

Johnson Kightlinger Graham & Co.
2300 Broadway
Boulder, CO 80304-4145

F.R.I.E.N.D.S. OF BROOMFIELD, INC.
555 ALTER ST. Suite 19E
BROOMFIELD, CO 80020-0836

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BROOMFIELD, CO 80020-0836

2008 Exempt Org. Return

**JOHNSON KIGHTLINGER GRAHAM & CO.
2300 BROADWAY
BOULDER, CO 80304-4145
(303) 449-3830**

October 20, 2010

F.R.I.E.N.D.S. OF BROOMFIELD, INC.
555 ALTER ST. Suite 19E
BROOMFIELD, CO 80020-0836

Dear Client:

Enclosed is your 2008 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2009 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Mark Kightlinger, CPA

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

84-1516104

	2008	2007	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	142,287	126,851	15,436
PROGRAM SERVICE REVENUE	236,360	165,316	71,044
NET INCOME (LOSS) - SPECIAL EVENTS	3,157	6,689	-3,532
OTHER REVENUE	1,412	1,531	-119
TOTAL REVENUE	383,216	301,879	81,337
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS	213,588	0	213,588
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	28,067	0	28,067
OTHER EXPENSES	75,149	0	75,149
TOTAL EXPENSES	316,804	211,876	104,928
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	66,412	90,003	-23,591
NET ASSETS/FUND BAL. AT BEG. OF YEAR	172,538	89,170	83,368
OTHER CHANGES IN NET ASSETS/FUND BAL	-4,635	-6,635	2,000
NET ASSETS/FUND BAL. AT END OF YEAR	234,315	172,538	61,777

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, **2008, and ending** _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. F.R.I.E.N.D.S. OF BROOMFIELD, INC. 555 ALTER ST. 19E BROOMFIELD, CO 80020-0836	D Employer identification number 84-1516104
		E Telephone number 303-404-0123
		F Group Exemption Number..... ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A
J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 385,305.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	142,287.
	2 Program service revenue including government fees and contracts	2	236,360.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch.)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	5,246.
b Less: direct expenses other than fundraising expenses	6b	2,089.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,157.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ SEE STATEMENT 1)	8	1,412.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	383,216.	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	213,588.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	28,067.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	75,149.
17 Total expenses (add lines 10 through 16)	17	316,804.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	66,412.	
A S S E T S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	172,538.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-4,635.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	234,315.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	88,632.	145,822.
23 Land and buildings	23	
24 Other assets (describe ▶ SEE STATEMENT 4)	85,999.	92,488.
25 Total assets	174,631.	238,310.
26 Total liabilities (describe ▶ SEE STATEMENT 5)	2,093.	3,995.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	172,538.	234,315.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 6		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SEE STATEMENT 7		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	253,112.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	253,112.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
AMY GRYZMALA 15155 PRAIRIE PLACE BROOMFIELD, CO 80023	PRESIDENT 1.00	0.	0.	0.
ANGELA ENNIS 7825 W. 109TH PLACE WESTMINSTER, CO 80021	DIRECTOR 0.50	0.	0.	0.
GINA COUFAL 2140 SNOWMASS CIRCLE BROOMFIELD, CO 80020	ED/TREASURER 38.00	39,850.	0.	0.
SALLY BUTLER 1650 PEREGRINE CT. BROOMFIELD, CO 80020	SECRETARY 1.00	0.	0.	0.
HEATHER FORSYTH 850 HEMLOCK WAY BROOMFIELD, CO 80020	DIRECTOR 1.00	0.	0.	0.
JANE FOUCHY 16417 SOMERSET DRIVE BROOMFIELD, CO 80023	PROG DIRECTOR 4.00	3,360.	0.	0.
SANDY GRYZMALA 4864 TENNYSON STREET DENVER, CO 80212	VICE PRESIDENT 1.00	0.	0.	0.
ANGIE STAIGER 1170 STONEHAVEN BROOMFIELD, CO 80020	CURRIC COORD. 14.00	7,443.	0.	0.
JUDY SORENSON 1169 ASPEN STREET BROOMFIELD, CO 80020	 0.50	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ GINA COUFAL Telephone no. ▶ 303-404-0123
 Located at ▶ 555 ALTER ST., STE. 19E BROOMFIELD CO ZIP + 4 ▶ 80020

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 8

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization(s) a section 527 organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000..... ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000..... ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer _____ Date _____
 ▶ **GINA COUFAL** TREASURER
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ **MARK KIGHTLINGER, CPA** Date **10/20/10** Check if self-employed ▶ Preparer's Identifying Number (See instructions) **N/A**
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **JOHNSON KIGHTLINGER GRAHAM & CO.**
2300 BROADWAY EIN ▶ **N/A**
BOULDER, CO 80304-4145 Phone no. ▶ **(303) 449-3830**

May the IRS discuss this return with the preparer shown above? See instructions..... ▶ **Yes** **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization F.R.I.E.N.D.S. OF BROOMFIELD, INC.	Employer identification number 84-1516104
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III— Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	4,423.	72,376.	124,350.	114,804.	167,287.	483,240.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	4,423.	72,376.	124,350.	114,804.	167,287.	483,240.
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).						0.
6 Public support. Subtract line 5 from line 4.						483,240.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	4,423.	72,376.	124,350.	114,804.	167,287.	483,240.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				1,492.		1,492.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.				1,531.	1,412.	2,943.
11 Total support. Add lines 7 through 10.						487,675.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	99.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	100.0 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
MISCELLANEOUS INCOME	1,412.	1,531.			
TOTAL	<u>\$ 1,412.</u>	<u>\$ 1,531.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

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

Employer identification number

84-1516104

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

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

84-1516104

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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

Employer identification number

84-1516104

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization F.R.I.E.N.D.S. OF BROOMFIELD, INC.	Employer identification number 84-1516104
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

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

Identifying number

84-1516104

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	15,078.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year.			12 yrs		S/L	
c 40-year.			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	15,078.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

84-1516104

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS REVENUE.....		\$	1,412.
	TOTAL	\$	<u>1,412.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION.....		\$	15,078.
MARKETING.....			219.
OFFICE EXPENSES.....			12,679.
OUTREACH EXPENSE.....			1,920.
PROGRAM COSTS.....			29,545.
TRANSPORTATION.....			15,708.
	TOTAL	\$	<u>75,149.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS.....		\$	-4,635.
	TOTAL	\$	<u>-4,635.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
AUTOMOBILES.....	\$ 42,995.	\$ 29,978.
DEPOSITS.....	800.	1,500.
FURNITURE AND FIXTURES.....	217.	3,462.
MACHINERY AND EQUIPMENT.....	6,463.	8,674.
PLEDGES AND GRANTS RECEIVABLE.....	34,724.	47,949.
PREPAID EXPENSES AND DEFERRED CHARGES.....	800.	925.
	TOTAL \$ 85,999.	\$ 92,488.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 2,093.	\$ 3,995.
	TOTAL \$ 2,093.	\$ 3,995.

**STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

OUR MISSION

OUR MISSION IS TO ENRICH THE LIVES OF OUR FRIENDS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES BY CREATING OPPORTUNITIES FOR PARTICIPATION IN EVERY ASPECT OF COMMUNITY LIFE.

OUR VISION

FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, WE WILL INSURE THEY HAVE A VOICE IN THE COMMUNITY. FOR OUR FAMILIES, WE SERVE AS A SUPPORT AND INFORMATIONAL NETWORK.

FOR OUR COMMUNITY, WE PROMOTE ACCEPTANCE AND UNDERSTANDING THROUGH AWARENESS AND EDUCATION.

**STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

FRIENDS OF BROOMFIELD IS A NON-PROFIT ORGANIZATION THAT IS A STATE CERTIFIED SERVICE PROVIDER THROUGH THE HEALTH AND HUMAN SERVICES, DEVELOPMENTAL DISABILITIES DEPARTMENT OF COLORADO. WE ARE APPROVED TO PROVIDE COMPREHENSIVE SUPPORT SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES IN THE AREAS OF EMOTIONAL, SOCIAL, AND PHYSICAL HEALTH, AS WELL AS INDEPENDENT LIVING SKILL ACQUISITION. CURRENTLY WE OFFER THREE PROGRAMS FOR OUR PARTICIPANTS.

FRIENDS UNLIMITED IS A DAY PROGRAM THAT OPERATES TUESDAYS THROUGH FRIDAYS FROM 8:30-5:00. INDIVIDUALS ATTEND PROGRAM ACTIVITIES FROM APPROXIMATELY 9:30 TO 3:30. TRANSPORTATION IS PROVIDED TO AND FROM THE FRIENDS' PLACE VIA THREE PROGRAM VEHICLES, WHILE OTHERS ARE DROPPED OFF OR TAKE ACCESS-A-RIDE. MONTHLY CALENDARS ARE DEVELOPED WITH SPECIFIC DAILY ACTIVITIES FOLKS PARTICIPATE IN THAT OCCUR BOTH IN THE COMMUNITY AND AT THE BASE SITE. COMMUNITY PARTICIPATION ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, SWIMMING, BOWLING, ADAPTIVE GYMNASTICS AND WEIGHT TRAINING CLASSES, CHEER CENTRAL TUMBLING, THERAPEUTIC HORSEBACK RIDING, FRIENDS' ARTS DAY AT THE ARVADA CENTER, SHOPPING, CONCERTS, EATING OUT, RECYCLING, AND HIKING. SITE BASED ACTIVITIES INCLUDE MONEY MATH, READING, SAFETY AWARENESS, COMPUTERS, MUSIC AND CRAFTS. IN ADDITION, THE PARTICIPANTS HAVE VOLUNTEERED AT HABITAT FOR HUMANITY THRIFT STORE AND WITH THE CITY OF BROOMFIELD CLEANING THE BROOMFIELD COMMONS PARKS.

FRIENDS ON MY OWN IS AN INDEPENDENT APARTMENT LIVING PROGRAM THAT PROVIDES MINIMAL SUPPORT TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES WHO ARE CAPABLE OF LIVING ON THEIR OWN. THE PARTICIPANTS OBTAIN AND PAY FOR THEIR OWN APARTMENT. UP TO 8 HOURS OF A "PERSONAL ASSISTANCE" SUPPORT PERSON IS PROVIDED TO EACH PARTICIPANT TO HELP THEM IN AREAS OF HOUSEHOLD MAINTENANCE, BALANCING THEIR CHECKBOOK, OBTAINING APPROPRIATE TRANSPORTATION, MEAL PLANNING, COOKING, AND BUILDING SOCIAL NETWORKS. WE RECENTLY ADDED 8 WEEK-LONG SERIES OF CLASSES CALLED LIFE SKILL CLASSES FOCUSING ON RELATIONSHIPS, FIRST AID, EMERGENCY PREPAREDNESS, COOKING AND SAFETY ETC. THESE HAVE BEEN VERY POPULAR WITH MANY OF OUR PARTICIPANTS.

FRIENDS NIGHT OUT IS AN EVENING SOCIAL CLUB OCCURRING TWICE MONTHLY ON THURSDAY NIGHTS. ACTIVITIES ARE OPEN TO ALL AREA TEENS AND ADULTS AND INCLUDE OUTINGS TO LOCAL THEATERS, CONCERTS, SPORTING EVENTS, RESTAURANTS, AND DANCES. PARTICIPANTS MEET AT THE CENTER AND TRANSPORTATION IS PROVIDED TO AND FROM THE ACTIVITY. ACTIVITIES MAY BE HOSTED AT THE FRIENDS' PLACE AS WELL. WE HAVE RECENTLY ADDED "GIRLS NIGHT OUT" AND "MEN'S NIGHT OUT" TO GIVE SOME OPPORTUNITY FOR FRIENDSHIPS AND MORE SPECIFIC PROGRAMMING GEARED TO THEIR INTERESTS.

ALL OF OUR EXTRACURRICULAR PROGRAMS ARE OFFERED TO ALL FAMILIES/INDIVIDUALS. WE KEEP THE COSTS VERY LOW AS SOME OF OUR MORE INDEPENDENT PARTICIPANTS USE THEIR OWN

**STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

MONEY.
WE SERVE APPROXIMATELY 45 PARTICIPANTS IN TOTAL IN ONE OR MORE OF OUR THREE PROGRAMS MENTIONED ABOVE.

**STATEMENT 8
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

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

84-1516104

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
4	PASSENGER VAN	12/19/05		9,000							9,000	5,580	S/L	5		1,800
5	97 DODGE RAM WAGON	12/31/05		3,910							3,910	2,815	S/L	5		782
6	FORD BUS	9/05/06		52,175							52,175	13,695	S/L	5		10,435
TOTAL AUTO / TRANSPORT EQUIP				65,085		0	0	0	0	0	65,085	22,090				13,017
FURNITURE AND FIXTURES																
1	OFFICE FURNITURE	5/20/05		400							400	184	S/L	7		57
9	LOBBY FURNITURE	7/20/08		1,040							1,040		S/L	7		62
10	BOARD ROOM FURNITURE	7/21/08		472							472		S/L	7		28
11	SOFA & DINING ROOM FURN.	7/31/08		2,000							2,000		S/L	7		119
TOTAL FURNITURE AND FIXTURE				3,912		0	0	0	0	0	3,912	184				266
MACHINERY AND EQUIPMENT																
2	OFFICE/COMPUTER EQUIP	6/18/05		686							686	426	S/L	5		137
3	TV & STEREO	9/16/05		2,926							2,926	1,344	S/L	7		418
7	3 LAPTOPS & LCD SCREENS	10/01/07		4,864							4,864	243	S/L	5		973
8	3 LAPTOPS, SERVER & SOFT.	8/28/08		4,006							4,006		S/L	5		267
TOTAL MACHINERY AND EQUIPME				12,482		0	0	0	0	0	12,482	2,013				1,795
TOTAL DEPRECIATION				81,479		0	0	0	0	0	81,479	24,287				15,078

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

84-1516104

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
GRAND TOTAL DEPRECIATION				<u>81,479</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>81,479</u>	<u>24,287</u>				<u>15,078</u>