schedule 0 3d At any time during the celanates, year, did the organization have an interest in, or a significant or other authority over, a financial account; a foreign country but the organization part of the provides an explanation on schedule 0 3d At any time during requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e Was the organization party to a prohibited tax schedule than an express the schedule than 500,000, and did the organization solicit any contributions that were not tax deductibles an charitable contributions? 5c If 1/4°s to line 15 a for 50, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles an charitable contributions or gifts were not tax deductibles an charitable contributions? 7c Organizations that may receive deductible contributions under section 170(c) 8d If were, 1 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and admittable contributions or property for which it was required to the foreign 520° and 520° and 520° and 520° and 520° an					Yes	No			
b If a least one is reported on line 2a, did the organization tile all required feetral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-fise (see Instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, * has it flied a Form 990-T for this year? If * No.* to line 3b, provide an explanation on Schedule O 3b A At any time during the calendary 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)? 5a If Yes, * index the name of the foreign country. 5a Was the organization have foreign country. 5b Was 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 Dest 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? 6b If Yes, * idid the organization that organization that organization and property of the organization solicit any contributions that may receive deductible as charitable contributions? 6c Va Property of the organization receive deductible contributions under section 170(c). 6c If Yes, * indicate the number of forms 8822 fled during the year 6c Did the organization receive any pyremiums on a personal benefit contract? 6c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 5822 fled during the year 6c Did the organization received a contribution of qualified intellectual property, did the organization flee a Form 5822 fled during the year 6d Did the sponarization received a contribution of qualified intellectual property, did the organization fle a Form 1089 C7 7d Did the organizatio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _effic (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account)? 5 B If "Yes," increase the man of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5 B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization a party to a prohibited tax shelter transaction? 5 B Was the organization and the organization file Form 8889.7? 5 B Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 B Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 8 B Was the organization shall may receive deductible contributions under section 170(c). 8 B Was the organization shall may receive deductible contributions under section 170(c). 9 B Wise, "did the organization notify the donor of the value of the goods or services provided? 10 B Was the state of the number of Forms 8282 filed during the year 11 B Was a promisition shall may receive deductible contribution and party for goods and services provided? 12 B Was a promisition shall receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 B Was a promisition shall receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 B Was a promisition for the same pays premiums, directly or		filed for the calendar year ending with or within the year covered by this return	2a 47						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b if "Yes," has it filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule O 5b if "Yes," and the filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule O 5c if "Yes," and the filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule O 5c if "Yes," and the filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule O 5c if "Yes," advanted the foreign country." 5c if "Yes," advantation and the foreign country." 5c if "Yes," advantation and provided in the foreign country." 5c if "Yes," advantation for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to be organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line the organization that was received a contribution of a contribution of a party is a contribution and an analytic foreign state of the organization self was only the donor or of the value of the goods or services provided? 5c if yes if ye	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х				
b If "Yes," rise at fitted a Form 8801 for this year? If "No" to fire 3b, provide an explanation on Schedule O A ray 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 tamk account, securities account, or other financial accountry? 4a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
4a A 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 is performed to the property of the proper	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
financial account in a foreign country such as a bank account, securities account, or other financial account(??) b if "Yes," either 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did was the organization aparty to a prohibited tax shelter transaction? 5b Did was the organization and that it was or is a party to a prohibited tax shelter transaction? 5c Did was the organization and that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization shelt were not tax deductible on the party of the contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7a X 7b Did the organization receive apment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7a X 7b Did the organization receive any spend dispose of tangible personal property for which it was required to the Form 8282? 7c Visconicate the number of Forms 8282 flied during the year 9b Did the organization received an contribution of qualified intellectual property, did the organization received an contribution of qualified intellectual property, did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098C? 8 Sponsoring organization was any taxable distributions under section 4986? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring organization was any taxable distribution of cars, boats, airplanes, or other vehicles, did the organization file and	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					
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				.5					

Form 990 (2020) F.R.I.E.N.D.S. OF BROOMFIELD, INC. 84–1516104 Pag
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.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		<u>3</u>		
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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, and	nd finan	cial	
	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			
	THE ORGANIZATION - (303) 404-0123			
	11851 SAULSBURY STREET BROOMFIELD CO 80020			

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

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

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

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

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

Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both or/trus	n an	compensation	compensation	amount of
	week	_	Cer ar	ia a a	recio	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 141100)		and related
	below	idual	ution	<u></u>	Key employee	sst co	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) ELIZABETH ANDERSON	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) LORI SCHULT	2.00									
VICE CHAIR		Х		Х		<u> </u>		0.	0.	0.
(3) JOHN BERTAGNOLLI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MELINDA BREWER	2.00									_
TREASURER		Х		Х				0.	0.	0.
(5) KRISTINE GAHNSTROM	2.00									_
DIRECTOR		Х				_		0.	0.	0.
(6) HEATHER KIJANKA	2.00									_
DIRECTOR		Х				_		0.	0.	0.
(7) NINA TAYLOR	2.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(8) MARK TESKA	2.00									•
DIRECTOR	40.00	Х				├		0.	0.	0.
(9) GINA COUFAL	40.00	.,		,,				67.006	_	•
EXECUTIVE DIRECTOR	40.00	Х	_	Х		┢		67,296.	0.	0.
(10) ANNIE GREEN	40.00			37				02 240	_	^
EXECUTIVE DIRECTOR OPERATIONS	30.00			Х				93,240.	0.	0.
(11) HELEN MACIAS FINANCE DIRECTOR	30.00			Х				74 112	0.	0.
FINANCE DIRECTOR				Δ		┢		74,112.	0.	0.
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Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos			one	Reportable	Reportable			mated	Í
	hours per	box,	, unle	ss per	rson i	than o	n an	compensation	compensatio		amo	unt of	i
	week		er an	ia a d	irecto	or/trus	ree)	from	from related			her	
	(list any	recto						the	organization		compe		on
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	^(C)		n the	_
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC)			organ	iizatio elated	
	below	dual t	rtiona	L	nploy	st cor	-				organi		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J. Jan.		
			_	Ť	_					\neg			
						_							
		Ш								\longrightarrow			
	-	Ш	_			┝				\longrightarrow			
							Ļ	224 640		$\overline{}$			_
1b Subtotal								234,648.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	234,648.					0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;			0
compensation from the organization												'es l	No
3 Did the organization list any former officer.	director truct	ا مم		mnl	0.40	0 0	hia	hast componented amp	lovos on	ſ	-	-	10
3	*	,	,		,	,	·		•		3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150										ı	4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				,			•		ı	5		Х
Section B. Independent Contractors	ipiete Scriedali	2 0 1 0	JI SC	<i>i</i> CII į	Jers	OII .				·····			
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from	າ	
the organization. Report compensation for													
(A)	-							(B)			(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	С	ompens	ation	
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
φτου,σου οι compensation from the organi	∠αιι∪ι1					_							

84-1516104

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		•	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
					function revenue	business revenue	sections 512 - 514
S (s	1 2	Federated campaigns 1a					
ants				-			
جَ ق			42,743.	-			
fts,		•	14,715	-			
ig ig			228,600.	-			
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	220,000.	-			
atio er 9	Ť	All other contributions, gifts, grants, and	E01 /01				
듗뙲		similar amounts not included above 1f	501,481.	-			
ont od (-	Noncash contributions included in lines 1a-1f		772 024			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f		772,824.			
			Business Code	700 031	700 021		
<u>e</u>		RESIDENTIAL PROGRAM FE	624100	709,931.	709,931.		
er v		DAY PROGRAM FEES	624100	533,066.	533,066.		
Sign		SUPPORTIVE EMPLOYMENT	624100	144,607.	144,607.		
ev ev	d	SOCIAL PROGRAM FEES	624100	15,318.	15,318.		
Program Service Revenue	е						
٩.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,402,922.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	>	11,515.			11,515.
	4	Income from investment of tax-exempt bond					
	5	Royalties)				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 24,436	7,350.				
	b	Less: cost or other basis					
<u>o</u>		and sales expenses 7b 13,885	9,440.				
Revenue	c	Gain or (loss) 7c 10,551	-2,090.				
Şe.		Net gain or (loss)		8,461.			8,461.
her F		Gross income from fundraising events (not		7, = 1 = 1			, , _ , _ ,
ŎĘ.	o u	including \$ 42,743. of					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 188	0.				
	h	Less: direct expenses 8		-			
		Net income or (loss) from fundraising events	<u> </u>	-10,356.			-10,356.
		Gross income from gaming activities. See					
	Эа	Part IV, line 199					
	h	Less: direct expenses 9		-			
		Net income or (loss) from gaming activities	<u> </u>				
	то а	Gross sales of inventory, less returns					
		and allowances 10		-			
		Less: cost of goods sold10					
\rightarrow	С	Net income or (loss) from sales of inventory					
ပ္ခ			Business Code				
eor re	11 a						
Miscellaneous Revenue	b						
Se Je	С			<u> </u>			
Mis		All other revenue	_	1			
	е	Total. Add lines 11a-11d		0 105 255	1 400 000		0 600
	12	Total revenue. See instructions		2,185,366.	ц,402,922.	0.	9,620.

Total expenses	Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Total expenses Program service Program ser		Check if Schedule O contains a respon	se or note to any line in			X						
and domestic povernments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 13 and 16 Benefits paid to r for members Compensation of current orficers, directors, trustees, and key employees Compensation not included above to disqualified passons destribed in section 498(k)(3)(8) Pother seriods and the variety of the section 498(k)(3)(8) Person or section 498(k)(4)(8) Person or section 498(k)(4)(4) Person or section 498(k)(4)(4) Perso		' '		(B) Program service expenses	Management and	Fundraising						
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 57 and 16 4 Banefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation inclinicated above to disqualified persons (siscential in section 4988(1) (1) and in section 401(1) and 403(1) employer contributions (notube section 401(1) employer co	1	Grants and other assistance to domestic organizations										
Individuals See Part V, line 22		and domestic governments. See Part IV, line 21										
3 Grants and other assistance to foreign organizations, foreign promements, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in individual above to disqualified persons (section in included above to disqualified persons (section 40 (kg) and 400(kg)) employer combibutions (include section 40 (kg) and 40 (kg) employer combibutions (include section 40 (kg) and 40 (kg) employer combibutions (include section 40 (kg) and 40 (kg) employer combibutions (include section 40 (kg) and 40 (kg) employer combibutions (include section 40 (kg) employer combibutions (include section 40 (kg) employer combibutions (include section 40 (kg) employer combibution	2	Grants and other assistance to domestic										
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 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation not included above to disqualified persons (as defined under section 4980(K)19) and persons described in section 4980(K)19 and 4980(K)19		individuals. See Part IV, line 22										
Individuals, See Part IV, lines 15 and 16 See Heart IV, lines 15 See Heart IV, lines 16 See Heart IV, lines 16 See Heart IV, lines 17	3	Grants and other assistance to foreign										
## Benefits paid to or for members 234 , 647		organizations, foreign governments, and foreign										
5 Compensation of current officers, directors, trustees, and key employees 234,647. 64,214. 121,161. 49,272.		individuals. See Part IV, lines 15 and 16										
Travel T	4	Benefits paid to or for members										
6 Compensation not included above to disqualified persons (as defined under section 4958(t)(11)) and persons described in section 4958(t)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(t) and 403(t)) employer contributions) 9 Other employee benefits 10 Payroll taxes 8 5, 799. 71, 213. 10, 296. 4, 290. 11 Fees for services (nonemployees): 12 Assembly and Assembly	5											
persons (as defined under section 4986(f/11) and persons described in section 4986(f/11) and approximate section 4986(f/11) and approximate section 4986(f/11) and 493(f) employer contributions (include section 491(i) and 493(f) employer contributions) 7 , 036. 5,840. 844. 352. 9 Other employee benefits 32,345. 26,846. 3,882. 1,617. Payroll taxes 85,799. 71,213. 10,296. 4,290. 11 Fees for services (nonemployees): a Management		trustees, and key employees	234,647.	64,214.	121,161.	49,272.						
persons described in section 4958(c)(3)(B) 826,497. 816,536. 6,176. 3,785.	6											
7 Other salaries and wages Pension plan accurals and contributions (include section 401(k) and 403(b) employer contributions) 7		* * * * * * * * * * * * * * * * * * * *										
8 Persion plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 32,345. 26,846. 3,882. 1,517. 10 Payroll taxes 85,799. 71,213. 10,296. 4,290. 11 Fees for services (nonemployees): 2 Management			006 405	016 526	6 106	2 505						
Section 401(k) and 403(b) employer contributions 7,036 5,840 844 352 32,345 26,846 3,882 1,617 10 10 12 10 10 10 10 10			826,497.	816,536.	6,176.	3,785.						
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 234 , 072 . 218 , 765 . 6 , 277 . 9 , 030 . 24 Advertising and promotion 5 , 443 . 5 , 948 . 1 , 487 . 15 Royatties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 22 Depreciation, depletion, and amortization 118 , 744 . 100 , 933 . 14 , 249 . 3 , 562 . 23 Insurance 24 Other expenses Itemize expenses on line 24e . If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on line 24e . If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (.) 25 TOAI MAINTENANCE 26 JORGAM EXPENSES 27 AND MAINTENANCE 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check the ▶	8	•	7 026	E 040	0.4.4	252						
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 234 , 072 . 218 , 765 . 6 , 277 . 9 , 030 . 24 Advertising and promotion 6 , 443 . 6 , 443 . 3 Office expenses 1 Information technology 49 , 569 . 42 , 134 . 5 , 948 . 1 , 487 . 15 Royatties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Depreciation, depletion, and amortization 118 , 744 . 100 , 933 . 14 , 249 . 3 , 562 . 19 Insurance 10 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 (.) 18 PROPARM EXPENSES 18 2, 943 . 82 , 943 . 18 REPAIRS AND MAINTENANCE 25 Total functional expenses 26 Jint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check the ▶	_		7,030.	3,840.	2 002	1 617						
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 234 , 072 . 218 , 765 . 6 , 277 . 9 , 030 . 24 Advertising and promotion 6 , 443 . 6 , 443 . 3 Office expenses 1 Information technology 49 , 569 . 42 , 134 . 5 , 948 . 1 , 487 . 15 Royatties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Depreciation, depletion, and amortization 118 , 744 . 100 , 933 . 14 , 249 . 3 , 562 . 19 Insurance 10 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 (.) 18 PROPARM EXPENSES 18 2, 943 . 82 , 943 . 18 REPAIRS AND MAINTENANCE 25 Total functional expenses 26 Jint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check the ▶	-			71 213		1,01/•						
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b Legal		-										
C. Accounting 18,129. 18,129.		_										
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 234,072. 218,765. 6,277. 9,030. 4 Advertising and promotion 6,443. 6,443. Office expenses Information technology 49,569. 42,134. 5,948. 1,487. Royalties Cocupancy 35,716. 30,359. 4,286. 1,071. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 31,247. 31,247. Payments to affiliates 31,247. 31,247. Payments to affiliates 51,864. 49,271. 2,593. Other expenses on tovered above (Linis miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of			18 129.		18 129.							
e Professional fundraising services. See Part IV, line 17 f Investment management fees	4		10,120.		10,125.							
f Investment management fees 1,051.	u											
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 234,072. 218,765. 6,277. 9,030. 4 Advertising and promotion 6,443. 6,443. 3 Office expenses Information technology 49,569. 42,134. 5,948. 1,487. 5 Royalties 35,716. 30,359. 4,286. 1,071. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Insurance 31,247. 31,247. 20 Depreciation, depletion, and amortization 118,744. 100,933. 14,249. 3,562. Insurance 4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. It line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (J.) PROGRAM EXPENSES 45,250. 40,725. 3,620. 905. Total functional expenses. Add lines 1 through 24e. If lone 14e expenses 17,265. 8,432. 6,823. 2,010. 17,265. 8,432. 6,823. 2,010. 25 Total functional expenses. Add lines 1 through 24e. If line only if the organization reported in column (B) lpint costs from a combined educational campaign and fundraising solicitation. Check here			1.051.		1.051.							
Column (A) amount, list line 11g expenses on Sch 0.) 234,072. 218,765. 6,277. 9,030.			_, _,									
12 Advertising and promotion 6 , 443 .	9	, -	234,072.	218,765.	6,277.	9,030.						
13 Office expenses 49,569. 42,134. 5,948. 1,487. 15 Royalties 35,716. 30,359. 4,286. 1,071. 17 Travel 9	12	· · · · · · · · · · · · · · · · · · ·	6,443.		-	6,443.						
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a PROGRAM EXPENSES b REPAIRS AND MAINTENANCE c SUPPLIES d TRANSPORTATION e All other expenses 17, 265. 41 other expenses. Add lines 1 through 24e 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	18	Payments of travel or entertainment expenses										
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22 Depreciation, depletion, and amortization			31,24/.	31,24/.								
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c SUPPLIES 33,030. 16,515. 16,515. d TRANSPORTATION 26,061. 26,061. e All other expenses 17,265. 8,432. 6,823. 2,010. 25 Total functional expenses. Add lines 1 through 24e 1,937,708. 1,632,034. 221,850. 83,824. 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) 1,632,034. 221,850. 83,824.	b				3,620.	905.						
d TRANSPORTATION 26,061. 26,061. e All other expenses 17,265. 8,432. 6,823. 2,010. 25 Total functional expenses. Add lines 1 through 24e 1,937,708. 1,632,034. 221,850. 83,824. 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) 1,632,034. 221,850. 83,824.	c											
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Total functional expenses. Add lines 1 through 24e 1,937,708. 1,632,034. 221,850. 83,824. 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)	е		17,265.	8,432.								
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,937,708.	1,632,034.	221,850.							
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization										
Check here ▶ if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined										
		educational campaign and fundraising solicitation.										
		Check here if following SOP 98-2 (ASC 958-720)				5 000 (2222)						

Form 990 (2020)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			190,558.	1	295,068.
	2	Savings and temporary cash investments			243,886.	2	472,322.
	3	Pledges and grants receivable, net			140,047.	3	43,418.
	4	Accounts receivable, net			99,627.	4	97,637.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	onssons (as defined				
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5			22,687.	9	1,433.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,605,759.			
	b	Less: accumulated depreciation		868,271.	2,830,476.	10c	2,737,488.
	11	Investments - publicly traded securities		48,684.	11	2,737,488. 190,374.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		154,473.	15	171,828.	
	16	Total assets. Add lines 1 through 15 (must equ			3,730,438.	16	4,009,568.
	17	Accounts payable and accrued expenses			104,085.	17	122,552.
	18	Grants payable		18			
	19	Deferred revenue	72,200.	19	101,871.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ဖွ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties	1,052,703.	23	1,032,886.
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
		of Schedule D				25	
	26				1,228,988.	26	1,257,309.
		Organizations that follow FASB ASC 958, che	eck here	• ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			2,363,484.	27	2,669,872.
Ba	28	Net assets with donor restrictions			137,966.	28	82,387.
Pur		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🔛			
띤		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ea				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Se l	32	Total net assets or fund balances		L	2,501,450.	32	2,752,259.
	33	Total liabilities and net assets/fund balances			3,730,438.	33	4,009,568.

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,18				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,93				
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,50				
5	Net unrealized gains (losses) on investments	5		7,4			
6	Donated services and use of facilities	6	-2	4,3	<u>32.</u>		
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						
Pai	t 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 in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	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 Consolidated basis Both consolidated and 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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2020)		

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

F.R.I.E.N.D.S. OF BROOMFIELD, INC.

 $Employer\ identification\ number \\ 84-1516104$

Pa	rt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	\bigcap	A church, convention of chu	•	•	•	-	I)(A)(i).	
2	Ħ	A school described in secti	•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	H	A hospital or a cooperative		•			i)	
<u>ح</u>	H	•					•	the heapital's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)			
9	一	An agricultural research org				ed in coni	inction with a land-grant	college
Ū		or university or a non-land-g				-	-	-
		· · · · · ·	rant conege or agrici	uiture (see iristructions).	Lillei lile i	iairie, city	, and state of the college	; OI
		university:	. (3)					
10		An organization that normal						
		activities related to its exem		•	` '			•
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that of						
а		Type I. A supporting orga	* *					aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		• • • •			majority o	i tric direc	itors or traditions or the st	apporting
		organization. You must o	= :				al according the color of	d
D		Type II. A supporting orga						
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	-	functionally integrated, or					31 · 7 31 · 7 31 ·	
f	Ente	er the number of supported o	* *	,9				
		ride the following information		d organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	·	organization	, ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	103	140		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	487,040.	394,014.	505,848.	607,272.	772,824.	2766998.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	487,040.	394,014.	505,848.	607,272.	772,824.	2766998.	
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)						863,459.	
	Public support. Subtract line 5 from line 4.						1903539.	
Sec	ction B. Total Support					·		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	487,040.	394,014.	505,848.	607,272.	772,824.	2766998.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,241.	2,606.	6,247.	8,309.	11,515.	29,918.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	63,004.	33,590.	39,250.			135,844.	
11	Total support. Add lines 7 through 10					_	2932760.	
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,684,919.	
13	First 5 years. If the Form 990 is for the	-		•			. —	
0	organization, check this box and stor						>	
	ction C. Computation of Publi					T T	64 01	
14	Public support percentage for 2020 (li					14	64.91 %	
15	Public support percentage from 2019					15	54.98 %	
16a	33 1/3% support test - 2020. If the c							
,	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the contract the support test - 2019 is the contract t							
4-	and stop here. The organization qual		•			and line 14 is 100/		
1/a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts		•	•		· ·	. —	
	meets the facts-and-circumstances te	· ·	•	, ,,				
b	10% -facts-and-circumstances test	ū				•	10% or	
	more, and if the organization meets the		*				⊾ □	
	organization meets the facts-and-circu							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
17		vestment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))					
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **b** 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.)

	Yes	No
	163	140
1		
2		
3a		
3b		
_		
3c		
4 -		
4a		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
IUa		
10b		
n 990 or 99	0-EZ)	2020

Par	Triv 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			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 Part VI 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		
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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		
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns)		
· a				
b				
c		inetruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	i ilisti detion	Yes	No
			100	110
	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		
	Did the activities described in 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	rt V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	1		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organizations	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	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic	h the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 F.R.I.E.N.D.S. OF BROOMFIELD, INC.

84-1516104 Page 8

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

F.R.I.E.N.D.S. OF BROOMFIELD, INC. **Employer identification number** 84-1516104

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m)		. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assats included in Form 900 Part V		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ...

Schedule D (Form 990) 2020

2,737,488

Part VIII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		N.D.S. OF BROOMF	IELD, INC.	84-1516104 Page
(a) Description of security or category including name or security (b) Book value (c) Method of valuation: Cost or end of-year market value (f) Financial derivatives (g) Closely held equity interests (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (g) Method of valuation: Cost or end of-year market value (h) Go Method of valuation: Cost or end of-year market value (h) Go Method of valuation: Cost or end of-year market v			11h Can Farma 000 Bart V lin	- 10
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(2) Cicsely held equity interests (3) Other (A) (B) (C) (C) (D) (D) (E) (F) (G) (G) (H) (F) (G) (G) (H) (Total. (Cot. (t) must equal form 990, Part X, cot. (B) line 12.) Total. (Cot. (t) must equal form 990, Part X, cot. (B) 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) (9) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (16) (17) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19			(O) Motifod of Valuation.	Cost of one of year market value
(3) Other (A) (B) (C) (C) (C) (D) (E) (E) (F) (F) (G) (G) (H) (G) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(4)			
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(C) (D) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(b) (c)				
(E) (F)				
(f) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(G) (H) (Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(G)			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
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Part IX				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)		5-)		
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)				ı
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(1)			
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15,) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)				
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)	(6)			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)				
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)				
(1) Federal income taxes (2) (3) (4) (5) (6)	(1) 5	Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Par	ı
(2) (3) (4) (5) (6)	., , , , , , , , , , , , , , , , , , ,			(b) Book value
(3) (4) (5) (6)				
(4) (5) (6)				
(5) (6)				
(6)	• • •			<u> </u>
	• • •			
	• • •			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

032054 12-01-20 Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number							
F.R.I.E.N.D.S. OF BROOMFIELD, INC. 84-1516104							
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
required to complete this part	t.						
1 Indicate whether the organization rais	ed funds through any of the following	g activ	rities. (Check all that apply.			
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising (events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	· ofessi	onal fu	undraising services?		Yes	☐ No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fur	ndraiser is to be	
compensated at least \$5,000 by the	(/ / /		5				
		1		1			
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts		Amount paid	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity		or retained by) fundraiser	to (or retained by)
or errary (remanance)		or control of contributions?			lis	ted in col. (i)	organization
		Yes	No				
				1			

3 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.

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 GIRLFRIENDS (add col. (a) through EVENT VARIETY SHOW col. (c)) (event type) (event type) (total number) 18,994. 7,510. 16,239. 42,743. 1 Gross receipts 7,510. 42,743. 18,994. 16,239. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 7 Food and beverages 8 Entertainment 3,958. 10,356. 262. 6,136. 9 Other direct expenses 10,356. **10** Direct expense summary. Add lines 4 through 9 in column (d) -10,356. 11 Net income summary. Subtract line 10 from line 3, column (d) 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 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 $ ext{F.R.I.E.N.D.S.}$ OF $ ext{BROOMFIELD}$, $ ext{INC.}$ 84-1	.516	104	Page 3
	Does the organization conduct gaming activities with nonmembers?	\Box	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	П,	Yes	□No
40			163	NO
	Indicate the percentage of gaming activity conducted in:	1 1		
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲 🕻	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	e If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companyation • C			
	Gaming manager compensation \$			
	Description of services provided			
				•
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	ıls the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	,	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III line	25 9 0	9h 10h
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	·,		, 100,

Schedule G	(Form 990 or 990-EZ)	F.R.I.E.N.D.S. mation (continued)	OF	BROOMFIELD,	INC.	84-1516104 Page 4
Part IV	Supplemental Infor	mation (continued)				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

F.R.I.E.N.D.S. OF BROOMFIELD, INC.

Employer identification number 84-1516104

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEDICATED TO ENHANCING COMMUNITIES BY CREATING OPPORTUNITIES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH AN INNOVATIVE AND PERSON CENTERED APPROACH. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BECOME INDEPENDENT MEMBERS OF THE COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SOCIAL AND TRAVEL PROGRAMS: FRIENDS SOCIAL PROGRAMS INCLUDE EVENING AND WEEKEND ACTIVITIES AND TRAVEL THAT PROVIDES OPPORTUNITIES TO EXPAND SOCIAL NETWORKS, FOSTER FRIENDSHIPS AND PARTICIPATE IN LEISURE ACTIVITIES IN THE COMMUNITY. EXAMPLES OF LOCAL ACTIVITIES INCLUDE: CAMPING, SKIING, CONCERTS, MOVIES, DANCES AND DINING OUT. FRIENDS ALSO OFFERS GENDER SPECIFIC ACTIVITIES AND INVITES MEMBERS TO PARTICIPATE. FRIENDS TRAVEL PROGRAM OFFERS AFFORDABLE OPPORTUNITIES FOR INDIVIDUALS NEEDING SUPPORT SERVICE TO PARTICIPATE IN TRAVEL. FRIENDS PROVIDES APPROXIMATELY 20 EXTENDED TRIPS PER YEAR. TRIPS AND ACTIVITIES ARE DEVELOPED TO SUPPORT INDIVIDUALS WHO ARE MORE INDEPENDENT, USE WHEELCHAIRS, OR WHO MAY NEED EXTRA ASSISTANCE. THIS PROGRAM WAS LIMITED IN 2020 DUE TO PUBLIC HEALTH RESTRICTIONS. EXPENSES \$ 17,820. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,318.

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

ONCE APPROVED BY THE EXECUTIVE DIRECTOR, A COPY IS PROVIDED TO THE BOARD OF

DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization F.R.I.E.N.D.S. OF BROOMFIELD, INC.	Employer identification number 84-1516104
FORM 990, PART VI, SECTION B, LINE 12C:	
AN ACKNOWLEDGMENT FORM IS SIGNED ANNUALLY AT THE TIME OF I	DISCLOSURE.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE EXE	ECUTIVE DIRECTOR
BASED ON A REVIEW OF A SALARY SURVEY AND THE RESULTS OF AN	N ANNUAL
EVALUATION. THE EXECUTIVE DIRECTOR RECEIVES AN EVALUATION	FROM ALL
ADMINISTRATIVE STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AF	OF MADE AWATIABIE
TO THE PUBLIC UPON REQUEST.	XE MADE AVAILABLE
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	203,389.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	203,389.
RETIREMENT PLAN:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,702.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,702.
DAVEOLI AND HIMAN DECOMPOSES.	
PAYROLL AND HUMAN RESOURCES:	andula () (Farm 990 or 990 E7) 2020

Name of the organization F.R.I.E.N.D.S. OF BROOMFIELD, INC.	Employer identification number 84-1516104
PROGRAM SERVICE EXPENSES	7,876.
MANAGEMENT AND GENERAL EXPENSES	2,575.
FUNDRAISING EXPENSES	9,030.
TOTAL EXPENSES	19,481.
PROFESSIONAL CONSULTANTS:	
PROGRAM SERVICE EXPENSES	7,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	234,072.