Return of Organization Exempt From Income Tax

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

2017

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

Opon to Public

OMB No 1545-0047

| | | | Treasury Service | | www.irs.gov/Form | = | | - | • | | Inspection |
|---|---------------------------|------------|---------------------|------------------------------------|------------------------------|--------------------------|-----------------|----------------|---------------------------------------|--------------|----------------------------|
| A | | | | ar year, or tax year beg | | 200 101 111311 401101 | | 017, and e | | | , 20 |
| В | | ck if app | | C Name of organization BO | | UB OF NORTHW | | | | | Employer identification no |
| Γ | ٦. | ress cha | • | Doing business as | | | | | | _ | 75-3124416 |
| Ē | ī | ne chang | · . | Number and street (or PO | box if mail is not delivered | to street address) | | | Room/suite | | Telephone number |
| Ē | ī . | al return | | PO BOX 1251 | | | | | | - 1 | (970) 826-0411 |
| | Fina | al return/ | /terminated | City or town, state or provi | nce, country, and ZIP or for | eign postal code | | | | G | Gross receipts |
| | Ame | ended re | eturn | CRAIG, CO 816 | 525 | | | | | [_ | s <u>1,117,</u> 384 |
| | App | lication | pending | F Name and address of princ | ipal officer | | | | H(a) Is this a group | return for | subordinates? Yes No |
| | | | | | | | | R-4 | H(b) Are all subo | rdinates | included? Yes No |
| L | Tax | exempt | status 🛚 | 501(c)(3) 501(c) (|) 🗹 (insert no) | 4947(a)(1) or | 527 | $\bot \angle$ | If "No," | attach a | list (see instructions) |
| J | Wel | site. | | | | <u> </u> | ! | | H(c) Group exe | mption r | number_ ► |
| K | | | | | Association Unther | <u> </u> | L Year of | formation 2 | 2004 M State | of legal | domicile CO |
| Ц | <u>Part</u> | | Summar | | | | | | | | |
| | 1 | 1 E | Briefly descri | ibe the organization's mi | ssion or most signific | ant activities 1 | HE MISS | ION THE | CLUB IS TO | ENA | BLE AND INSPIRE |
| | ღ | 2 | THE YOUN | G OF OUR AREA I | O REACH THEIR | FULL POTENT | CIAL AS | PRODUC | TIVE, RESPON | SIBI | LE AND CARING |
| | ğ | 9 | CITIZENS | . THE CLUB OFF | ERS CORE PROG | RAMS DESIGNE | ED TO EN | GAGE YO | OUTH WITH PE | ERS | AND CARING |
| | Activities & Governance | = | | O ENHANCE SELF- | | | | | | | |
| , | န္တဲ့ | | | ox 🕨 📙 if the organizat | | | sed of more | than 25% | of its net assets | | I |
| | ا ھ | | | oting members of the go | | | • • • • • | | · · · · · · · · · · | 3_ | 15 |
| | es | | | idependent voting memb | • • | | 1b) · · | | | 4 | 15 |
| 3 | <u> </u> | | | r of individuals employed | • | 17 (Part V, line 2a) | | | | 5 | 107 |
| • | Act. | | | r of volunteers (estimate | • • | | • • • • • | | | 6 | |
| | ` | | | ed business revenue fro | | | | | | 7a | 0 |
| _ | | _ b ! | Net unrelated | d business taxable incor | ne from Form 990-T, | line 34 RECE | IVED: | <u></u> | · · · · · · · · · · · · · · · · · · · | 7b_ | 0 |
| | į | | | | | <u> </u> | | ا ان | Prior Year | | Current Year |
| | _ | 8 (| Contributions | s and grants (Part VIII, li | ne 1h) | S AUG 2 | 7 2019 | Ö | 975 | ,270 | |
| | ž | 9 | Program sen | vice revenue (Part VIII, | ine 2g) | ` ` | | افا | 96 | ,523 | |
| | Revenue | | | ncome (Part VIII, columi | | | | नु ह्ह् ∙ ∙ | | ,616 | i |
| | ~ | | | ue (Part VIII, column (A) | | | | | | ,860 | |
| _ | | | | e - add lines 8 through 1 | | | 12) | | 1,085 | ,269 | |
| | | | | similar amounts paid (Pa | | • | | • • • • • • | | | 0 |
| | | | • | to or for members (Par | | • | | | | | 0 |
| | S | | - | er compensation, emplo | · · | | 5-10) - | | 725 | ,271 | 797,235 |
| | Sus | | | fundraising fees (Part IX | | | | | | 1/1/2 | O Taja jaja |
| | Expenses | | | sing expenses (Part IX, | | | 96,0 | 103 | | | |
| | ш | | - | ses (Part IX, column (A) | | | | } | | ,825 | |
| | 1 | | • | es Add lines 13-17 (mi | • | | | - | 1,034 | | |
| - | . 10 | 19 | Revenue les | s expenses Subtract lii | ie to from line 12 . | | · · · · · | | | ,173 | |
| | ts or | 20 | Total assets | (Part X, line 16) · · · | | | | h | Beginning of Curren | | End of Year |
| | Bala | | | es (Part X, line 26) | | | | | | ,277 | |
| | Net Assets Fund Baland | | | or fund balances Subtra | ct line 21 from line 2 | n | | : | | ,806 ,471 | |
| F | Part | | | re Block | CC III C Z1 II OII III C ZC | | | | 576 | , 4 / 1 | 574,712 |
| L | | | | clare that I have examined this | return, including accompar | nving schedules and stat | tements, and to | the best of my | knowledge and belief. | ıt ıs | |
| _ | | | | eclaration of preparer (other that | | | | | | | |
| | | 1 | 100 | all colo | 2 2 | | | | | | |
| • | Sign | 11 | Signatur | re of officer | | | | - | | Date | |
| | Here | ' ו | | KAPLAN, PRESIDE | NT | | | | | | |
| • | | - | | print name and title | 4 | | | | | | |
| - | | | | eparer's name | Preparer's signature | / 1 | Date | | Check X | lf F | PTIN |
| • | Paid | | 1 | elson CPA |) Control of Signature | | h | 2-2018 | self-employ | | P01031089 |
| | | arer | | | Telson CPA | | <u> </u> | _ 2010 | Firm's EIN | <u> </u> | -01031003 |
| | - | Only | | | 771273 | | | | Phone no | | |
| • | | | 3 300.00 | | oat Springs C | 0 80477 | | | ł | 70-R | 79-7869 |
| | | | | | | | | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions. EEA

⊠ No Form 990 (2017)

| | 990 (2017) BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Page |
|-----------|---|
| ۲ai | rt'III* Statement of Program Service Accomplishments |
| _ | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| | THE MISSION THE CLUB IS TO ENABLE AND INSPIRE THE YOUNG OF OUR AREA TO REACH THEIR FULL |
| | POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS. THE CLUB OFFERS CORE PROGRAMS |
| | DESIGNED TO ENGAGE YOUTH WITH PEERS AND CARING ADULTS TO ENHANCE SELF-ESTEEM AND LIFE SKILLS. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| - | prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · · |
| | If "Yes," describe these new services on Schedule O |
| 2 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| 3 | services? Yes X No |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| • | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported |
| | the total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$ 885,855 including grants of \$) (Revenue \$) |
| ••• | THE BOYS & GIRLS CLUBS OF NORTHWEST COLORADO'S MISSION IS TO ENABLE AND INSPIRE THE YOUNG |
| | PEOPLE OF NORTHWEST COLORADO TO REALIZE THEIR FULL POTENTIAL AS PROUCTIVE, RESPONSIBLE AND |
| | CARING CITIZENS. THE CLUBS ARE YOUTH DEVELOPMENT ORGANIZATION DEDICATED TO PROMOTING HEALTH, |
| | SOCIAL, EDUCATION, VOCATIONAL AND CHARACTER DEVELOPMENT OF BOYS AND GIRLS. THE CLUBS' GOAL IS |
| | TO HELP YOUNG PEOPLE IMPROVE THEIR LIVES BY BUILDING SELF ESTEEM AND DEVELOPING VALUES AND |
| | SKILLS DURING CRITICAL PERIODS OF GROWTH. |
| | SKIDES DURING CRITICAL PERIODS OF GROWIN. |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | / (Acceptable of) (Expenses of) (November of) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | (Code) (Expenses #) (Nevenue #) |
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| | Other program convece (Decembe in Schedule O.) |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| <u>4e</u> | Total program service expenses ► 885,855 Form 990 (201 |
| EEA | FOIRI 330 (201 |

Form 990 (2017)
Part IV C

| | | | Yes | No |
|-----|---|--------|--------|------------|
| 1 ' | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A · · · · · · · · · · · · · · · · · · | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2_ | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | ı |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | [i | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, | | | |
| | Part III | _5_ | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · · | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete 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 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 7.5. S | | |
| | VII, VIII, IX, or X as applicable | | أغنث | 191 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | | 1 | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? 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 | | <u>X</u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u>X</u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | ļ | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | J | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | } | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | |) | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | } | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u>X</u> _ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | ŀ | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | l | |
| | If "Yes," complete Schedule G, Part III | 19 | | <u>X</u> |
| EEA | | Form | 990 (2 | 017) |

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 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 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Χ 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 pnor Forms 990 or 990-EZ? 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

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

| rai | . Statements Regarding Other INS Finings and Tax Compliance | | | _ |
|----------|---|-----------|---------------|---------------------------------------|
| | Check if Schedule O contains a response or note to any line in this Part V | · · · | • • • | \Box |
| 4- | Fate-the symbol considering Pay 2 of Farm 4000 Fate- 0 of actions to the | | Yes | No . |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | ĺ |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | , | i / | ĺ |
| С | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | -10 | | ļ |
| Za | | | | |
| ь | Statements, filed for the calendar year ending with or within the year covered by this return | 2b | X | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | ļ — |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | -21 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | (| , | |
| | account)? | 4a | . | Х |
| b | If "Yes," enter the name of the foreign country | | | · · |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | · | - 4 | ز ا |
| | (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Χ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Χ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | į | | ı |
| | gifts were not tax deductible? | 6b | 2.02 | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | السموني ؟ | 農園 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | -3-1 | اتنتنا | · · · · · · · · · · · · · · · · · · · |
| | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ا | 1 | v |
| a | required to file Form 8282? | 7c | | X |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | <u></u> | ائد <u>ک</u> X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 71 | -+ | $\frac{\Lambda}{X}$ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 7. | - |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | -1 | i |
| 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 | | - 1 | ļ |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | ļ | - | |
| 11 | Section 501(c)(12) organizations. Enter | I | | , |
| а | Gross income from members or shareholders | - 1 | ļ | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | - 1 | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | , |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1 | - | - |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 1 | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | 1 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 1 | | ļ |
| _ | the organization is licensed to issue qualified health plans | 1 | | metron |
| c 14a | | 14a | | <u>X</u> |
| 14d | If "Voc " has it filed a Form 720 to report these navments? If "No " provide an explanation in Schedule O | 14h | \dashv | |

Form 990 (2017) BOYS & GIRLS CLUB OF NORTHWEST COLO Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 15 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 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Χ 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Χ 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 18

| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only |
|---|---|
| | available for public inspection. Indicate how you made these available. Check all that apply |

Another's website X Upon request Other (explain in Schedule O) Own website

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

State the name, address, and telephone number of the person who possesses the organization's books and records: 20

RUTH SCHUSSLER (970)826-0411, PO BOX 1251, CRAIG, CO 81625

| Earm | agan | (2017) |
|-------|------|--------|
| COHIL | 990 | {201/} |

MEMBER

FFA

BOYS & GIRLS CLUB OF NORTHWEST COLO

75-3124416

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Page 7

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Form 990 (2017)

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

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

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

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

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

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

Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable box, unless person is both an Estimated hours per officer and a director/trustee) compensation compensation from amount of veek (list anv from related other hours for the organizations compensation related organization (W-2/1099-MISC) from the Institutional ndıvıdual <ey employee lighest compensated organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) VICKY HANNA Х PAST PRESIDENT 0 0 (2) CATHERINE BLEVINS X MEMBER 0 0 (3) BRYAN LUDGATE X SECRETARY X 0 0 (4) LES KAPLAN Х Х PRESIDENT 0 0 (5) MARY BROWN Χ X VICE PRESIDENT 0 0 0 (6) LUKE TUCKER Х Х TREASURER 0 0 0 (7) JIM BRONNER Х MEMBER 0 0 ٥ (8) DAVE DE ROSE Х MEMBER 0 0 (9) JIM DODD_ Х MEMBER 0 0 (10)LYNN EARNEST Х MEMBER 0 0 (11)KIM KREISSIG Х MEMBER 0 0 (12)SUSAN_LARSON_ Χ 0 MEMBER 0 (13)HEATHER MARTYN Х MEMBER 0 0 (14)CHRIS_NICHOLS____

Х

| Section A. Officers, Directors, Trustees, | to Linploy | , u. | 14 11 | (C | _ | Joinpo | | iou zmpioyees (e | | |
|---|-----------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|------------------------------|
| ` (A) | (B) | | | Posi | tion | | | (D) | (E) | (F) |
| Name and title | Average | • | | | | an one both an | | Reportable | Reportable | Estimated |
| | hours per week (list any | | | a dire | ector/ | trustee) | | compensation from | compensation from related | amount of other |
| | hours for related | Individual trustee or director | Instit | Officer | Key | ag F | Former | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations | ector | uton | ۳ | Key employee | est co oyee | Ē | (W-2/1099-MISC) | (**-21039-141130) | organization |
| | below dotted line) | truste | Institutional trustee | | уее | mpe | | | | and related organizations |
| | | ě | itee | | | Highest compensated employee | | | | - |
| | | | | 1 | | ٩ | | | | |
| | | | | | | | | | | |
| (15)JAY OXLEY SECRETARY | | Х | | х | | | | 0 | 0 | |
| (16)RUTH_SCHUSSLER_ | 40.00 | - 21 | | -23 | | | | | | 0 |
| BUSINESS MGR | | | | х | | | | 0 | 0 | 0 |
| (17)DANA DURAN | 40.00 | | | | | | | | | |
| EXEC DIRECTOR | | | | X | | | | 0 | 0_ | 00 |
| (18) | | | | ŀ | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | ······································ | |
| (0) | | | | - | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1h Sub-total | | | | | | | | | | |
| 1b Sub-total | | | | | | | | · | | |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 0 | 0 |
| Total number of individuals (including but not limited | to those liste | d abov | ve) w | vho r | rece | ived m | ore | | · · · · · · · · · · · · · · · · · · · | |
| reportable compensation from the organization | | | | | | | | | 0 | |
| a Table | | | | | _ L | | | | | Yes No |
| 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J | | | | | | | | ensated • • • • • • • • • • • • • | | 3 X |
| 4 For any individual listed on line 1a, is the sum of rep | | | | | | | | | | |
| organization and related organizations greater than | | | | | | | | | | |
| ındividual | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or accrue co | | | | | | | | on or individual | | |
| for services rendered to the organization? If "Yes," of Section B. Independent Contractors | complete Sch | edule . | J for | SUC | h pe | rson | | | · · · · · · · · · · · · · · · · · · · | 5 X |
| Complete this table for your five highest compensate | ed independe | ent con | tract | ors | that | receiv | ed n | ore than \$100 000 |) of | |
| compensation from the organization Report compe | | | | | | | | | | |
| year. | | | | | | | | | | |
| (A) | | | | | | | | (B) | | (C) |
| Name and business address | | | | | | | | Description of | services | Compensation |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | _ | | _ | | | | | | | |
| A 711 | hud mad I | d to 11 | | | 1 0 - | ove) | hc. | <u></u> | | |
| 2 Total number of independent contractors (including received more than \$100,000 of compensation from | | | ose ii ▶ | ເວເປີ | a a Di | ove) W | 110 | | | |

Part VIII

| | | Check if Schedule O contain | s a response | <u> </u> | ite to any line in this | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---------|--|----------------|-------------|-------------------------|-------------------|--|---|--|
| rants ounts | 1a b | Federated campaigns · · · · Membership dues · · · · | | 1a 1b | 30,500 | · | TOYONG | | 512-014 |
| Contributions, Gifts, Grants and Other Similar Amounts | c d | Fundraising events · · · · Related organizations · · · | | 1c 1d | 198,610 | | | | |
| outions, ther Sim | f | All other contributions, gifts, grand similar amounts not include | ants, | 1e 1f | 156,263 | - | | - | |
| Contrib and Of | g h | Noncash contributions included | | 1f \$ | 572,275 28,215 | 957,648 | , | | |
| anne | | PROGRAM INCOME | | | Business Code 611710 | 116,245 | 116,245 | | |
| Program Service Revenue | b c | | | | | | | | |
| ıgram Seı | e f | All other program service reven | ue | | | | | | |
| P | | Total. Add lines 2a-2f | | | | 116,245 | | | , , , |
| | 3 | Investment income (including diand other similar amounts) | · · · · · · | | | 1,583 | 1,583 | | |
| | 5 | Income from investment of tax-Royalties | <u> </u> | <u> </u> | · · · · · · · • | | 5 % | 3% AP SEC 45 1 4 | |
| | 1 | Gross rents · · · · · · · · Less rental expenses · · · · | (i) Real | | (II) Personal | | | | |
| | С | Rental income or (loss) Net rental income or (loss) | | | | | | 33,32 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securition | es | (II) Other | | | | |
| | 1 | Less cost or other basis and sales expenses · · · · · · · · · · · · · · · · · · | | | | | | | |
| | 1 | Net gain or (loss) | | • • • | | | 44 | | |
| Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line | | _ | 1 | | | | |
| Other Re | 1 | See Part IV, line 18 · · · · · Less direct expenses · · · | | · b | 41,908 26,011 | . , | | | |
| | 1 | Net income or (loss) from fundr Gross income from gaming acti See Part IV, line 19 · · · · · | vities | | | 15,897 | | | 15,897 |
| | 1 | Less direct expenses · · · Net income or (loss) from gamin | | , b | | | | | |
| | | Gross sales of inventory, less returns and allowances · · · | | | | | | | |
| | | Less. cost of goods sold Net income or (loss) from sales | | | | | | | |
| | 11a | Miscellaneous Revenue | | | Business Code | | | | |
| | С | All other revenue · · · · · | | | | | | | |
| | e | Total. Add lines 11a-11d · | | | | | | | |
| | 12 | Total revenue. See instructions | s <u></u> | | | 1,091,373 | 117,828 | 0 | 15,897 |

Form 990 (2017) BOYS & GIRLS CLUB OF NORTHWEST COLO Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a response or note to | _ | | | |
|-------|---|---------------------------------------|------------------------|-----------------------|--------------------|
| | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 8b, 9 | b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | 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 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 62,395 | 15,599 | 15,599 | 31,19 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) · · · · · | | | | |
| 7 | Other salaries and wages | 598,196 | 491,208 | 67,472 | 20 F1/ |
| 8 | Pension plan accruals and contributions (include | 398,196 | 491,208 | 61,412 | 39,516 |
| J | section 401(k) and 403(b) employer contributions) | 7 436 | E 700 | 007 | = - |
| a | Other employee benefits | 7,436 | 5,703 | 937 | 796 |
| 9 | ` * | 55,211 | 42,347 | 6,957 | 5,907 |
| 10 | Payroll taxes | 73,997 | 56,755 | 9,324 | 7,918 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| þ | Legal | | | | |
| С | Accounting | 3,500 | | 3,500 | |
| d | Lobbying | | /1.58 / T. / 3 N T T | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | , | |
| | (A) amount, list line 11g expenses on Schedule O) · · | 15,736 | 14,936 | | 800 |
| 12 | Advertising and promotion | 13,129 | 8,771 | | 4,358 |
| 13 | Office expenses | 5,244 | 4,022 | 661 | 561 |
| 14 | Information technology | 951 | 729 | 120 | 102 |
| 15 | Royalties | | | | |
| 16 | Occupancy · · · · · · · · · · · · · · · · · · · | 89,751 | 83,528 | 3,351 | 2,872 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| - | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 557 | 557 | | |
| 20 | Interest · · · · · · · · · · · · · · · · · · · | | 337 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 17,451 | 17 451 | | |
| 23 | Insurance | | 17,451 | 1 702 | |
| | | 13,672 | 10,486 | 1,723 | 1,463 |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | OTHER EXPENSE | 3,454 | 1,192 | 2,181 | 81 |
| Ь | PROGRAM EXPENSES | 110,498 | 110,498 | | |
| С | DUES/FEES | 20,449 | 18,975 | 1,474 | |
| đ | COMMUNICATIONS | 4,039 | 3,098 | 509 | 432 |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e . | 1,095,666 | 885,855 | 113,808 | 96,003 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | |] | Į. | |
| | from a combined educational campaign and fundraising solicitation. Check here | } | } | 1 | |
| | montaising sunchanding Check Refe - LJ II | I | 1 | i | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 299,494 221,066 2 2 3 3 56,731 144,292 4 4 7,015 10,251 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6,390 9,743 10a Land, buildings, and equipment cost or ,^ , _v; other basis Complete Part VI of Schedule D 10a b 10b 10c 266,568 205,993 194,704 11 11 46,301 50,921 12 Investments - other securities See Part IV. line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 625,277 627,624 17 Accounts payable and accrued expenses 17 46,806 52,912 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X. 25 26 Total liabilities. Add lines 17 through 25 26 46,806 52,912 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 559,214 574,712 Temporarily restricted net assets 28 19,257 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 578,471 33 574,712 34 Total liabilities and net assets/fund balances 625,277 627,624

| | | 75-312 | 24416 | F | age 12 |
|-----|---|----------------|-------|-----------------------------|-----------------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | <u></u> | $\cdot \square$ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 | | 1,091, | 373 |
| 2 | Total expenses (must equal Part iX, column (A), line 25) | . 2 | | 1,095, | 666 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | . 3 | | (4, | 293) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | | 578, | 471 |
| 5 | Net unrealized gains (losses) on investments | . 5 | | | |
| 6 | Donated services and use of facilities | - 6 | | | 534 |
| 7 | Investment expenses | . 7 | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | . 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | . 10 | | 574, | 712 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 🛮 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other | | (3 | 1111 | |
| | If the organization changed its method of accounting from a pnor year or checked "Other," explain in | _ _ | , | | |
| | Schedule O | | 1. | | |
| 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 | | [· | | 1 .: |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 | Rein Service | 1 25.3 |
| ь | 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 | | Ę. | *1 ETX | 3,200 |
| | separate basis, consolidated basis, or both | | 16 | رون کا آثار درون کا آثار | 17.2 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1. | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | l: | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | [| 2c X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | ,ī. | 300 | 1 33 |
| | Schedule O | | | 2 2% | 6.6 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | [: | За | _X_ |
| b | of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |

Form 990 (2017)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Employer identification number BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

141.15

990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

| 1 Giffs, grants: contributions, and manufarthy feets received (Co not include any Yunusual grants ") | Sec | uon A. Public Support | | | | | | |
|--|----------|--|------------------|---------------------------------------|---------------------------------------|--------------------|--------------|---------------|
| membership fees received (Clo not include any humans) 823,406 746,679 857,082 975,270 957,649 4,360 2 Tour reverues leved for the organization benefit and either paid to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 746,679 857,082 975,270 957,648 4,360 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4,360 4 Total. Add lines 1 through 3 823,406 746,679 857,082 975,270 957,648 4,360 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization micked on line 1 that exceeds 2% of the amount shown on line 11, column (i) 645 5 Public support Selfment ine 5 from line 4 823,406 746,679 857,082 975,270 957,648 4,360 6 Public support Selfment ine 5 from line 4 823,406 746,679 857,082 975,270 957,648 4,360 7 Amounts from line 4 823,406 746,679 857,082 975,270 957,648 4,360 8 Rein norms from interact dividends, prefix to the selfment of th | Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| organization's benefit and either paid to or expended on its behalf 1 reportion of total contributions by each person (other than a governmental unto or publicly supported organization) included on line if hat exceeds 2% of the amount shown on line 11, column (0) 645 Public support. Subtract line 5 from line 4 8 Cross income from ine 4 8 Cross income from line 4 8 Cross income from ine 4 9 Net income from unrelated business activities, whether or not the business is regulative careed in line from 500 income from line from 500 incom | 1 | membership fees received (Do not | 823,406 | 746,679 | 857,082 | 975,270 | 957,648 | 4,360,085 |
| furnished by a governmental unit to the organization without charge | 2 | organization's benefit and either paid | | | | | | |
| 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) | 3 | furnished by a governmental unit to the | | | | | | |
| 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) | 4 | Total. Add lines 1 through 3 | 823,406 | 746,679 | 857,082 | 975,270 | 957,648 | 4,360,085 |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of the amou | 5 | The portion of total contributions by | | | | | , | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | each person (other than a | | | | | | |
| line 1 that exceeds 2% of the amount shown on line 11, column (f) | | governmental unit or publicly | | | | | | |
| shown on line 11, column (f) 645 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support because on securities loans, rents, royalbes and income from securities loans, rents, royalbes and income from securities loans, rents, royalbes and income from merelated business activities, whether or not the business is regularly carried on (loss from the sale of capital assets (Explain in Part VI) 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 (south of Public Support Percentage) 12 Gross receipts from related activities, etc. (see instructions) 12 (south organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 84.97 15 Public support percentage from 2016 Schedule A, Part II, line 14 (s) 3 1/3% support test - 2016. 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 (s) from explaining the region of the column o | | supported organization) included on | | | | | | |
| Section B. Total Support Solvente time 5 from line 4 Section B. Total Support Amounts from line 4 Section B. Total Support Reserved for fiscal year beginning in) Amounts from line 4 Section Consumer from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Section C. Computation of Public Support Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 Public support percentage from 2016 Schedule A, Part II, line 14 Public support percentage from 2017 (line 6, column (f) divided by line 11, column (f)) 175 Public support percentage from 2017 (line 6, column (f) divided by line 11, column (f)) 186 3 31/3% support test - 2016. 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 187 Public support test - 2016. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 19 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. I | | line 1 that exceeds 2% of the amount | | | | | | |
| Section B. Total Support All Column | | shown on line 11, column (f) | | | | | | 649,398 |
| Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Toti Amounts from line 4 | | | | | | | | 3,710,687 |
| Amounts from line 4 | | | | | · | | | |
| Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage for 2016 (Schedule A, Part II, line 14 31/3/3/3 support test - 2016. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Part VI how the organization meets the "facts-and-circumstances" test. The organization quali | | idar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| payments received on securities loans; rents, royalties and income from similar sources | | 3 | 823,406 | 746,679 | 857,082 | 975,270 | 957,648 | 4,360,085 |
| Similar sources | 8 | | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | rents, royalties and income from | | | | | | |
| activities, whether or not the business is regularly carried on | | similar sources · · · · · · · · · · · · · · | 881 | 1,245 | 1,478 | 1,616 | 1,583 | 6,803 |
| loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. 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 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization did not check a box on line | 9 | activities, whether or not the business | | | | | | |
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| First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 33 1/3% support test - 2017. 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 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 11 | Total support. Add lines 7 through 10 . | | | | | | 4,366,888 |
| organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. 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 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 12 | Gross receipts from related activities, etc (s | ee instructions) | | | | 12 | .,, |
| Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | | organization, check this box and stop here | | | or fifth tax year as | a section 501(c)(3 |) | ▶ 🗌 |
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| 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | 47. | | | _ | | | | ▶ ∐ |
| Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | 1/a | | | | | | | |
| organization | | - | | · · · · · · · · · · · · · · · · · · · | | • | | |
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| Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | D | | | | | | 9 | |
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| Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | , | , [|
| instructions · · · · · · · · · · · · · · · · · · · | 18 | - · · | | | | | <i>.</i> | · · · · · • 📙 |
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• 990 or 990-EZ) 2017

• BOYS & GIRLS CLUB OF NORTHWEST COLO

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Sec | ction A. Public Support | | | | | | |
|----------|--|---|---------------------|-------------------------|---------------------------------------|-----------|-----------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | i | | | | 7 | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | , | / | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | <u> </u> | | | 1 | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | , , , , , , , , , , , , , , , , , , , | | |
| 6 | Total Add lines 1 through 5 | ļ | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | ļ | | , | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | / | | | |
| С | Add lines 7a and 7b · · · · · · · · · · · · | ļ <u></u> | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | × > 1/10 | | | | |
| | ction B. Total Support | | / | | · · · · · · · · · · · · · · · · · · · | | |
| _ | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | , | · | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | / | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | / | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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 five years. If the Form 990 is for the organization, check this box and stop here | | | | | | ▶□ |
| Se | ction C. Computation of Public Su | pport Percen | tage | | | | |
| 15 | Public support percentage for 2017 (line 8, co | • | | • | | 15 | % |
| 16 | Public support percentage from 2016 Schedu | | | · · · · · · · · · · · · | | 16 | % |
| _ | ction D. Computation of Investme | | | (8) | | 47 | |
| 17 18 | Investment income percentage for 2017 (line Investment income percentage from 2016 Sc | | | umn (f)) | · · · · · · · · · · · · | 17 | <u>%</u> |
| | 33 1/3% support tests - 2017. If the organiza | ation did not check | the box on line 14, | | | d line | ▶ □ |
| b | 33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this b | ation did not check | a box on line 14 or | line 19a, and line | 6 is more than 33 | 1/3%, and | ▶□ |
| 20 | Private foundation. If the organization did no | | | | | <u> </u> | ···· ▶ 🗍 |

Part IV Supporting Organizations

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

| Section A | ΛII | Supporting Organizat | ione |
|-----------|-------|----------------------|------|
| occuon A | . ^11 | ouppoining organizat | |

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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 |
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Schedule A (Form 990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF NORTHWEST COLO 75-3124416 Part IV Supporting Organizations (continued) Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 3 By reason of the relationship described in (2), 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 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test. Answer (a) and (b) below. Yes | No 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 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) 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 2b activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

3a

| Schedule A (Form 990 or 990-EZ) 2017 BOYS & GIRLS CLUB OF NORTHWEST COLO | | 75-312 | 24416 | Page 6 |
|--|---------|--|--------------|---------------------|
| Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Or | | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | | |
| instructions. All other Type III non-functionally integrated supporting organi | zatior | ns must complete Section | | |
| Section A - Adjusted Net Income | | (A) Prior Year | 1 ' ' | rent Year ional) |
| 1 Net short-term capital gain | 1 | | | |
| Recoveries of prior-year distributions | 2 | | 7 | |
| 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 | | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | 1 ' ' | rent Year ional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | | |
| instructions for short tax year or assets held for part of year) | | | | |
| a Average monthly value of securities | 1a | | | |
| b Average monthly cash balances | 1b | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | |
| e Discount claimed for blockage or other | 1 | | | |
| factors (explain in detail in Part VI) | | | | |
| 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 1-1/2% of line 3 (for greater amount, | 11 | | 1 | |
| see instructions) | 4 | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | †· | |
| 6 Multiply line 5 by 035 | 6 | | | |
| 7 Recoveries of prior-year distributions | 7 | - | T | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Section C - Distributable Amount | | | Current | t Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | + | |
| 2 Enter 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 | /-inted | rated Type III supportin | g organizatı | on (see |
| instructions) | | Note that the same of the same | J =: J=:=#(| (|

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| | t V · Type III Non-Functionally Integrated 509(a)(3 | | rations (continued) | 14416 rage / | |
|---------------|--|---------------------------|---------------------|---------------------------------------|--|
| | tion D - Distributions | / oupporting organi | (00//////00// | Current Year | |
| | Amounts paid to supported organizations to accomplish exer | not purposes | | | |
| | Amounts paid to perform activity that directly furthers exempt | | | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | | | | |
| | Amounts paid to acquire exempt-use assets | | | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | ··· | |
| | Other distributions (describe in Part VI) See instructions | | | | |
| $\overline{}$ | Total annual distributions. Add lines 1 through 6. | | | · | |
| | Distributions to attentive supported organizations to which the | e organization is respons | sive | · · · · · · · · · · · · · · · · · · · | |
| | (provide details in Part VI) See instructions | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | |
| | Section E - Distribution Allocations (see instructions) (i) (ii) Excess Distributions Pre-2017 | | | | |
| | Distributable amount for 2017 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | | |
| | (reasonable cause required - explain in Part VI) See | | | | |
| | instructions | | | | |
| _3_ | Excess distributions carryover, if any, to 2017 | | | | |
| a | | | | | |
| | From 2013 | | | | |
| | From 2014 | | | | |
| $\overline{}$ | From 2015 | | | | |
| | From 2016 | | | | |
| | Total of lines 3a through e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2017 distributable amount | | | | |
| <u>-</u> - | Carryover from 2012 not applied (see instructions) | | | | |
| <u> </u> | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | | |
| 4 | Distributions for 2017 from | | | | |
| | Section D, line 7 \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2017 distributable amount | | | | |
| | Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if | | | | |
| 5 | | | | | |
| | any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions | | | | |
| | <u> </u> | | | | |
| 0 | Remaining underdistributions for 2017 Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI See instructions. | | · | | |
| , | Excess distributions carryover to 2018. Add lines 3j | | | | |
| | and 4c Breakdown of line 7: | | · | | |
| | | | | | |
| _ | | | | · | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| e | Excess from 2017 | 1 | 1 | | |

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

➤ Attach to Form 990.

Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public Inspection

| Name (| of the organization | Employer identification number |
|--------|---|---------------------------------|
| воч | S & GIRLS CLUB OF NORTHWEST COLO | 75-3124416 |
| Par | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account | ts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) · · | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | |
| Pai | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) | |
| | Preservation of land for public use (e.g., recreation or education) Preservation of a historically is | mportant land area |
| | Protection of natural habitat Preservation of a certified hist | toric structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation | ervation |
| | easement on the last day of the tax year | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | ation during the |
| | tax year ▶ | - |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | easements during the year |
| | • | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ments during the year |
| | ▶ \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) | (1) |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement | ent, and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of | describes the |
| | organization's accounting for conservation easements | |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and | balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth | herance of |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | • |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala | ance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth | herance of |
| | public service, provide the following amounts relating to these items | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | > \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi | |
| _ | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | Assets included in Form 990, Part X | |
| | | |

| | | | | _ | | FF 040 | | D. | 1 |
|-----|---|------------------------|--|---------------------------------------|---------------|---------------------------------------|--------------|------------|----------------|
| | le D (Form 990) 2017 BOYS & GIRLS CI | | | | s or Oth | 75-312 | | | age 2 |
| | | | | | | | sets (COII | unue | ,u) |
| | Using the organization's acquisition, accession, a | and other records, ch | eck any of | the following that al | e a significa | ant use of its | | | |
| | collection items (check all that apply) | . 🗆 . | | | | | | | |
| а | Public exhibition | _ | | ige programs | | | | | |
| b | Scholarly research | e ∐ Othe | er | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's collect | ions and explain hov | v they furth | er the organization's | s exempt pu | ırpose ın Part | | | |
| | XIII | | | | | | | | |
| 5 | During the year, did the organization solicit or rec | eive donations of an | t, historical | treasures, or other | sımılar | | | | |
| | assets to be sold to raise funds rather than to be | maintained as part of | of the organ | nization's collection? | ٠ | | [] Ye | es [|] No |
| Par | t IV Escrow and Custodial Arrang | jements. | | | • | <u> </u> | | | |
| L | Complete if the organization are | | r Form 9 | 90, Part IV, line | 9, or rep | orted an amo | unt on Fo | rm | |
| | 990, Part X, line 21 | | | | • | | | | |
| 1a | Is the organization an agent, trustee, custodian of | r other intermediary | for contribu | itions or other asse | ts not | | | | |
| Ia | | | | | | | П у | ا ءم | Πnο |
| L | | | | | | | | L | |
| b | If "Yes," explain the arrangement in Part XIII and | complete the followi | ng table | | | 1 | | | |
| | | | | | | - | mount | | |
| С | Beginning balance | | | | | | | | |
| d | Additions during the year | | • • • • • | | 10 | | | | |
| е | Distributions during the year | | | | 10 | | | | |
| f | Ending balance | | | | | | | | |
| 2a | Did the organization include an amount on Form | 990, Part X, line 21, | for escrow | or custodial accour | nt liability? | | 🗌 Y | es [| No |
| b | If "Yes," explain the arrangement in Part XIII_Ch | eck here if the explai | nation has I | been provided on P | art XIII | | | · · · [| <u> </u> |
| Par | t V Endowment Funds. | | | | | | | | |
| L | Complete if the organization ar | nswered "Yes" o | n Form 9 | 90, Part IV, line | 10. | | | | |
| | | (a) Current year | (b) Prio | or year (c) Two | years back | (d) Three years bac | k (e) Four | years b | ack |
| 1a | Beginning of year balance | ,,,,, | , , | 1 | | | | | |
| b | Contributions | • | - | | | | | | |
| | Net investment earnings, gains, and | 1 | | | | | | | |
| С | losses · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | : | | | | | | | | |
| d | Grants or scholarships | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | - | | |
| f | Administrative expenses | | | | | ļ | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the current | year end balance (lu | ne 1g, colui | mn (a)) held as | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | equal 100% | | | | | | | |
| 3a | Are there endowment funds not in the possession | - | that are he | eld and administere | d for the | | | | |
| Ju | organization by | or are organization | | | - 141 - 14 | | | Yes | No |
| | · · | | | | | | . 3a(i) | | |
| | (i) unrelated organizations · · · · · · · · · | | | | | | 3a(ii) | - | |
| _ | (ii) related organizations · · · · · · · | | | , , , , , , , , , , , , , , , , , , , | | | | - | |
| b | If "Yes" on 3a(II), are the related organizations lis | | | / | | | <u>3b</u> | | Щ |
| 4 | Describe in Part XIII the intended uses of the or | | ent funds | | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization as | nswered "Yes" o | n Form 9 | 990, Part IV, line | e 11a. Se | e Form 990, F | Part X, line | <u> 10</u> | |
| | Description of property | (a) Cost or oth | ner basis | (b) Cost or other basi | s (c) | Accumulated | (d) Book | k value | |
| | | (investm | ent) | (other) | - | depreciation | | | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | 353,19 | 8 | 183,294 | 1 | .69,9 | 904 |
| | | | | 333,19 | - | 200,234 | | , 3 | |
| C | Leasehold improvements | | _ | CF 55 | _ | 61 074 | | - A · | 200 |
| d | Equipment | • • • | | 65,57 | 4 | 61,274 | | 4,3 | 700 |

42,500

20,500

194,704

22,000

| Part VII Investments - | Other Se | cu | rities. |
|----------------------------|----------|----|---------|
| Schedule D (Form 990) 2017 | BOYS | | |
| | | | |

| (a) Description of secur (including name of | | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|---|--|--|
| Financial derivatives · · · · | | | Osar of cital of year market value |
| Closely-held equity interests | | | |
| Other | | | |
| (A) | | | |
| (A) (B) | | - | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| | | | |
| (F) | | _ | |
| (G) | | _ | |
| (H) | | <u> </u> | |
| tal. (Column (b) must equal Form 990, Pa Part VIII Investments | - Program Related | | |
| | | | art IV, line 11c. See Form 990, Part X, line 13 |
| (a) Description of inv | estment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | | | |
| (2) | · | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| (9) otal. (Column (b) must equal Form 990, Pa Part IX Other Assets | S. | > | |
| (9) otal. (Column (b) must equal Form 990, Pa Part IX Other Assets | S. | | art IV, line 11d See Form 990, Part X, line 15 |
| etal. (Column (b) must equal Form 990, Part IX Other Assets Complete If the | S. | vered "Yes" on Form 990, P | |
| (9) Part IX Other Assets Complete If the complete of the com | S. | vered "Yes" on Form 990, P | |
| etal. (Column (b) must equal Form 990, Part IX Other Assets Complete If the | S. | vered "Yes" on Form 990, P | |
| tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If the (1) (2) (3) (4) | S. | vered "Yes" on Form 990, P | |
| tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If the (1) (2) (3) (4) (5) | S. | vered "Yes" on Form 990, P | |
| tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If the (1) (2) (3) (4) | S. | vered "Yes" on Form 990, P | |
| tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If the (1) (2) (3) (4) (5) | S. | vered "Yes" on Form 990, P | |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If th (1) (2) (3) (4) (5) | S. | vered "Yes" on Form 990, P | |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete if the complete of t | S. | vered "Yes" on Form 990, P | |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If th (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form | s. ne organization ansv | wered "Yes" on Form 990, P | |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete if the Complete of t | s. ne organization ansv rm 990, Part X, col (B) line ties. | wered "Yes" on Form 990, P (a) Description e 15) | |
| (9) Ital. (Column (b) must equal Form 990, Part IX Other Assets Complete if the complete of | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Complete if the line 25. (a) Description of | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | wered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) Part IX Other Assets Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Formula (Column (b) must equal Formula (Complete if the Inc.) Complete if the Inc. (Column (b) must equal Formula (Complete if the Inc.) (a) Description (c.) (1) Federal income taxes | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form (column (b) must equal Form (column (b) must equal Form (complete if the line 25. (a) Description (column (colu | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Per Complete If the Complete II th | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Per Complete If the Complete II the | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Per Complete If the Complete II In Complete I | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Per Complete If the Complete II the | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Per (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form (1) Complete if the line 25. (a) Description (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Part IX Other Assets Complete If th (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Complete if th line 25. (a) Description of (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | me organization answ me organization answ me 990, Part X, col (B) line ties. he organization answ | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |
| (9) tal. (Column (b) must equal Form 990, Per (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form (1) Complete if the line 25. (a) Description (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) | rm 990, Part X, col (B) line ties. he organization ansv | vered "Yes" on Form 990, P (a) Description e 15) | (b) Book value |

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through COWBOY XMAS BASH col (c)) (event type) (total number) (event type) Revenue Gross receipts 54,613 129,200 56,705 240,518 Less Contributions 49,875 126,445 22,290 198,610 Gross income (line 1 minus 4,738 2,755 34,415 41,908 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages 5,100 8,674 13,774 Entertainment Other direct expenses 3,071 5,668 3,498 12,237 Direct expense summary Add lines 4 through 9 in column (d) 26,011 Net income summary Subtract line 10 from line 3, column (d) 11 15,897 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No No Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · ▶ 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

| BOYS & GIRLS CLUB OF NORTHWEST COLO | 75-3124416 |
|---|-------------------------|
| 01. Form 990 governing body review (Part VI, line 11) | |
| THE CLUB WILL DELIVER COPIES OF THE FORM 990 TO ALL BOARD MEMBERS | , 4 BUSINESS DAYS PRIOR |
| TO THE NEXT BOARD MEETING. DURING THE MEETING THE FINANCE/AUDIT C | OMMITTE WILL REVIEW THE |
| FROM 990 WITH THE BOARD. | |
| | |
| 02. Conflict of interest policy compliance (Part VI, line 12c) | |
| ANNUALLY, THE CLUBS' STAFF, VOLUNTEERS AND BOARD OF DIRECTORS DIS | CUSS THE CONFLICT OF |
| INTEREST STATEMENT, AND ALL ARE ASKED IF FOR ANY REASON THEY CANN | OT SIGN THE STATEMENT. |
| AT THE CONCLUSION OF DISCUSSION, THE STATEMENT IS SIGNED AND KEPT | IN PERSONNEL FILES. |
| | |
| 03. CEO, executive director, top management comp (Part VI, line | 15a) |
| ALL STAFF MEMBERS, INCLUDING THE EXECUTIVE DIRECTOR, RECEIVE AN A | NNUAL REVIEW. THE |
| MANAGEMENT OF THE ORGANIZATION AND THE BOARD REVIEW COMPENSATION | POLICIES INTERNALLY AND |
| EXTERNALLY. | |
| | |
| 04. Other officer or key employee compensation (Part VI, line 1 | 5b |
| ALL STAFF MEMBERS, INCLUDING THE EXECUTIVE DIRECTOR, RECEIVA AN A | NNUAL REVIEW. THE |
| MANAGEMENT OF THE ORGANIZATION AND THE BOARD REVIEW COMPENSATION | POLICIES INTERNALLY AND |
| EXTERNALLY. | |
| | |
| 05. Governing documents, etc, available to public (Part VI, line | e 19) |
| ALL FINANCIALS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEME | NTS, ARE OPEN AND |
| AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| | |