Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

7/01 , 2023, and ending 6/30, 20 24

24

Department of the Treasury

For calendar year 2023, or fiscal year beginning // U1 , 2023, and ending Do not send to the IRS. Keep for your records.

2023

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN BOYS AND GIRLS CLUBS OF CHAFFEE 55-0907901 COUNTY Name and title of officer or person subject to tax BRIAN BEAULIEU EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b ____ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b ____ 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b ___ 5a Form 8868 check here b Balance due (Form 8868, line 3c) ______ 5b _____ b Total tax (Form 990-T, Part III, line 4) _____ 6b ___ 6a Form 990-T check here 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 Check here b Tax due (Form 5330, Part II, line 19)

b Tax due (Form 5330, Part II, line 19)

b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here ... Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only TAYLOR ROTH AND COMPANY 81201 as my signature to enter my PIN Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will enter my PIN on the return's disclosure consent screen.
of officer or person subject to tax Signature of officer or person subject to tax _ **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 84100687112 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. SHANNON L. GILLILAND ERO's signature

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

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

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

OMB No. 1545-0047 2023

Depa Inter	artment of nal Rever	f the Treasu nue Service	iry	Go to www.irs.	gov/Form990 for instructions and the	ne latest i	nformation.		Inspection
				r year, or tax year beginningO '	7/01/23 , and ending 06	/30/			
В	Check if a	applicable:	C Name o	of organization BOYS AND	GIRLS CLUBS OF CHAFF	EE		D Employe	er identification number
	Address o	change		COUNTY					
Ħ	Name cha	ange		ousiness as				55-0	907901
=				er and street (or P.O. box if mail is not delive	ered to street address)		Room/suite	E Telephor	
	Initial retu			BOX 1430				/19-	539-9500
	Final return terminated		•	town, state or province, country, and ZIP or	• .				
	Amended	l return			CO 81201			G Gross red	eipts\$ 2,635,965
Ħ				and address of principal officer:			H(a) Is this a gro	oup return for	subordinates Yes X No
	Applicatio	on pending		IAN BEAULIEU					
				9 PALMER STREET	~~ 01 001		H(b) Are all sub		
				LIDA	CO 81201		— II "NO,"	attach a list.	. See instructions
ı		mpt status:		1717	sert no.) 4947(a)(1) or 5	527	_		
J	Website			GCCHAFFEE.ORG			H(c) Group exe		
		organization:		orporation Trust Association	Other	L \	Year of formation: 2	005	M State of legal domicile: CO
	Part I		mmar	_					
a	1 8	Briefly de	scribe th	he organization's mission or mos	st significant activities: YOUNG PEOPLE TO REAC				
ü						H THE	TK FOTT DO	OTENTI	AL AS
rna		PROD	UCTIV	/E, RESPONSIBLE, ANI	D CARING CITIZENS.				
Governance	l								
	1	Check thi			ed its operations or disposed of mo	ore than 2	25% of its net as	1 1	4.0
∞ ″				members of the governing body					12
ties	4 1	Number o	of indepe	endent voting members of the go	overning body (Part VI, line 1b)			4	12
Activities					year 2023 (Part V, line 2a)				28
Ac	1			volunteers (estimate if necessary					35
	1			usiness revenue from Part VIII, o					0
	l b1	Net unrel	ated bus	siness taxable income from Forr	n 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·		7b	0
Revenue		Contribut	iono one	d granta (Dart VIII line 1h)		ŀ	Prior Yea 2 , 378		Current Year 2,162,386
	0 0	Drogram	convice	(D () (III II O)				.,404	73,450
ver	10	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A) lines 3, 4, and 7d)						,042	146,387
Re	10 1							5,913	-20,364
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 812 Total revenue – add lines 8 through 11 (must equal to the column (A), lines 5, 6d, 8					2,566		2,361,859	
					n (A), lines 1–3)		2,300	0	<u>2,301,639</u>
						· · · · · · · · · · · · · · · · · · ·		0	0
"				or for members (Part IX, column	(Part IX, column (A), lines 5–10)		61.4	1,993	698,374
enses				draising fees (Part IX, column (A	\ line 11e\			,800	36,027
en				• , , ,	1		13	, 800	30,027
Expe	47 (_	expenses (Part IX, column (D),		· · · · · · · · · · · · · · · · · · ·	337	7,575	374,750
_	"			(Part IX, column (A), lines 11a–1	rt IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·		2,368	1,109,151
						· · · · · · · · · · · · · · · · · · ·	1,594		1,252,708
5 6	19 1	<u> Leveriue</u>	iess ex	penses. Subtract line 18 from lin	IC 12		Beginning of Cur	rent Year	End of Year
ets	20 7	Total ass	ets (Par	t X, line 16)		ŀ	5,945		7,203,833
ASS	21		-	lart V line 26)				.,396	408,324
Net Assets or	22 N			id balances. Subtract line 21 fror	 m line 20	· · · · · · · · · · · · · · · · · · ·	5,483		6,795,509
	art II			e Block				, , , ,	37:33733
					eturn, including accompanying schedu	ıles and st	tatements, and to	the best o	if my knowledge and helief it is
					officer) is based on all information of v				···· , ······, ····
Sid	gn	Signature	of officer					Date	
	re						DIRECTO	R	
•			rint name a						
		Print/Type	e preparer's	s name	Preparer's signature		Date	Check	if PTIN
Pai	d	SHANNO	N L. G	GILLILAND	SHANNON L. GILLILAND	mow Lie	22/06/	25	nployed P02243875
Pre	parer	Firm's nar		TAYLOR ROTH AI	ND COMPANY			irm's EIN	20-3746583
Use	e Only	5		1580 LINCOLN			' '		
		Firm's add	dress		0203-1517		P	hone no.	303-830-8109

No

X Yes

729,910

4e Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
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	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Vos." complete Schodule F. Parts Land IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign erganization? If "Voe." complete Schodule F. Porte II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) BOYS AND GIRLS CLUBS OF CHAFFEE 55-0907901 **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes." complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?	2b	X	
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 on Schedul	e O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the			
	organization solicit any contributions that were not tax deductible as charitable contributions? \dots		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as			
_	required to file Form 8282?		7c		X
d	· · · · · · · · · · · · · · · · · · ·	d			3.5
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain		/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	ed by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	1 11 1 -	0a			
b		0b			
11	Section 501(c)(12) organizations. Enter:				
а		1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
		3b			
	—	3c	44-		v
			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> to the organization subject to the section 4060 tox on payment(s) of more than \$1,000,000 in remun		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun		15		х
	excess parachute payment(s) during the year? If "Yes" see instructions and file Form 4720. Schedule N.		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	at income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	it intotille:	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
_	one or more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e yea	r by the follow	_		
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					3,5
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	- d - \	X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the	me	nai Reven	ue Co		N.
40-	Did the averagination have lead shouters broughed an efflicted?			400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10h		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	filim m		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	illing	the form?	11a	Λ	
b 122	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	e 115e	to cornilicis?	120		
С	describe on Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi	on?				
а	The annual time of OFO Franchis Director and a manual official			15a	х	
b	Other officers or key employees of the organization			15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a tayable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (se	ction 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•	. ,			
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	st policy,			
	and financial statements available to the public during the tax year.		-			
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	ds.			
B	RIAN BEAULIEU 709 PALMER STREET					

719-539-9500

CO 81201

DAA

SALIDA

Form 990 (2023) BOYS AND GIRLS CLUBS OF CHAFFEE

55-0907901

Page 7

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the or							ompensated any current o	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	c, unle	Pos heck ss pe	rson i	than one is both an or/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRIAN BEAULIEU	40.00								
EXECUTIVE DIRECTOR	0.00			x			91,344	0	14,321
(2) MARJORIE ACKERM							32,311		11/321
,,	3.00								
DIRECTOR	0.00	X					0	0	0
(3) FELICIA HERMOSI									
	3.00								_
DIRECTOR	0.00	X					0	0	0
(4) KRISTEN HUSSEY	2 00								
DIRECTOR	3.00	x					0	o	0
(5) DUSTIN NICHOLS	0.00	┢					0	0	0
(0)2021111 1110110110	3.00								
DIRECTOR	0.00	X					0	0	0
(6) BARBARA PEARSE									
	3.00								
DIRECTOR	0.00	X					0	0	0
(7) CARLTON PEARSE									
	3.00	,,					_		•
DIRECTOR	0.00	X					0	0	0
(8) CHAS WEAVER	3.00								
DIRECTOR	0.00	x					0	0	0
(9) MITCHELL WRIGHT		† **							•
(*,	3.00								
DIRECTOR	0.00	X					0	0	0
(10) CARA LARIMER									
	3.00								_
VICE CHAIR	0.00	X		X			0	0	0
(11) GWEN ALLEN	2 00								
CHATD	3.00	X		x			0	o	^
CHAIR	0.00	IV		<u> </u>			ı	ı	0

Part VII Section A. Office	rs, Directors, Ti	ruste	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (contin	ued)			
(A) Name and title	(B) Average hours per week (list any	off	x, unle icer a	Pos check ess pe	rson lirecto	than of the state	n an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) imated a of othe ompensa from th	r ation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		ganization ed organi	n and	
(12) JAN SCHMIDT (12)	3.00												
TREASURER (13) DEBORAH PAYT	0.00	X		X				0	0				0
(13) DEBORAH PATT (13) SECRETARY	3.00 0.00	x		х				0	0	ı			0
(14)													
(15)													
(16)													
(17)													
(18)													
(19)													
1b Subtotal								91,344			1	4,32	1
c Total from continuation sh d Total (add lines 1b and 1c)								91,344			1	4,32	1
2 Total number of individuals (including but no	t lim	ited									<u> </u>	<u> </u>
reportable compensation fro	m the organizati	on	0									Yes N	0
3 Did the organization list any											,	3	
employee on line 1a? <i>If "Yes</i> 4 For any individual listed on li	ine 1a, is the su	m of	repo	ortab	le c	omp	ensa	ation and other compensa	tion from the		3		_
organization and related org											4	3	ζ
individualDid any person listed on line	1a receive or a	ccru	e co	mpe	nsa	tion f	from	any unrelated organization	on or individual				
for services rendered to the Section B. Independent Contract		res	s, co	этпрі	ete	SCHE	aui	e J for such person			5	2	<u> </u>
1 Complete this table for your	five highest com	npen	sate	d ind	depe	ende	nt co	ontractors that received m	ore than \$100,000 of	4			
compensation from the orga	(A) d business address	COII	ipen	Sauc)II IC	or trie	Cal		(B) tion of services	tax year.		(C)	
INAIIIE AII	u busiliess address							Descrip	AUDIT OF SELVICES		Con	iperisation	
													_
													_
2 Total number of independent received more than \$100,00								those listed above) who	0				

Pa	irt V			of Revenue nedule O cor	ntains	a resp	onse or no	te to any line in	this Part VIII		
		<u> </u>		104410 0 001	rtain re	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints nts	1a	Federated cam	paign	S	1a						
Gra	b	Membership du			1b		32,021				
ţs, An	С	Fundraising eve	4 _		1c		90,275				
<u>a</u> ig	d	Related organiz			1d						
ns,	e	Government grants (c	ontribut	ions)	1e		405,392				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts r	not inclu	ded above	1f	1,	634,698				
ÖĘ	9	Noncash contributions lines 1a-1f			1g	\$	9,246				
a So	h	Total. Add lines						2,162,386			
							Business Code				
g	2a	DAILY FEES	3				611710	66,935	66,935		
Program Service Revenue	b	FIELD TRIE	FEE	S			611710	6,515	6,515		
n Sch	С										
Sev	d										
ĕ	e										
_	f	All other progra	m ser	vice revenue							
	g	Total. Add lines						73,450			1
	3	Investment inco		-	nds, in	terest, an	d				
		other similar an						124,444			124,444
	4	Income from inv				•					
	5	Royalties	. <u></u>			l					
	_		_	(i) Real		(ii) F	Personal				
	6a		6a								
	b	Less: rental expenses									
	C	Rental inc. or (loss)	6c	(1000)							
	d 7a	Net rental incor Gross amount from	ne or	(i) Securities			Other				
		sales of assets	7a	260		<u> </u>	Other				
<u>o</u>	h	other than inventory Less: cost or other	1a	200,	170						
enr	"	basis and sales exps.	7b	238	.553						
Şe <	ے ا	Gain or (loss)	7c		943						
ther Revenue	l .	Net gain or (los		·				21,943			21,943
Ę		Gross income from						,			,
J		(not including \$		90,275							
		of contributions re		on line							
		1c). See Part IV, li	ine 18		8a		11,896				
	b	Less: direct exp	ense	S	8b		35,553				
	С	Net income or (loss)	from fundraisinดู	g even	ts		-23,657			-23,657
	9a	Gross income f	rom g	aming							
		activities. See F	Part IV	/, line 19	9a						
	ı	Less: direct exp			9b						
	l .	Net income or (tivities						
	10a	Gross sales of i		=							
		returns and allo			10a						
	l .	Less: cost of go			10b						
		Net income or (ioss)	rom sales of in	ventor	y					
Miscellaneous Revenue		·					Business Code 611600	2 202	2 202		
ine	11a	OTHER REVE	NUE				911900	3,293	3,293		
ela	b										
isc Re	d d	All other revenu									
≥		Total. Add lines						3,293			
		Total revenue.						2,361,859	76,743	0	122,730

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (C) **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 102,247 46,011 46,011 10,225 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 490,774 376,977 53,155 60,642 Pension plan accruals and contributions (include 4,874 3,896 section 401(k) and 403(b) employer contributions) 364 614 Other employee benefits 41,943 33,800 2,844 5,299 Payroll taxes 58,536 42,146 9,366 7,024 Fees for services (nonemployees): a Management **b** Legal 13,425c Accounting 13,425 **d** Lobbying 36,027 36,027 e Professional fundraising services. See Part IV, line 17 Investment management fees 8,320 8,320 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 68,674 19,342 5,367 43,965 12 Advertising and promotion Office expenses 46,435 30,220 11,179 5,036 13 Information technology 979 3,914 14 4,893 Royalties 27,086 20,315 5,417 1,354 Occupancy 16 30,935 22,273 4,950 3,712 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials $3, \overline{496}$ 12,529 3,496 5,537 19 Conferences, conventions, and meetings 9,914 7,436 1,982 496 20 Payments to affiliates 21 45,262 60,349 12,070 3,017 Depreciation, depletion, and amortization 22 9,670 7,253 2,417 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 60,949 60,949 PROGRAM SUPPLIES TRAINING 7,452 5,589 1,863 FUNDRAISING AND EVENTS 5,715 5,715 5,509 3,966 882 661 OTHER EXPENSES 2,895 2,895 e All other expenses 1,109,151 729,910 187,022 192,219 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B)
—	4 0				beginning or year	_	End of year
					1 074 040	2	070 240
	2 Sa	avings and temporary cash investments			1,074,940 1,117,744		878,248 511,653
					1,111,144		511,655
						4	
'		pans and other receivables from any current or form					
		ustee, key employee, creator or founder, substantia		tor, or 35%		5	
١,		ontrolled entity or family member of any of these per pans and other receivables from other disqualified p				- 5	
		·	`				
ets .		nder section 4958(f)(1)), and persons described in s				7	
9 .		otes and loans receivable, net				8	
		ranaid avnances and deformed charges			18,350		5,227
- 1 '			r		10,330	9	<u> </u>
''		and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	10a	1,819,974 208,397			
			1 5// 381	100	1 611 577		
4.			1,544,381 2,189,947	111	1,611,577 4,197,128		
11				2,109,941	12	4,191,120	
1:		vestments—program-related. See Part IV, line 11		13			
1				14			
19		ther coasts. See Part IV. line 11		15			
10		otal assets. Add lines 1 through 15 (must equal line			5,945,362		7 203 833
1		ccounts payable and accrued expenses			54,680	17	7,203,833 43,746
18					34,000	18	45,740
19		afarrad rayania			19		
20		ax-exempt bond liabilities		20			
2		scrow or custodial account liability. Complete Part I		21			
		pans and other payables to any current or former of					
Liabilities		ustee, key employee, creator or founder, substantia					
<u>i</u>		ontrolled entity or family member of any of these per				22	
2 ات		ecured mortgages and notes payable to unrelated t			406,716		364,578
2		nsecured notes and loans payable to unrelated third	-	· · · · · · · · · · · · · · · · · · ·	100/120	24	
2		ther liabilities (including federal income tax, payable	-	ed third			
		arties, and other liabilities not included on lines 17-2					
		Schedule D				25	
20		otal liabilities. Add lines 17 through 25			461,396		408,324
-	0	rganizations that follow FASB ASC 958, check h	ere X				
š		nd complete lines 27, 28, 32, and 33.					
<u>u</u> 2		at accete without donor rectrictions			2,135,117	27	2,283,283
g 2					2,135,117 3,348,849	28	2,283,283 4,512,226
ם		rganizations that do not follow FASB ASC 958,	check he	<u></u>	,		,
년		nd complete lines 29 through 33.					
Ö 29	9 Ca	apital stock or trust principal, or current funds			29		
36 get		aid-in or capital surplus, or land, building, or equipm			30		
A Ass		etained earnings, endowment, accumulated income		funds		31	
Net Assets or Fund Balances		-4-1 4 4 4 4 b-1			5,483,966	32	6,795,509
3	3 To	otal liabilities and net assets/fund balances			5,945,362	33	7,203,833

Form **990** (2023)

OIII	1000 (2020) DOID IMD CIRED CHODD OF CHMITTEE 33 0307301				age 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			859
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 151</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	252,	708
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	483,	966
5	Net unrealized gains (losses) on investments	5		58,	835
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6,	795,	509
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				, Ц
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	h	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Name of the organization BOYS

BOYS AND GIRLS CLUBS OF CHAFFEE COUNTY

COUNTY 55-0907901

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Employer identification number

Γhe	orga	anization is no	t a private foundation beca	use it is: (For lines 1 through 1	12, check	only one	box.)		
1	Ц	A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170(b)(1)(A)(i).		
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990)	.)			
3		A hospital or	a cooperative hospital serv	vice organization described in	section	170(b)(1)	(A)(iii).		
4		A medical re	search organization operat	ed in conjunction with a hospit	tal descril	oed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's na	me,
		city, and stat	e:						
5		An organizat	tion operated for the benefi	t of a college or university own	ned or ope	erated by	a governmental unit describe	ed in	
		section 170	(b)(1)(A)(iv). (Complete Pa	rt II.)					
6		A federal, sta	ate, or local government or	governmental unit described i	in sectio i	170(b)(1)(A)(v).		
7	X		tion that normally receives a section 170(b)(1)(A)(vi). (a substantial part of its suppor Complete Part II.)	t from a g	jovernme	ntal unit or from the general	public	
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete F	Part II.)				
9	П	An agricultur	al research organization de	escribed in section 170(b)(1)(A)(ix) op	erated in	conjunction with a land-grant	college	
			or a non-land-grant college	e of agriculture (see instruction	ns). Enter	the name	e, city, and state of the colleg	e or	
		university:							
10				(1) more than 33 1/3% of its su					
				empt functions, subject to certa and unrelated business taxable					
				30, 1975. See section 509(a)				8	
11			•	d exclusively to test for public		•	•		
12	Н	Ū	•	d exclusively for the benefit of,	•		` '` '	nurnoses of	
-	Ш			ations described in section 50					
				escribes the type of supporting					
	а	Type I. A	A supporting organization o	perated, supervised, or contro	lled by its	supporte	ed organization(s), typically b	y giving	
				ower to regularly appoint or ele		ority of the	e directors or trustees of the		
				complete Part IV, Sections A					
	b		11 0 0	supervised or controlled in con				•	
				orting organization vested in the		persons th	nat control or manage the su	pported	
	_		• •	te Part IV, Sections A and C. supporting organization opera		nnoction	with and functionally intogra	tod with	
	С	its suppo	orted organization(s) (see in	structions). You must compl	ete Part	IV, Section	ons A, D, and E.	itea with,	
	d	Type III	non-functionally integrate	ed. A supporting organization	operated	in conne	ction with its supported organ	nization(s)	
		that is no	ot functionally integrated. Th	ne organization generally must	t satisfy a	distributi	on requirement and an atten	tiveness	
		requirem	ent (see instructions). You	must complete Part IV, Sec	tions A a	nd D, an	d Part V.		
	е			eceived a written determinatior on-functionally integrated supp				II	
	f		mber of supported organiza		Joi ting on	yarıızatıdı	I.	Г	
	g			the supported organization(s)				L	
/i\		e of supported	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount	of
(1)		ganization	(11) = 114	(described on lines 1–10	1 ' '	ur governing	support (see	other support (
				above (see instructions))	docui	ment?	instructions)	instructions	.)
					Yes	No			
(A)									
(D)									
(B)									
(C)					+				
(5)									
(D)					1				
(-)									
(E)									
Γota	L								

55-0907901

Page 2

Schedule A (Form 990) 2023

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

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

500	tion A. Public Support	ili lalis to qualii	y under the tes	sis listed below	w, piease con	ipiete i ait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calei	idai yeai (oi iiscai yeai begiiiiiiig iii)	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	926,475	1,960,371	2,370,383	2,378,416	2,162,386	9,798,031
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	926,475	1,960,371	2,370,383	2,378,416	2,162,386	9,798,031
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)						116,899
6	Public support. Subtract line 5 from line 4						9,681,132
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	926,475	1,960,371	2,370,383	2,378,416	2,162,386	9,798,031
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,754	2,110	8,063	65,646	124,444	206,017
9	Net income from unrelated business activities, whether or not the business is regularly carried on		16,403		33,349		49,752
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						10,053,800
12	Gross receipts from related activities, etc	c. (see instructions)			12	426,630
13	First 5 years. If the Form 990 is for the	•	*	ırth. or fifth tax ve	ar as a section 50		,
	organization, check this box and stop he						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2023 (line	6, column (f) divid	ed by line 11, colu	ımn (f))		14	96.29%
15	Public support percentage from 2022 Sc	hedule A, Part II, li	ine 14			15	95.41%
16a	33 1/3% support test — 2023. If the org	ganization did not d	check the box on I	ine 13, and line 1	4 is 33 1/3% or m	nore, check this	
	box and stop here. The organization qua	alifies as a publicly	supported organi	zation			X
b	33 1/3% support test — 2022. If the org	ganization did not o	check a box on line	e 13 or 16a, and I	line 15 is 33 1/3%	or more, check	
	this box and stop here. The organization	n qualifies as a pul	olicly supported or	ganization			
17a	10%-facts-and-circumstances test —	_					
	10% or more, and if the organization me				•	•	
	Part VI how the organization meets the f	acts-and-circumsta	ances test. The or	ganization qualifie	es as a publicly s	upported	
	organization						
b	10%-facts-and-circumstances test — 15 is 10% or more, and if the organization in Part VI how the organization meets the	on meets the facts-	and-circumstance	s test, check this	box and stop he	re. Explain	
	organization				, ,	• •	
18	Private foundation. If the organization of	did not check a box					
	instructions						

Schedule A (Form 990) 2023

Page 3

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

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

Sec	ction A. Public Support	quality under	tilo tooto lioto	d bolow, ploa	oo oompioto i	urt II.)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,	,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o organization, check this box and stop he	•		-		501(c)(3)	
Sec	ction C. Computation of Public S						
15	Public support percentage for 2023 (line 8			olumn (f))		15	%
16	Public support percentage from 2022 Sch						%
	ction D. Computation of Investme						
17	Investment income percentage for 2023 (e 13, column (f))		17	%
	nvestment income percentage from 2022 S					40	%
	33 1/3% support tests — 2023. If the org			n line 14, and line	e 15 is more than	33 1/3%, and line	
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests — 2022. If the org	-	-			-	
	line 18 is not more than 33 1/3%, check the	_					
20	Private foundation. If the organization d	-	=	-		_	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	ти		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	100		
	10b		
che	dule A	(Form 9	90) 2023

Schedule A (Form 990) 2023

Part IV Support

Page 5

Pai	Supporting Organizations (continued)			
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
C		44-		
C 1	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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			
<u> </u>	the supported organization(s).	1		
Sect	ion 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruction	ons)		
a	The organization satisfied the Activities Test. Complete line 2 below.	/-		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		no4	tions!	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	ristruc 1		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	a .		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

55-0907901

BOYS AND GIRLS CLUBS OF CHAFFEE

Schedule A (Form 990) 2023

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			VI) See
instructions. All other Type III non-functionally integrated supporting organization		• •	•
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	grated Type	e III supporting organiza	ation

Schedule A (Form 990) 2023

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)			_	901 Page 1
ı aı	Type in Non-i unctionally integrated 303(a)(5)) Supporting Organi	izations (continu	T	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpor	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ıs	Distributable
1	Distributable amount for 2023 from Section C, line 6		Pre-2023		Amount for 2023
	Underdistributions, if any, for years prior to 2023				
-	(reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)			11	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Fo	Supplemental Intelligence 1909) 2023 Supplemental Intelligence 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V lines 2, 5, and 6. A	formation. Provid /, Section A, lines Part IV, Section C /, line 1; Part V, S	de the explanat 3 1, 2, 3b, 3c, 4 5, line 1; Part IV Section B, line 1	ions required by b, 4c, 5a, 6, 9a, ⁄, Section D, line 1e; Part V, Secti	9b, 9c, 11a, 11b, s 2 and 3; Part IV on D, lines 5, 6, a	art II, line 17a or and 11c; Part IV, , Section E, lines nd 8; and Part V,	Section 1c, 2a, 2k
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DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors
Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Organization type (check one):

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

Name of the organization
BOYS AND GIRLS CLUBS OF CHAFFEE
COUNTY

Employer identification number
55-0907901

· · · · · · · · · · · · · · · · · · ·	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a intributions.
Special Rules	
regulations under set 16b, and that receiv (2) 2% of the amour For an organization contributor, during the literary, or education	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or at on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
For an organization contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions
must answer "No" on Part I	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line eet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Page 2

Name of organization

BOYS AND GIRLS CLUBS OF CHAFFEE

Employer identification number 55-0907901

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 1	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO CA 94105	\$ 551,287	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	KAREN & REED DILS 29940 COUNTRY ROAD 353E BUENA VISTA CO 81211	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
3	COLORADO DEPARTMENT OF EDUCATION 201 EAST COLFAX AVENUE DENVER CO 80203	\$ 132,552	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No. 4	Name, address, and ZIP + 4 COLORADO DIV. OF CRIMINAL JUSTICE DEPARTMENT OF PUBLIC SAFETY 700 KIPLING, SUITE 1000 LAKEWOOD CO 80215	Total contributions \$ 73,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	BOETTCHER FOUNDATION 600 17TH STREET #2210S DENVER CO 80202	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	EL POMAR 10 LAKE CIRCLE COLORADO SPRINGS CO 80906	\$ 82,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Page **2**

Name of organization

BOYS AND GIRLS CLUBS OF CHAFFEE

Employer identification number 55-0907901

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	FREEPORT MCMORAN 333 NORTH CENTRAL AVENUE PHOENIX AZ 85004	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	GATES FAMILY FOUNDATION 1390 LAWRENCE STREET #400 DENVER CO 80204	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b)	(c) Total contributions	(d)				
9	Name, address, and ZIP + 4 HIGH COUNTRY BANK 7360 WEST HIGHWAY 50 SALIDA CO 81201	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	ANONYMOUS C/O BNY MELLON 555 MISSION STREET SAN FRANCISCO CA 94105	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

Inspection Name of the organization Employer identification number BOYS AND GIRLS CLUBS OF CHAFFEE COUNTY 55-0907901 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? 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? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 furtherance 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 FASB ASC 958, 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 furtherance 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Schedule D (Form 990) 2023 BOYS AND GIRLS CLUBS OF CHAFFEE 55-0907901 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program а b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV **Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No **b** If "Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance 1c 1d d Additions during the year e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 300,584 199,157 204,684 54,684 54,669 **1a** Beginning of year balance **b** Contributions 162,496 73,413 150,000 c Net investment earnings, gains, and 39,099 28,014 -5,527 15 **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 502,179 300,584 204,684 54,684 g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 99.60 % **b** Permanent endowment 0.40 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: X (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 267,272 267,272 1a Land

1,326,846

225,856

Schedule D (Form 990) 2023

1,163,620

1,611,577

180,685

163,226

45,171

e Other

b Buildingsc Leasehold improvements

d Equipment

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

Schedule D (F	Form 990) 2023 BOYS AND GIRLS CLUBS	OF CHAFFEE	55-0907901	Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" of	n Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valua	ation:
	(including name of security)		Cost or end-of-year man	rket value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(0) 011				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related Complete if the organization answered "Yes" of	on Form 990. Part IV	. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mai	ation:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Part IX	Other Assets

Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))

(9)

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

(a) Description (b) Book value

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (h) must equal Form 990, P	art X line 25 col (R))	

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

Sch	edule D (Form 990) 2023 BOYS AND GIRLS CLUBS OF CHAI				Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State			Retu	rn
	Complete if the organization answered "Yes" on Form 990), Part I\	V, line 12a.		
1				1	2,426,374
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	58,835		
b	Donated services and use of facilities	2b	14,000		
С	Recoveries of prior year grants	2c			
d	· · · · · · · · · · · · · · · · ·	2d			
е	Add lines 2a through 2d			2e	72,835
3	Subtract line 2e from line 1			3	2,353,539
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		8,320		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,320
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,361,859
Pa	art XII Reconciliation of Expenses per Audited Financial Stat	ements	With Expenses p	er Re	turn
	Complete if the organization answered "Yes" on Form 990), Part I\	V, line 12a.		
	Total expenses and losses per audited financial statements			1	1,114,831
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	14,000		
b	Prior year adjustments	2b			
С		2c			
d		2d			
е	Add lines 2a through 2d			2e	14,000
3		, , .		3	1,100,831
4					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,320		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,320
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,109,151
Pa	art XIII Supplemental Information				
2; P: P	wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove PART V, LINE 4 - INTENDED USES FOR ENDOWMENT THE CLUBS' ENDOWMENT FUND CONSISTS OF BOUNDED BALANCES. THE ENDOWMENT FUND WARDED BALANCES. THE ENDOWMENT FUND WARDED TO THE ENDOWMENT FUND WARDED TO THE ENDOWMENT GIFTS ARE CLASSIFIED AS CONOR FOR PERPETUITY.	ide any ac ENT FO OTH BO AS ES'	dditional information. UNDS OARD-DESIGNA TABLISHED IN NT PLUS THE	TED 20 ORI	AND DONOR- 16. THE GINAL VALUE
	ART X - FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM FEDERAL AN	ID ST	ATE INCOME T	'AXE	S UNDER THE
	ROVISIONS OF INTERNAL REVENUE CODE SECTION				
	ROVISION OR LIABILITY FOR INCOME TAXES HA	79 RE	FM BROATDED	ΤIJ	TDE

ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (F	orm 990) 2023	BOYS A	ND GIRLS	CLUBS (OF CHAFI	FEE 5	<u>5-0907901</u>	Page 5
Part XIII	Suppleme	ntal Informa	ND GIRLS ation (continu	ued)				
			(
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE G (Form 990)

Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service BOYS AND GIRLS CLUBS OF CHAFFEE Name of the organization

Employer identification number

COUNTY 55-0907901 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations X Special fundraising events $|\mathbf{X}|$ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (or retained by) (iv) Gross receipts (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions' col. (i) RUTHANN SCHOEFFIELD Yes No 1 PO BOX 1804 BUENA VISTA CO 81211 GRANT APPS Х 125,000 37,255 87,745 2 3 10 87,745 125,000 37,255 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. COLORADO

Schedule G (Form 990) 2023 BOYS AND GIRLS CLUBS OF CHAFFEE 55-0907901 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **GALA** NONE (add col. (a) through col. (c)) (event type) (event type) (total number) 102,171 1 Gross receipts 102,171 90,275 2 Less: Contributions 90,275 3 Gross income (line 1 minus 11,896 11,896 line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs 13,925 7 Food and beverages 13,925 8 Entertainment 1,921 1,921 19,707 19,707 **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 35,553 11 Net income summary. Subtract line 10 from line 3, column (d) -23,657 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	edule G (Form 990) 2023 BOYS AND GIRLS CLUBS OF CHAFFEE 55-0907901			Page 3
11	Does the organization conduct gaming activities with nonmembers?		\[\]	res No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		\[\begin{array}{c} \gamma\end{array}\rightarrow\rightar	res No
3	Indicate the percentage of gaming activity conducted in:			_
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			∕es No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
6	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Manualatanu aliataila stiana.			
7	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		\Box	∕oc □ No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		ı	res No
D	spent in the organization's own exempt activities during the tax year \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) a	nd (v). and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization BOYS AND GIRLS CLUBS OF CHAFFEE

Open to Public Inspection

Employer identification number

55-0907901 COUNTY FORM 990, PART I, LINE 6 BGCCC VOLUNTEER OPPORTUNITIES FOCUS ON ASSISTING STAFF WITH PROGRAMS AND ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, HOMEWORK ASSISTANCE, READING, RECREATION ACTIVITIES, COOKING CLASSES, ART, AND STEM CLASSES. OTHER VOLUNTEERS SERVE ON THE BOARD OF DIRECTORS AND VARIOUS COMMITTEES. FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT OUR MISSION IS ACCOMPLISHED BY OFFERING PROGRAMS IN FIVE CORE AREAS: -- CHARACTER AND LEADERSHIP DEVELOPMENT EDUCATION AND CAREER DEVELOPMENT HEALTH AND LIFE SKILLS THE ARTS SPORTS-FITNESS RECREATION THE ORGANIZATION PROVIDES SERVICES TO OVER 700 CHILDREN AND YOUTH ANNUALLY THROUGHOUT CHAFFEE COUNTY IN FACILITIES THAT ARE KID FRIENDLY AND ARE DESIGNED AND OPERATED EXCLUSIVELY FOR YOUTH OF ALL BACKGROUNDS. OPERATE FACILITIES IN SALIDA AND BUENA VISTA THAT HOST OVER 130 KIDS PER DAY IN A SAFE AND SECURE ENVIRONMENT, PROVIDING PROGRAMS THAT PREPARE THE YOUTH OF TODAY TO BECOME THE LEADERS OF TOMORROW. OUR DOORS ARE OPEN FIVE DAYS A WEEK, MONDAY THROUGH FRIDAY, ALL YEAR. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS BARBARA PEARSE CARLTON PEARSE

SPOUSES

Schedule O (Form 990) 2023 Name of the organization	Page 2						
BOYS AND GIRLS CLUBS OF CHAFFEE	Employer identification number 55-0907901						
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PRO	OCESS TO REVIEW FORM 990						
THE FORM 990 IS REVIEWED BY THE AUDIT AND FINANC	CE COMMITTEE AND BOARD OF						
DIRECTORS PRIOR TO FILING.							
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF COM	NFLICTS POLICY						
BOARD MEMBERS REMOVE THEMSELVES FROM VOTING OR REQUEST OTHER BOARD							
MEMBERS TO RECUSE THEMSELVES. COMPLIANCE IS MON	NITORED VIA BOARD AND STAFE						
MEETING DISCUSSIONS. BOARD MEMBERS SIGN ANNUAL	DISCLOSURE STATEMENTS.						
FORM 990, PART VI, LINE 15A - COMPENSATION PROCE							
SURVEYS OF LIKE POSITIONS IN SIMILAR ORGANIZATION	ONS. AN ANNUAL CONTRACT IS						
EXECUTED. THE TOP OFFICIAL RECEIVES AN ANNUAL I							
COMPENSATION ADJUSTMENTS ARE RECOMMENDED BY THE							
FORM 990, PART VI, LINE 15B - COMPENSATION PROCE	ESS FOR OFFICERS						
COMPENSATION IS REVIEWED AND APPROVED BY THE P							
SURVEYS OF LIKE POSITIONS IN SIMILAR ORGANIZATION							
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS	S DISCLOSURE EXPLANATION						
WE CONSIDER REQUESTS ON A CASE-BY-CASE BASIS.							