			EXTENDED TO NOVEMBER 15, 2		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex					2021
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it r		Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection
			lar year, or tax year beginning and endin	<u> </u>	
	Check if applicat	ole: C Name o	forganization	D Employer identification	tion number
	Addr	ess F D	I.E.N.D.S. OF BROOMFIELD, INC.		
	Chan	2	usiness as	84-1516104	1
	chan		r and street (or P.O. box if mail is not delivered to street address) Room.		1
	returr Final	1185	1 SAULSBURY STREET	(303) 404-	-0123
	lreturi termi ated	n	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,119,044.
	Amer		MFIELD, CO 80020	H(a) Is this a group retu	
	Appli		and address of principal officer: GINA COUFAL	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inclu	
1	Tax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	t. See instructions
			NDSOF BROOMFIELD.ORG	H(c) Group exemption r	number 🕨
				Year of formation: 1998 M S	State of legal domicile: CO
Pa	art I	Summary			
6	1	Briefly describ	be the organization's mission or most significant activities: SEE SCH	EDULE O	
uc D					
Governance	2	Check this bo	ox if the organization discontinued its operations or disposed of	1 1	
Š	3				9
ي م	4		dependent voting members of the governing body (Part VI, line 1b)		8
es	5		of individuals employed in calendar year 2021 (Part V, line 2a)		52 92
Activities &	6		of volunteers (estimate if necessary)		<u> </u>
Act	/ a		d business revenue from Part VIII, column (C), line 12		0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	772,824.	1,072,359.
ante	9		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)	1 402 022	1,833,878.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	10 000	30,888.
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 4 4 4 4	-23,519.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,185,366.	2,913,606.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Colorian othe	r companyation, ample (as benefits (Part IV, column (A), lines 5 10)	1,186,324.	1,392,977.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. b	Total fundrais	From period period (Part IX, column (A), line 3.5 ro) (a,b) (and the provided period of the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b) (and the provided period (A), line 3.5 ro) (a,b)		
Û	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	751,384.	988,337.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,381,314.
	19	Revenue less	expenses. Subtract line 18 from line 12	247,658.	532,292.
s or				Beginning of Current Year	End of Year
Assets (20		Part X, line 16)	4,009,568.	4,458,542.
et As	21		s (Part X, line 26)	1,257,309.	1,193,325.
			fund balances. Subtract line 21 from line 20	2,752,259.	3,265,217.
	art II				and a large start for the start of the start
			I declare that I have examined this return, including accompanying schedules and s		iowiedge and Dellet, it is
	, corre	i, and complete	e. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.	

Sign	Signature of officer		Date					
Here	GINA COUFAL, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Da	ate Check PTIN					
Paid	KEVIN RICKMAN		self-employed P01240896					
Preparer	Firm's name BROCK AND COMPANY		Firm's EIN 84-0930288					
Use Only	Firm's address 🖕 900 S. MAIN STREE	ET, SUITE 200						
	LONGMONT, CO 8050)1	Phone no. 303-776-2160					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	I3200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)							

Part III Statement of Program Service Accomplishments [X] Therely describe the equivaliants aregonise on role to any line in this Part III [X] Perely describe the equivaliants aregonise on role to any line in this Part III [X] Perely describe the equivalants aregonise on role any line in this Part III DISABILITIES THROUGH AN INNOVATIVE AND PERSON CENTERED APPROACH. [X] 2 Did the equivalation undertake any algorithm through an envices during the year which were not listed on the port from 580 or 580-527 [Y] Yes [X] No 11 'Yes,' describe these into any algorithm the significant changes in how it conducts, any program services, as measured by expense. [Y] Yes [X] No 12 'Yes,' describe these things on Schedule 0. [Y] Yes,' describe these into any non-services of the anount of grants and allocations to others, the total expense. 3e close [] (Yes,' describe these into the program services of the anount of grants and allocations to others, the total port of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program services of the anount of grants and allocations to others. The total Program	Form	990 (2021) F.R.I.E.N.D.S. OF BROOMFIELD, INC. 84-1516104 Page 2	2
Beerly describe the organizations mession: 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 proform 800 or 800627 Use [X] No 3 Did the organization case conducting, or make significant changes in how it conducts, any program services. as measured by expenses. Section 5016(2) and 5016(4) organizations are equired to report the amount of grants and allocations to others, the total expenses, and trovense, fair, for each forganismerice record. Use the total expenses, and trovense, fair, for each forganismerice record. 908, 298.) 48 (cos:) (Segments 1 , 003, 901. includg grants of and allocations to others, the total expenses, and trovense, fair, for each forganismerice record. 908, 298.) (movest 1 , 908, 298.) 49 (cos:) (Segments 1 , 003, 901. includg grants of and allocations to others, the total expenses, and trovense, fair, for each forganismerice record. 908, 298.) (movest 1 , 908, 298.) 40 (cos:) (Segments 1 , 003, 901. includg grants of a process 2000 RESCON, RECARDERSON, RECARDERSON, RECARDERSON, RECARDERSON, RECARDERSON, RECARDERSON, PROSENTIAL PROGRAM: FRIENDS UNLIMINEY COMPENDENT TO MEET THE PERSON'S NEEDS, PREFERENCES AND DESTRES, PRIENDS OFFERS SEVERAL MODELS OF SERVICE INCLUDING HOST HOMES, FAMILY CARE GIVEN AND INDEPENDENT LIVING. 40 (cos:) (Segments 534, 577. inclodg g	Pa		_
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 800 or 802c? □Yes X]Ne 1 'Yes, 'describe these new services on Schedule O. 1'Yes, 'describe these new services on Schedule O. IYes X]Ne 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6); and 501(6) (4) organizators are required to report the anount of grants and alocations to there, the total expenses, and revenue, if any, for each program service accompliahments for each of fast three largest program services, as measured by expenses. Section 501(6); and 501(6) (4) organizators are required to 'report the anount of grants and alocations to tores, the total expenses, and revenue, if any, for each program service accompliahments for each of fast there largest program services. The SUPPORTS INDIVIDUALS IN A MANNER THAT WORKS BEST FOR EACH PERSON AND IS 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 DESIGNED TO PROMOTE COMMUNITY AND TO LIVE THE LIFE STULE. WE CUSTOMIZE SUPPORT TO MEET THE PERSON'S NEEDS, PREFERENCES AND DESIGNED TO PROMOTE COMMUNITY AND SUPPORT TO PARTICIPATE AND CONTRIBUTE TO THE COMMUNITY. INCLUSION AND INDEPENDENCE. WE BELIEVE THAT WHEN ADULTS WITH INTELLECTULA AND DEVELOPMENTAL DISABILITIES ARE GIVER AND INDEPENDENT LIVES ARE ENNICHED, FRIENDS SCHEDULES A VARTEY OF CLASSES AND COMMUNITY ACTIVITIES SCHEDURES CHARD DESIGNED TO PRECOMUNITY ACTIVITY AND SUPPORT TO PARTICIPATE AND CONTRI			
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<pre>If 'Yes' describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(68) and 501(64) cognizations are required to depot the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(68) and 501(64) cognizations are required to repot the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service required to repot the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service accomplishments for each of its three largest program services. ()(expense 1,0003,901. metadrog perits of 1) (012,101,101,101,101,101,101,101,101,101,</pre>	2	Did the organization undertake any significant program services during the year which were not listed on the	-
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Form	990	(2021)

Form 990 (2021) 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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			
_	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	_		
_	similar amounts as defined in Rev. Proc. 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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa		12a	х	
h	Schedule D, Parts XI and XII	IZa	- 23	
U	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	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			<u> </u>
10	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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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		20a		x
	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

Form 990 (2021)

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 Form 990 (2021)
 F.R.I.E.N.D.S. OF BROOMFIELD, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, 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		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
<u>^</u>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

ne organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			X	
20	Enter the number of employees reported on Form $W/2$. Transmittel of W/a and Tay Statements			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction				
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	•		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required	7.		х
ام	to file Form 8282?	7d	7c		<u></u>
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of qualified intellectual property, did the organization me ro		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		12-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D.	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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				
	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?	<u>8a</u>	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			
0	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.)		<u> </u>	
			Yes	
	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	v	
	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 on Schedule O the process, if any, used by the organization to review this Form 990.	10-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	x	
10	on Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
h	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process on 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)	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	d finar	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			

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X

Form 990 (2021)	F.R.I.E.N.D.S. (84-1516104	
Part VI Governance,	Management, and Disclos	sure	e. For each "Yes" resp	oonse to lines	2 through 7b below, and for a "No"	response

Section A. Governing Body and Management

to line 8a, 8b, or 10b below, describe the circumstances, processes, or c	hanges on Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part	/I

Form 990 (2021) F.R.I.E.N.D.S. OF BROOMFIELD, INC.	84-1516104	Page 1		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	isated			
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	s tax year.		
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.					
Enter -0- in	columns (D), (E), and (F) if no compensation was paid.				

• List all of the organization's current key employees, if any. See the instructions for definition of "key 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more th			ane	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson i	is botł	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1033-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizatione
(1) ELIZABETH ANDERSON	2.00				-	1-0				
CHAIR		х		x				0.	0.	0.
(2) LORI SCHULT	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) MARK TESKA	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) JOHN BERTAGNOLLI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MELINDA BREWER	2.00									
DIRECTOR		Х						0.	0.	0.
(6) KRISTINE GAHNSTROM	2.00									
DIRECTOR		х						0.	0.	0.
(7) HEATHER KIJANKA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) NINA TAYLOR	2.00								•	
DIRECTOR	10.00	X				<u> </u>		0.	0.	0.
(9) GINA COUFAL	40.00							C1 C22	0	
	40.00	X		X		<u> </u>		61,632.	0.	0.
(10) ANNIE GREEN	40.00							0.0.000	0	
COO (11) HELEN MACIAS	30.00			X		<u> </u>		92,898.	0.	0.
(II) HELEN MACIAS CFO	30.00			x				70 457	0.	0.
								72,457.	0.	<u> </u>
		1								
						-				
		1								
		1				1				
		1								

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	990 (2021) F.R.I.E.N	1.D.S. C)F	BR	.00	MF	ΊE	LD), INC.	84-15	<u>1610</u>	4	Page 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box,	not c unles	ss per	ition more rson is	l than c s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		omper from organiz and re	nsation the zation
											_		
											_		
											_		
	Subseted								226,987.		0.		0.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.		0.
	Total number of individuals (including but no compensation from the organization							o re			- 1		0
												Ye	s No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on			
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	dual for services	4	ļ	X
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	bers	on .				5	5	X
1	ion B. Independent Contractors Complete this table for your five highest con	•	•							•	nsation	from	
	the organization. Report compensation for t (A) Name and business) NE					(B) Description of s		Com	(C) pensa	tion
	Total number of independent contractors (ir			aiter	1+~ -	thee		tod	abova) who received	are then			
2	\$100,000 of compensation from the organiz			met	0 1	1105 (ceu	above, who received me				

	990 (R.I.E.N.D.S	. OF BRO	OMFIELD, IN	NC.	84-1516	104 Page 9
Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a response	or note to any lir	1 /	(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
—								sections 512 - 514
nts T	1 a	Federated campaigns			4			
àrar our			1b		-			
Am o	с	Fundraising events		63,878.	-			
aift ar	d	Related organizations	1d		-			
ini, (Government grants (contr		583,290.	-			
r S	f	All other contributions, gifts,	grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		425,191.	4			
dit	g	Noncash contributions included in	lines 1a-1f 1g \$					
<u>а С</u>	h	Total. Add lines 1a-1f			<u>1,072,359.</u>			
				Business Code				
e	2 a			624100	908,298.			
ervi	b	DAY PROGRAM F		624100	483,668.			
enu S	С	SOCIAL PROGRA		624100	249,650.			
ran Sev	d	SUPPORTIVE EM	IPLOYMENT	624100	192,262.	192,262.		
Program Service Revenue	е							
ā	f	All other program service						
	g	Total. Add lines 2a-2f			1,833,878.			
	3	Investment income (includ			16 500			16 500
		other similar amounts)			16,503.			16,503.
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal	-			
		Gross rents	6a		-			
			6b		-			
		Rental income or (loss)	6c					
		Net rental income or (loss		1				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory	7a196,304.		-			
	b	Less: cost or other basis	- 100 001	925.				
venue		and sales expenses	7b 180,994. 7c 15,310.		-			
0		Gain or (loss)			14,385.			14,385.
Other Ro		Net gain or (loss) Gross income from fundraisi		····· 🕨	14,303.			14,303.
the	8 a	including \$ 63						
0		contributions reported on						
		Part IV, line 18	<i>'</i>	0.				
	h	Less: direct expenses		23,519.	-			
		Net income or (loss) from			-23,519.			-23,519.
		Gross income from gamin			2070251			20,0200
	5 4	Part IV, line 19	-					
	h	Less: direct expenses						
		Net income or (loss) from	·····					
		Gross sales of inventory, I						
	10 u	and allowances		3				
	b	Less: cost of goods sold	·····		1			
		Net income or (loss) from	·····					
	Ŭ		see en intentory	Business Code				
sno	11 a							
Dec	b							
Miscellaneous Revenue	c							
ŝ		All other revenue						
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instruction		>	2,913,606.	1,833,878.	0.	7,369.

Form 990 (2021) F.R.I.E.N.D.S. OF BROOMFIELD, INC. Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 individuals. See Part IV, line 22 Image and the assistance to domestic individuals. See Part IV, line 22 Image and the assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image and the assistance to discussion individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members trustees, and key employees Image and the assistance to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Image and the assistance to disqualified persons described in section 4958(c)(3)(B) Image and the assistance to display and the assistance to the	Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
Date of induce and unitable exceptions Total signal Program service expenses Program service expenses Program service expenses Program service expenses Program service expenses Program service expenses 1 Grants and other assistance to domestic individuals. See Part IV, line 12 1		Check if Schedule O contains a respon				X
and domestic governments. See Part VI, Ine 21				Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22 Image: Compensation of current officers, directors, trustees, and key employees 226,987. 61,812. 118,319. 46,856 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 13 and 16 226,987. 61,812. 118,319. 46,856 4 Benefits paid to of or members 226,987. 61,812. 118,319. 46,856 5 Compensation of current officers, directors, trustees, and key employees 296,770. 953,906. 28,532. 14,333 6 Compensation not include above to disguilled persons described in section 4958(c)(3)(8) 7,298. 6,057. 876. 366 9 Other employee benefts 57,137. 47,424. 6,856. 2,857 10 Payroll taxes 104,785. 86,972. 12,574. 5,233 9 Interest management fees 17,600. 17,600. 17,600. 17,900. 12 Advertaing and persons in 850.01 2,552. 2,552. 9 14 10 Othere exprense. 46,814. </th <th>1</th> <th>Grants and other assistance to domestic organizations</th> <th></th> <th></th> <th></th> <th></th>	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members. 226, 987. 61, 812. 118, 319. 5 Compensation of current officers, directors, trustees, and key employees 226, 987. 61, 812. 118, 319. 6 Compensation not included box to disquilled persons (as defined under section 4980(13)(8) 996, 770. 953, 906. 28, 532. 14, 332. 7 Other salaries and wages 996, 770. 953, 906. 28, 532. 14, 332. 9 Other employee benefits 57, 137. 47, 424. 6, 856. 2, 857. 10 Payofit Laxes 104, 785. 86, 972. 12, 574. 5, 235. 11 Fees for services (nonemployees): a Management 2, 552. 2, 552. 9 a Accounting 17, 600. 17, 600. 46, 881. 39, 849. 5, 626. 1, 406 12 Advertising and pornotion 6, 814. 06, 814. 06 6, 814. 06 14 Information technology 46, 881. <td></td> <td>and domestic governments. See Part IV, line 21</td> <td></td> <td></td> <td></td> <td></td>		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits pial to or for members 5 Compensation of current officers, directors, trustees, and key employees 226,987. 61,812. 118,319. 46,856 6 Compensation not current officers, directors, trustees, and key employees 226,987. 61,812. 118,319. 46,856 7 Other salaries and wages 996,770. 953,906. 28,532. 14,332 7 Other salaries and wages 996,770. 953,906. 28,532. 14,332 9 Other salaries and wages 996,770. 953,906. 28,532. 14,332 9 Other salaries and wages 996,770. 953,906. 28,532. 14,332 11 Fees for services fromemployees): a 104,785. 86,972. 12,574. 5,235 11 Fees for services fromemployees): a 17,600. 17,600. 17,600. 4 Lobbying 17,600. 17,600. 6,814. 6,814. 6,814.	2	Grants and other assistance to domestic				
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11 Fees for services (nonemployees): a Management	9		57,137.			2,857.
11 Fees for services (nonemployees): a Management						5,239.
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e exponses on Schedule 0.) a PROGRAM EXPENSES b REPAIRS AND MAINTENANCE c SUPPLIES			54,555.	<u> </u>		1,050.
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22 Depreciation, depletion, and amortization 124,430. 105,765. 14,932. 3,733 23 Insurance 61,227. 58,166. 3,061. 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.) 61,227. 58,166. 3,061. 3 PROGRAM EXPENSES 251,045. 251,045. 3,920. 980 5 SUPPLIES 33,632. 16,816. 16,816. 16,816.			±/,U±/•	±/,0±/•		
23 Insurance 61,227.58,166.3,061. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 61,227.58,166.3,061. a PROGRAM EXPENSES 251,045.251,045. b REPAIRS AND MAINTENANCE 49,003.44,103.3,920.980 c SUPPLIES 33,632.16,816.16,816.			12/ /20	105 765	1/ 022	2 722
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.) 251,045. 251,045. a PROGRAM EXPENSES 251,045. 251,045. b REPAIRS AND MAINTENANCE 49,003. 44,103. 3,920. 980 c SUPPLIES 33,632. 16,816. 16,816. 16		Г	•			5,155.
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.)251,045.a PROGRAM EXPENSES251,045.b REPAIRS AND MAINTENANCE49,003.c SUPPLIES33,632.16,816.16,816.			01,227.	50,100.	5,001.	
a PROGRAM EXPENSES 251,045. 251,045. b REPAIRS AND MAINTENANCE 49,003. 44,103. 3,920. 980 c SUPPLIES 33,632. 16,816. 16,816. 16	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b REPAIRS AND MAINTENANCE 49,003. 44,103. 3,920. 980 c SUPPLIES 33,632. 16,816. 16,816. 16,816.			251 0/5	251 0/5		
c SUPPLIES 33,632. 16,816. 16,816.			•		3 0 2 0	000
				-		900.
a IRANSFORTATION 32,000.					10,010.	
			•		11 147	10 161
	-	· · · · · · · · · · · · · · · · · · ·	•	-		12,161.
			∠,30⊥,314.	2,020,904.	430,/44.	103,686.
26 Joint costs. Complete this line only if the organization	26					
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		Check here Lif following SOP 98-2 (ASC 958-720)				Farma 990 (0001)

F.R.I.E.N.D.S. OF BROOMFIELD, IN	с.
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84-1516104 Page 11

		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			295,068.	1	131,950.
	2	Savings and temporary cash investments			472,322.	2	675,519.
	3	Pledges and grants receivable, net	43,418.	3	389,324.		
	4	Accounts receivable, net			97,637.	4	139,314.
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa	intial co	ontributor, or 35%			
		controlled entity or family member of any of these	e persoi	ns		5	
	6	Loans and other receivables from other disqualified	ed pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	S			1,433.	9	6,255.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,536,817.			
	b	Less: accumulated depreciation	10b	912,656.	2,737,488.	10c	2,624,161.
	11	Investments - publicly traded securities		190,374.	11	309,050.	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			171,828.	15	182,969.
	16	Total assets. Add lines 1 through 15 (must equa			4,009,568.	16	4,458,542.
Liabilities	17	Accounts payable and accrued expenses		122,552.	17	173,300.	
	18	Grants payable	4.0.4 0.004	18	20.454		
	19	Deferred revenue		101,871.	19	39,451.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		F	1 022 006	22	000 574
-	23	Secured mortgages and notes payable to unrelat		Г	1,032,886.	23	980,574.
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	-			05	
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,257,309.	25 26	1,193,325.
	20	Organizations that follow FASB ASC 958, check	k horo	► X	1,237,309.	20	1,155,525.
Se		and complete lines 27, 28, 32, and 33.					
nc	27				2,669,872.	27	2,853,401.
3ala	28	Net assets with donor restrictions			82,387.	28	411,816.
Βpc		Organizations that do not follow FASB ASC 95			- ,		,
Бu		and complete lines 29 through 33.	-,				
p	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		······ -	2,752,259.	32	3,265,217.
~	33	Total liabilities and net assets/fund balances			4,009,568.	33	4,458,542.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Form	990 (2021) F.R.I.E.N.D.S. OF BROOMFIELD, INC.	84-15	16104	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,913		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,381		
3	Revenue less expenses. Subtract line 2 from line 1	3	532		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,752		
5	Net unrealized gains (losses) on investments	5		<u> </u>	08.
6	Donated services and use of facilities	6	-25	6,84	<u>12.</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	3,265	, 21	<u>17.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	-			
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEE	DULE A		Dublic Cha	rity Status an		lia Su	innort		OMB No. 1545-0047
(Form 99	90)			rity Status an					2021
				iization is a section 501 47(a)(1) nonexempt chat			or a section		ZUZ I
Department o Internal Reve	f the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
			► Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.	F	Inspection
Name of	the organization		темре	OF BROOMETEI	Т. Т. Т.	TC			identification number $4-1516104$
Part I	Reason	for Public (Charity Status	OF BROOMFIE: (All organizations must c	omplete th	nis nart) S	ee instruction	0	4-1516104
				For lines 1 through 12, c					
1				on of churches described			IVAVi)		
2				Attach Schedule E (Forn			יאָראַיאי		
3				anization described in s)(b)(1)(A)(ii	i).		
4	-	=		njunction with a hospital			-)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6			•	nental unit described in			.,		
7 X	•		•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
•	•		omplete Part II.)						
8	-			(1)(A)(vi). (Complete Par				land anna at	
9	-	-	-	in section 170(b)(1)(A)(-		-	-
	university:		grant college of agric	ulture (see instructions).		name, city	, and state of	the college	
10		on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
				t to certain exceptions;					
				(less section 511 tax) fro					-
	See section	5 09(a)(2). (Co	mplete Part III.)						
11 📃	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
			-	d in section 509(a)(1) c					Check the box on
	-	-	• •	f supporting organizatior		-		-	
a 🔄			-	upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
b	¬ -		complete Part IV, Se	l or controlled in connect	tion with it	e cupporte	d organizatio	n(c) by bay	ina
			-	anization vested in the sa			-		-
		-	it complete Part IV,						
с	_ 0	()	• •	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
). You must complete l					
d 🗌	Type III no	n-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		-		ation generally must sat	•		-	an attentiv	/eness
	-			nplete Part IV, Sections					
e				written determination fro			Туре I, Туре	II, Type III	
f Fat	-	-		nally integrated supporti					
	er the number of the following		n about the supporte	d organization(c)					
	i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)

Total

Schedule A (Form 990) 2021 F.R.I.E.N.D.S. OF BROOMFIELD, INC. 84-1516104 Page 2 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	394,014.	505,848.	607,272.	772,824.	1072359.	3352317.					
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	394,014.	505,848.	607,272.	772,824.	1072359.	3352317.					
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)						683,349.					
6	Public support. Subtract line 5 from line 4.						2668968.					
Sec												
Cale												
		394,014.	505,848.	607,272.		1072359.	3352317.					
8	Gross income from interest,											
		2,606.	6,247.	8,309.	11,515.	16,503.	45,180.					
9						,						
10	• • •											
	v											
	•	33,590.	39,250.				72,840.					
11		,					3470337.					
		etc. (see instructio	uns)			12 6						
			,	ourth, or fifth tax y	vear as a section 5		/ / / /					
	-	0										
Sec												
			-	olumn (f))		14	76.91 %					
			-				<u> </u>					
							N V					
4 Total. Add lines 1 through 3 394,014.505,848.607,272.772,824.1072359.3352317. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 6 6 Public support. Subtractine 5 from line 4. 2668968. Section B. Total Support 394,014.505,848.607,272.772,824.1072359.3352317. 6 Public support. Subtract line 5 from line 4. 2668968. Section B. Total Support 394,014.505,848.607,272.772,824.1072359.3352317. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business activities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI) 33,590.39,250. 72,840. 12 Gross receipts from related activities, etc. (see instructions) 12 6,647,881. 3470337. 13 Gross receipts from related activities, etc. (see instructions) 12 6,647,881. 12 14 Public support Add lines 7 through 10 14 76.91 %												
17a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 33,590.39,250. 72,840. Total support. Add lines 7 through 10 3470337. Gross receipts from related activities, etc. (see instructions) 12 6,647,881. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 76.91 % Public support percentage from 2020 Schedule A, Part II, line 14 15 64.91 % 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computed computed comparized											
	-			-	-	-						
b		-		• • • •	-							
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18	-		-		•••••							
<u></u>				., ,	,		🕨 🛄					

Schedule A (Form 990) 2021

Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(((-,		(-/	(,, , , , , , , , , , , , , , , , , , ,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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	e organization's f	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
check this box and stop here						

13	Total support. (Add lines 9, 10c, 11, and 12.)							1	
14	First 5 years. If the Form 990 is for th	e organization's firs	t, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	n,	
	check this box and stop here								
Se	ction C. Computation of Publi	c Support Perc	entage						
15	Public support percentage for 2021 (li	ine 8, column (f), div	ided by line 13, d	column (f))		15			%
16	Public support percentage from 2020	Schedule A, Part III	, line 15			16			%
Se	ction D. Computation of Inves	tment Income	Percentage						
17	Investment income percentage for 20	21 (line 10c, colum	n (f), divided by li	ne 13, column (f))		17			%
18	18 Investment income percentage from 2020 Schedule A, Part III, line 17								%
19a	1 33 1/3% support tests - 2021. If the	organization did no	t check the box (on line 14, and line	15 is more than 3	3 1/3%	%, and line 17	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The o	rganization quali	fies as a publicly s	upported organizat	tion			
k	33 1/3% support tests - 2020. If the	organization did no	t check a box on	line 14 or line 19a	, and line 16 is mo	re tha	n 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this box and sto	p here. The orga	nization qualifies a	s a publicly suppo	rted o	organization		
20	Private foundation. If the organizatio	n did not check a b	ox on line 14, 19	a, or 19b, check th	is box and see inst	tructio	ons		
1320	23 01-04-22						Schedule A	(Form 990)	2021

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(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.) Section A. Public Support

Part IV Supporting Organizations

Schedule A (Form 990) 2021

(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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

_	$\frac{1}{1}$	1010	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

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supervi	sed. or contr	olled the suppo	orting organizati	on.
Section C.	. Type II S	upporting C	Organization	IS

 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
 Image: Control of the support of the support of the same persons that control or managed

 the supported organization(s).
 Image: Control of the support of the support of the same persons that control or managed
 Image: Control of the support of the support of the same persons that control of the support of the support of the support of the support of the same persons that control of the support of the same persons that control of the support of the sup

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
C	The organization supported a governmental entity.	Describe in Fait VI now you supported a governmental entity (see instruction <u>s).</u>	_

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes

No

1 5 1 6 1 0 1

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
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-functionally	/ integrated		nization (see

Schedule A (Form 990) 2021

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

ization's first as a non-functionally integrated Type III supporting organization (see ıy instructions).

Schedule A (Form 990) 2021

F.R	L.I.	EN	.D.S.	OF	BROOMFIELD,	INC.

		. OF BROOMFIELI		8	4-1516104	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	<i>(</i>)	(11)	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributab Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 F.R.I.E.N.D.S. OF BROOMFIELD, INC. 84–1516104 Page 8
Fait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

<u>م</u>	HEDULE D	Supplementa	al Financial	St	atement	ts		<u> </u>	OMB No. 15	545-0047
(Forr	Form 990) ► 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.						202			
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	90 for instructions). and t	he latest infor	mation.			Inspecti	
Nam	e of the organizati	ion					Emp	oloyer ide	entificatio	n number
		F.R.I.E.N.D.S. OF							15161	
Pa		ations Maintaining Donor Advise		er Si	imilar Fund	s or Ac	coun	its. Con	nplete if th	ne
	organizatio	on answered "Yes" on Form 990, Part IV, lin		<u> </u>		1 .				
			(a) Donor a	dvise	d funds	(b) Fun	ds and ot	her accou	ints
1		nd of year								
2		of contributions to (during year)								
3		of grants from (during year)								
4		it end of year								
5	-	on inform all donors and donor advisors in	-							
6		on's property, subject to the organization's on inform all grantees, donors, and donor a						∟	_ Yes	└── No
6	•	poses and not for the benefit of the donor o	•	Ū			-			
	impermissible priv				, , ,		•		Yes	No
Pa		vation Easements. Complete if the org	nanization answered	l "Yes	s" on Form 990	Part IV.	line 7.			
1		servation easements held by the organization				, . u ,				
•		n of land for public use (for example, recrea	· · ·	[]. []	Preservation	of a histo	ricallv	important	t land area	a
		of natural habitat	,		Preservation		-	-		
		n of open space			_					
2		through 2d if the organization held a qualit	fied conservation co	ntribu	ition in the forn	n of a cor	nservat	tion easer	ment on th	ne last
	day of the tax yea									e Tax Year
а	Total number of co	onservation easements					2a			
b							2b			
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)			2c			
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and no	ot on	a historic struc	ture				
		nal Register					2d			
3		vation easements modified, transferred, rel	eased, extinguished	, or te	erminated by th	ie organiz	zation	during the	e tax	
	year 🕨									
4		where property subject to conservation eas		-		-				
5	•	ation have a written policy regarding the per		•	· ·					
~	,	forcement of the conservation easements it er hours devoted to monitoring, inspecting,							_ Yes	
6		er nours devoted to morntoring, inspecting,	nanuling of violation	15, an	u enforcing col	ISEIVALIO	Tease	ments du	ning the ye	ear
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations an	nd enf	orcina conserv	ation eas	ement	s durina t	the vear	
•	► \$	see mourrou in monitoring, inspecting, half	mig or violations, al			anon eda			ino yoar	
8		 vation easement reported on line 2(d) abov	e satisfy the require	ment	s of section 170)(h)(4)(B)(i)			
-	and section 170(h								Yes	No No
9		be how the organization reports conservation								
	balance sheet, and	d include, if applicable, the text of the footr	note to the organizat	ion's	financial stater	nents tha	t desc	ribes the		
		counting for conservation easements.								
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical	Trea	asures, or C	other Si	imila	r Assets	s.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s reve	nue statement	and bala	nce sh	neet works	S	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educa	ation,	or research in	furtheran	ce of p	oublic		
	•	Part XIII the text of the footnote to its finar								
b	-	elected, as permitted under FASB ASC 95								
	art, historical treas	sures, or other similar assets held for public	exhibition, education	on, or	research in fur	therance	of put	olic servic	e,	
		ing amounts relating to these items:								
		ided on Form 990, Part VIII, line 1						\$		
	(II) Assets include	ed in Form 990, Part X						\$		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:

а	Revenue included on Form 990, Part VIII, line 1	

▶ \$_

▶ \$

	dule D (Form 990) 2021 F.R.I.E.	N.D.S. OF	BROOMFIEL	D, INC.			84-15	1610	4 P	age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tr	easures, o	r Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		change progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col						se in Part	XIII.		
5	During the year, did the organization solicit or						_	-		_
Dec	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizati	on answered	"Yes" or	n Form 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia							7.4		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:				1	Amoun	+	
	Designing belongs					4		Amoun	ι	
	Beginning balance									
	Additions during the year									
f	Distributions during the year									
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •				1
Par										<u></u>
		(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Fou	years	back
1a	Beginning of year balance	171,828.	154,473	. 8	8,997.		86,321.		79,	771.
	Contributions				, 0,971.		,		,	
	Net investment earnings, gains, and losses	17,035.	24,171		4,505.		2,676.		7,	047.
	Grants or scholarships		•							
	Other expenditures for facilities									
	and programs	3,021.	2,959							
f	Administrative expenses	2,873.	3,857	•						497.
g	End of year balance	182,969.	171,828	. 15	4,473.		88,997.		86,	321.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	89.0700	_%							
b	Permanent endowment ► 10.9300	%								
с	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held a	and administe	red for th	ne organiz	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organizat			•				3b		
4	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipme		/ment funds.							
Fai			Dort IV line 110	Cao Farm 000		line 10				
	Complete if the organization answered						.			
	Description of property	(a) Cost or ot basis (investm		st or other s (other)		ccumulat preciation		(d) Boo	k valu	e
1a	Land									
	Buildings		3,1'	78,905.		648,7	72.	2,53	υ,1	33.
	Leasehold improvements					045 1	1			<u>.</u>
	Equipment			<u>32,600.</u>		$\frac{247,1}{16,7}$			<u>5,4</u>	
	Other			25,312.		16,7			8,5	
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	(, column (B), line	<u>10c.)</u>		<u></u>		2,62	4, L	<u>o</u> ⊥.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 F • R • I • E • N • D	.S. OF BROOMF	IELD, INC.	84-1516104 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
<u>(A)</u>			
(B)			
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line	e 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, lin	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Optimum (h) must a surel France 2000, Part X, and (P) (inc	15)		N
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990. Par	t X. line 25.
1. (a) Description of liability	,,,, ,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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

	dule D (Form 990) 2021 F.R.I.E.N.D.S. OF BROOMFIE				1516104	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		enue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.				100
1				1	2,918	,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	6 500			
а	Net unrealized gains (losses) on investments		6,508.			
b	Donated services and use of facilities		558.			
С	Recoveries of prior year grants					
d					_	
е	Add lines 2a through 2d			2e	7 2,911	,066.
3	Subtract line 2e from line 1			3	2,911	,054.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,552.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,552.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,913	,606.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		penses per H	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			0 405	1.0
1	Total expenses and losses per audited financial statements			1	2,405	,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	06 400			
а	Donated services and use of facilities		26,400.			
b	Prior year adjustments					
С	Other losses			-		
d	Other (Describe in Part XIII.)	·· · · · · · · · · · · · · · · · · · ·				
е	Add lines 2a through 2d			2e		,400.
3	Subtract line 2e from line 1			3	2,378	,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,552.	-		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,552.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,381	,314.
Pa	t XIII Supplemental Information.					

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

PART V, LINE 4:

SUPPORT PROGRAM OBJECTIVES

SCHEDULE G	Suppleme	ntal Information Regarding	, Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19,	or if the	2	2021
Department of the Treasury Internal Revenue Service		Attach to Form 99							en to Public pection
Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	Employer		cation number
		.N.D.S. OF BROOMFI	ELD	. II	NC.		84-15		
Part I Fundrais		Complete if the organization answ				ine 1			
	complete this part								
1 Indicate whether th	e organization rais	ed funds through any of the followi	ng activ	vities. (Check all that apply.				
a Mail solicitations e Solicitation of non-government grants									
—	email solicitations				nment grants				
c Phone solici		g [] Specia	al fundra	aising	events				
i		or oral agreement with any individua	l (includ	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, Pa	art VII) or entity in connection with	orofessi	onal fi	undraising services?			Yes	No No
,	0	viduals or entities (fundraisers) purs	uant to	agreei	ments under which th	ne fur	ndraiser is to	be	
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres	o of individual		(iii)	Did raiser	(in) Cross respirete		Amount pai		i) Amount paid
or entity (fund		(ii) Activity	have c	ustody ntrol of	(iv) Gross receipts from activity	,	or retained b fundraiser	^{yy} to	(or retained by) organization
			contrib	utions?		lis	ted in col. (i)	organization
			Yes	No					
Total				►					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is o	exempt from	n registr	ation

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

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List ev	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GIRLFRIENDS			(add col. (a) through
			EVENT	VARIETY SHOW	3	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			1		~~ ~~~	<pre>co.o=o</pre>
ě	1	Gross receipts	15,819.	14,430.	33,629.	63,878.
			1 - 010	14 420	22 620	62.070
	2	Less: Contributions	15,819.	14,430.	33,629.	63,878.
	~					
\neg	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	-					
	5	Noncash prizes				
es						
ense	6	Rent/facility costs				
a Xi						
Direct Expenses	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses		4,431.	13,341.	23,519.
	10	Direct expense summary. Add lines 4 through			►	23,519.
	11					-23,519.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Р			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				zingo, progressino zingo		
В	1	Gross revenue				
	•					
<i>"</i>	2	Cash prizes				
lse						
per	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	-		5 is a base (a)			
	7	Direct expense summary. Add lines 2 through	1 5 IN COIUMN (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		▶	
	0	not gaming moorne summary. Subtract lille /				1
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
-	_	· · ·				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	F.R.I.E.N.D.	s. OF	BROOMFIELD	, INC.	84-1	5161	04	Page 3
11	Does the organization conduct ga						Y	'es	No
	Is the organization a grantor, bene								
	to administer charitable gaming?						Y	es	No No
	Indicate the percentage of gaming						. I		
	The organization's facility						13a		%
	An outside facility						13b		%
14	Enter the name and address of th	e person who prepares the	e organiza	ation's gaming/special e	events books and reco	oras:			
	Name 🕨								
	Address 🕨								
15a	Does the organization have a con	tract with a third party fror	n whom t	he organization receive	es gaming revenue?		Y	es	No No
k	If "Yes," enter the amount of gam	ing revenue received by th	ie organiz	ation 🕨 💲	and the ar	nount			
	of gaming revenue retained by the	e third party 🕨 💲							
c	If "Yes," enter name and address	of the third party:							
	Name 🕨								
	Address 🕨								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensation	\$	-						
	Description of some incomparished	•							
	Description of services provided	·							
	Director/officer	Employee	li	ndependent contractor					
17	Mandatory distributions:								
	Is the organization required under	^r state law to make charita	ble distrib	outions from the gaming	g proceeds to				
	retain the state gaming license?						□ Y	es	No No
k	Enter the amount of distributions	•		buted to other exempt	organizations or spen	t in the			
Da	organization's own exempt activit ITTIV Supplemental Infor								1. 1.01
Fa		mation. Provide the exp applicable. Also provide a				v); and Part	III, line	s 9, 9	ib, 10b,

Schedule G	G (Form 990)	F.R.I.E.N.D.S.	OF	BROOMFIELD,	INC.	84-1516104	Page 4
Part IV	Supplemental Infor	F.R.I.E.N.D.S. mation (continued)					5

SCHEDULE O

(Form 990)

Internal Revenue Service Name of the organization

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

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

Supplemental Information to Form 990 or 990-EZ



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

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

BECOME INDEPENDENT MEMBERS OF THE COMMUNITY.

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

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.

EXPENSES \$ 212,499. INCLUDING GRANTS OF \$ 0. REVENUE \$ 192,262.

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.

FORM 990, PART VI, SECTION B, LINE 12C:
AN ACKNOWLEDGMENT FORM IS SIGNED ANNUALLY AT THE TIME OF DISCLOSURE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE EXECUTIVE DIRECTOR
BASED ON A REVIEW OF A SALARY SURVEY AND THE RESULTS OF AN 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 ARE MADE AVAILABLE
TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONTRACT LABOR:
PROGRAM SERVICE EXPENSES 249,795.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 249,795.
RETIREMENT PLAN:
PROGRAM SERVICE EXPENSES 183.
MANAGEMENT AND GENERAL EXPENSES 3,769.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 3,952.
PAYROLL AND HUMAN RESOURCES:

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

Schedule O (Form 990) 2021

Name of the organization

Schedule O (Form 990) 2021 Name of the organization	Page : Employer identification number
F.R.I.E.N.D.S. OF BROOMFIELD, INC.	84-1516104
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	7,907.
TOTAL EXPENSES	12,187.
PROFESSIONAL CONSULTANTS:	
PROGRAM SERVICE EXPENSES	9,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	274,934.
· _ · _ · _ ·	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	