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TIN: 84-0404251

Form **990**

Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal	Rever	nue Service						
A Fo	or th	ne 2021 c	alendar year, or tax year beginning 10-01-2021 , and endi	ng 09-30	-2022			
B Che	ck if a	applicable:	C Name of organization			D Employe	er identi	fication number
			GRIFFITH CENTERS INC			84-0404	251	
Addr	ess c	hange	Doing business as			0.0.0.		
Nam	e cha	inge	Doing business as					
O Totale			Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	-	E Telephone	e numbe	r
Initia	ii rett	arn	10190 BANNOCK STREET SUITE 120	rtoorii, suit	.c	(303) 23	37-6865	5
_	eturn,	/terminated	City or town, state or province, country, and ZIP or foreign postal code]				
∪ Δmei	nded	return	NORTHGLENN, CO 80260			G Gross red	ceipts \$ 8	3,727,674
	iucu	return	T					
Appli	catio	n pending	1					
			F Name and address of principal officer: TANIA SOSSI		H(a) Is this	a group ret	urn for	
			10190 BANNOCK STREET SUITE 120			linates?		☐Yes ✓ No
			NORTHGLENN, CO 80260		H(b) Are all include		es	Yes No
I Tax	-exe	mpt status:	✓ 501(c)(3)	527	If "No,	" attach a li		instructions.
J W	ebsi	te:▶ WV	VW.GRIFFITHCENTERS.ORG		H(c) Group	exemption	numbei	r >
K Forn	n of o	organization	: V Corporation Trust Association Other		L Year of format	tion: 1930	M State	of legal domicile: CO
Pa	ırt I	Sum	mary	ı		ı		
	1	Briefly des	scribe the organization's mission or most significant activities:					
æ		TO PROVI	DE THERAPEUTIC TREATMENT AND SERVICES TO AT-RISK CHILDR	EN AND T	HEIR FAMILIE	S.		
an o								
Governance								
Ŏ.	2	Check th	is box 🕨 🗌					i
	3	Number	of voting members of the governing body (Part VI, line 1a) $$. $$.				3	7
Activities &	4	Number	of independent voting members of the governing body (Part VI, line	e 1b) .			4	7
Æ	5	Total nun	nber of individuals employed in calendar year 2021 (Part V, line 2a)			5	139
€	6	Total nun	nber of volunteers (estimate if necessary)				6	35
Ř	7a	Total unr	elated business revenue from Part VIII, column (C), line 12 $$.				7a	0
	b	Net unre	lated business taxable income from Form 990-T, Part I, line 11 .				7b	0
					Pric	r Year		Current Year
<u>o</u>	8	Contribut	tions and grants (Part VIII, line 1h)			2,588,3	01	1,769,540
Revenue	9	Program	service revenue (Part VIII, line 2g)			5,726,4	36	6,939,497
ě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			5,1	16	7,462
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,1	.33	-32,563
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		8,323,9	86	8,683,936
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			7	'50	500
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				0	0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)		4,667,0	60	4,755,625
Expenses	16	a Profession	onal fundraising fees (Part IX, column (A), line 11e)	•			0	83,500
9	b	Total fundr	raising expenses (Part IX, column (D), line 25) 381,144					
Ω	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,812,9	68	3,322,710
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			7,480,7	78	8,162,335
	19	Revenue	less expenses. Subtract line 18 from line 12			843,2	80	521,601
ces					Beginning o	of Current Ye	ear	End of Year
Net Assets or Fund Balances	20	Total	ote (Port V. line 16)			2 550 1	E4	2 611 061
ASS			ets (Part X, line 16)	•		3,558,1		3,611,961
e e			illities (Part X, line 26)			1,942,3	_	1,259,914
Section 1	~~	ivel asset	ts or fund balances. Subtract line 21 from line 20	•		1,615,7	/ I	2,352,047

Signature Diock 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 2023-08-12 Signature of officer Date Sign Here TANIA SOSSI PRESIDENT & CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check if 2023-08-12 P01408585 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN > 41-0746749 **Preparer Use Only** Firm's address 8390 EAST CRESCENT PARKWAY SUITE Phone no. (303) 779-5710 GREENWOOD VILLAGE, CO 80111 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021) Cat. No. 11282Y Page 2 -Form 990 (2021) Page 2 **Statement of Program Service Accomplishments** Part III Briefly describe the organization's mission: STRENGTHENING COLORADO COMMUNITIES ONE FAMILY AT A TIME. GRIFFITH CENTERS PROVIDES COMMUNITY-BASED PROGRAMS SUCH AS FAMILY PRESEVERATION, DAY TREATMENT, EDUCATION, TRUANCY PREVENTION AND COUNSELING SERVICES AND COMMUNITY-BASED SERVICES TO INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES. GRIFFITH CENTERS ALSO PROVIDES RESIDENTIAL BASED PROGRAMS SUCH AS FOSTER CARE, RESPITE SERVICES, FOSTER TO ADOPT HOMES, RESIDENTIAL FACILITY AND TREATMENT. WE ARE ABLE TO PROVIDE HEALING AND HOPE TO THOUSANDS AS A NONPROFIT AGENCY. Did the organization undertake any significant program services during the year which were not listed on Yes Vo If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 3 Yes V No services? . If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,946,062 including grants of \$ 4a (Code:) (Expenses \$ 500) (Revenue \$ RESIDENTIAL TREATMENT PROGRAM: RESIDENTIAL TREATMENT PROGRAMS, OFFERED IN COLORADO SPRINGS, COLORADO, FOR RESIDENTIAL CHILD CARE FACILITIES: ADOLESCENT BOYS AGES 10-21. TOTAL LICENSED CAPACITY IS 16 INDIVIDUALS.GRIFFITH CENTER'S RESIDENTIAL PROGRAM IS NATIONALLY ACCREDITED BY THE COUNCIL ON ACCREDITATION (COA) AND SERVED 32 CHILDREN IN ITS RESIDENTIAL TREATMENT FACILITIES FROM OCTOBER 1, 2021 TO SEPTEMBER 30, 2022. DURING THIS TIME, THE AVERAGE LENGTH OF STAY WAS 10 MONTHS AND 4 DAYS (OR 126 DAYS). THE CORE STRATEGIES FOR SUCCESS INCLUDE THE FOLLOWING: FAMILY AND SUPPORT SYSTEM INVOLVEMENT, EXPERIENTIAL LEARNING, RESTORATIVE JUSTICE, SKILLS AND ASSETS DEVELOPMENT, AND POSITIVE BEHAVIOR SUPPORT. ADDITIONALLY, THERAPY SESSIONS, INDIVIDUAL AND/OR GROUP, ARE CONDUCTED THREE TIMES PER WEEK PER CLIENT, OR MORE AS CLINICALLY INDICATED, UP TO 6 TIMES PER WEEK. CRISIS SUPPORT IS PROVIDED AS WELL. OUTCOME STUDIES FOR OUR RESIDENTIAL SERVICES IN FISCAL YEAR 2021 SHOW A SUCCESS RATE OF 71% WITH CHILDREN WHO HAVE PREVIOUSLY FAILED IN OTHER PLACEMENTS, TYPICALLY AN AVERAGE OF SIX PRIOR PLACEMENTS. SUCCESS IS MEASURED BY POSITIVE OUTCOMES WHICH ARE EVALUATED THROUGHOUT A CLIENT'S STAY AND IS DOCUMENTED AT THE TIME OF DISCHARGE AS EITHER POSITIVE OR NEGATIVE. A POSITIVE DISCHARGE CAN BE REUNIFICATION WITH FAMILY OR GUARDIAN, EMANCIPATION, OR PLACEMENT AT A LOWER-LEVEL CARE FACILITY. (Code:) (Expenses \$ 1,128,349 including grants of \$ 0) (Revenue \$ 4b SPECIAL EDUCATION PROGRAM: GRIFFITH CENTERS PROVIDES ON-SITE SPECIAL EDUCATION SERVICES TO THE CHILDREN IN OUR RESIDENTIAL CARE; ADDITIONALLY, COMMUNITY DAY TREATMENT IS AVAILABLE FOR NON-RESIDENT STUDENTS THAT ARE PLACED FOR SPECIAL EDUCATION SERVICES BY AREA SCHOOL DISTRICTS. A FULL SPECTRUM OF COURSES ARE OFFERED, RANGING FROM MATH AND SCIENCE TO HISTORY AND ENGLISH; ALL OF WHICH ARE INTEGRATED INTO OUR ACADEMIC PROGRAM AND ARE OFFERED 12 MONTHS PER YEAR, TO INCLUDE SUMMER SCHOOL. TYPICALLY, THE CURRENT 12-MONTH SCHOOL YEAR ENGAGES 60 CHILDREN IN EDUCATIONAL SERVICES, INCLUDING DAY TREATMENT. THE YOUTH SERVED ARE COMPRISED OF GRADES 3 THROUGH 12, AGES 8 TO 18. GRIFFITH CENTERS IS DEDICATED TO HELPING HIGH SCHOOL-AGE STUDENTS EITHER RECEIVE THEIR GEDS OR DIPLOMA BY GRADUATING FROM HIGH SCHOOL. REGULAR MONITORING AND EVALUATION IS PROVIDED BY THE COLORADO DEPARTMENT OF EDUCATION. CHILDREN PLACED IN OUR EDUCATIONAL PROGRAMS OFTEN HAVE MAJOR DEFICITS IN ACADEMIC AND SOCIAL SKILLS AND HAVE NOT EXPERIENCED MUCH SUCCESS IN THEIR CURRENT SCHOOL ENVIRONMENT. THEY TYPICALLY HAVE HAD PROBLEMS WITH SCHOOL TRUANCY, DISRUPTIVE SCHOOL BEHAVIOR, MOTIVATIONAL DIFFICULTIES, AND ACHIEVEMENT SIGNIFICANTLY BELOW GRADE LEVEL. GRIFFITH CENTERS PROVIDES EACH CHILD WITH A NEW LEARNING ENVIRONMENT AND A HIGHLY-QUALIFIED, DEDICATED TEACHING STAFF FOCUSED ON MEETING EACH INDIVIDUAL NEED. (Code:) (Expenses \$ 2,509,197 including grants of \$ 0) (Revenue \$ 2.811.429)

COMMUNITY PROGRAMS: GRIFFITH CENTERS, THROUGH ITS CHINS UP YOUTH AND FAMILY SERVICES DIVISION, PROVIDES FAMILY PRESERVATION SERVICES IN METRO DENVER, PIKES PEAK REGION, PUEBLO, GREELEY AND GRAND JUNCTION. THE PROGRAM IS DESIGNED TO WORK WITH FAMILIES IN CRISIS PROVIDING IN-HOME INTENSIVE THERAPEUTIC SERVICE THAT IS UTILIZED TO PREVENT OUT-OF-HOME PLACEMENT OR PREPARE A FAMILY FOR REUNIFICATION. THE THREAT OF VIOLENT BEHAVIOR AND THE POSSIBILITY OF HAVING THE FAMILY SPLIT APART IS OFTEN A STRONG MOTIVATOR FOR CHANGE, AND FAMILY PRESERVATION SERVICES CAN PROVIDE THE DIGHT OPPORTUNITY FOR INTERCLICING NEW SKILLS AND REHAVIORS TO THE ENTIRE FAMILY CRIADIANISHID LINIT INCLUDING

STABILIZING FAMILY FUNCTIONING AND ADDRESSING SAFETY RISKS. THIS SERVICE WILL ALSO TEACH FAMILIES TO WORK WITH COMMUNITY AGENCIES THAT ASSIST IN TEACHING PARENTING SKILLS, STRESS REDUCTION, PROBLEM-SOLVING AND COMMUNICATION SKILLS. OVERALL, FAMILY PRESERVATION SERVICES ARE FLEXIBLE, INDIVIDUALIZED TO EACH FAMILY, AND MAY INVOKE INTERVENTION WITH THE INDIVIDUAL, THE ENTIRE FAMILY OR APPROPRIATE COMMUNITY MEMBERS. THE TARGET POPULATION FOR FAMILY PRESERVATION SERVICES INCLUDES THE DIVISION OF YOUTH CORRECTIONS (DYC), YOUTH ELIGIBLE FOR COMMUNITY PLACEMENT AND/OR THOSE WITH SEXUAL-OFFENDER HISTORY THAT PRESENT AN ONGOING RISK. TYPICALLY, THE ENGAGEMENT OF SERVICES IS 3 TO 5 HOURS PER WEEK IN THE HOME AND THE LENGTH OF TREATMENT AVERAGES 3 TO 5 MONTHS. THE KEY COMPONENTS FOR FAMILY PRESERVATION SERVICES, IN ADDITION TO ALL OF GRIFFITH'S COMMUNITY-BASED PROGRAMS THAT ARE OFFERED THROUGH CHINS UP YOUTH AND FAMILY SERVICES, INCLUDES THE FOLLOWING: - 24 HOUR PER DAY CRISIS INTERVENTION - FLEXIBLE SCHEDULING INCLUDING EVENINGS AND WEEKENDS - RISK ASSESSMENT AND SAFETY PLANNING - STENGTHS-BASED, SKILL BUILDING APPROACH - ASSISTANCE WITH ACCESSING COMMUNITY SERVICES - ADVOCACY AND SUPPORT AT COURT HEARINGS, SCHOOL STAFFINGS - HOURS CAN BE INCREASED IN RESPONSE TO CRISIS - FOLLOW-UP SERVICES FOR ONE YEAR FOLLOWING TERMINATION

(Code:) (Expenses \$ 568,030 including grants of \$ 0) (Revenue \$ 511,278)

FOSTER CARE: AS A LICENSED CHILD PLACEMENT AGENCY, GRIFFITHCENTERS, PROVIDES FOSTER CARE, FOSTER ADOPTION, SHORT-TERM RESPITE, ANDSIBLING GROUP PLACEMENT SERVICES. THIS PROGRAM ADHERES TO THE FAMILY TOFAMILY MODEL, PROVIDING THERAPEUTIC SUPERVISED VISITATION AND FAMILYPRESERVATION SERVICES TO BIOLOGICAL FAMILIES AS WELL AS IN-HOMESERVICES IN ORDER TO ACHIEVE REUNIFICATION, INCREASE STABILIZATION, ANDDECREASE DISRUPTIONS OF FOSTER YOUTH. THERE ARE INITIAL AND ON-GOINGTRAININGS FOR FOSTER FAMILIES, SUPPORT GROUPS, AND 24/7 CRISISINTERVENTION.

(Code:) (Expenses \$ 379,944 including grants of \$ 0) (Revenue \$ 470,472)

PASA: OFFERING RESIDENTIAL SERVICES THROUGH HOST HOMES, FAMILY CAREGIVERS AND PERSONAL CARE ALTERNATIVE. OUR PROGRAM IS SUPPORTING THE COMMUNITY CONNECTIONS THAT INCLUDE BEHAVIORAL HEALTH SERVICES, SUPPORTED EMPLOYMENT, AND PREVOCATIONAL SERVICES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 947,974 including grants of \$ 0) (Revenue \$ 981,750)

4e Total program service expenses ► 6,531,582

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				ruge L
Pa	rt IV Checklist of Required Schedules			Т
			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
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	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 50	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📆	11e	Yes	
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			

	Schedule D, Parts XI and XII 🐿	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21		No

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			

		31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		
	Enter the granted in her 2 of Ferry 1000 Febru O if ask and inches		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 187			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	Yes	
	(gambling) winnings to prize winners?			0 (2021)
			01111 99	0 (2021)
	Page 5			
	Page 5 ———————————————————————————————————			
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Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				·
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		140
	· · · · · · · · · · · · · · · · · · ·			-
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		

9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
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		
b	Enter the amount of reserves the organization is required to maintain by the states in			
_	which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	1.5		No
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	1-11		Page 6
Se	Check if Schedule O contains a response or note to any line in this Part VI	o resp	oonse to	
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	oonse to	
		· ·	Yes	
1a		· ·		✓
1a	ction A. Governing Body and Management	·		✓
1a b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	o resp		✓
b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 7	···		✓
b 2	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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		✓
b 2 3	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	2 3	Yes	No
b 2 3	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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 3 4		No No No
b 2 3 4 5	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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 3 4 5	Yes	No No No
b 2 3 4 5 6	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	2 3 4	Yes	No No No
b 2 3 4 5 6 7a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	2 3 4 5 6	Yes	No No No No No
b 2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	2 3 4 5 6	Yes	No No No No No
b 2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a 7b	Yes	No No No No No
b 2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 7 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members, stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? The governing body?	2 3 4 5 6 7a 7b	Yes	No No No No No
b 2 3 4 5 6 7a b 8 a b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 7 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body?	2 3 4 5 6 7a 7b	Yes	No No No No No
b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 7 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2 3 4 5 6 7a 7b	Yes Yes Yes	No No No No No
b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 7 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The doverning body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes Yes Yes Yes Yes	No No No No No No No No
b 2 3 4 5 6 7a b 8 a b 9 See	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 7 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2 3 4 5 6 7a 7b	Yes Yes Yes	No No No No No

b	If "Yes," did the organization have written p and branches to ensure their operations are					, affiliates,	10b		
11a	Has the organization provided a complete co		_		•	re filing the			
_	form?						11a	Yes	
	Describe on Schedule O the process, if any, Did the organization have a written conflict	•	-				12a	Yes	
	Were officers, directors, or trustees, and key conflicts?			-			12a	Yes	
c	Did the organization regularly and consisten Schedule O how this was done	ntly monitor ar	nd enforce co	mpliance with the	policy? If "Yes," de	escribe on	12c	Yes	
13	Did the organization have a written whistleb	olower policy?					13	Yes	
14	Did the organization have a written docume			n policy?			14	Yes	
15	Did the process for determining compensation persons, comparability data, and contempor					dependent			
а	The organization's CEO, Executive Director,	or top manage	ement officia				15a	Yes	
b	Other officers or key employees of the organ	nization .					15b	Yes	
	If "Yes" to line 15a or 15b, describe the prod								
16a	Did the organization invest in, contribute as taxable entity during the year?			•	milar arrangement	with a	16a		No
b	If "Yes," did the organization follow a written in joint venture arrangements under applica status with respect to such arrangements?	ble federal ta	x law, and ta	ke steps to safegu	ard the organization		16b		
	ction C. Disclosure	222		ris.					
17 18	List the states with which a copy of this Form Section 6104 requires an organization to ma 501(c)(3)s only) available for public inspect	ake its Form 1	023 (1024 oi	r 1024-A, if applic					-
	Own website Another's website	_	, _	other (explain in S		· ·			
19	Describe in Schedule O whether (and if so, I policy, and financial statements available to	how) the orga	nization mad	e its governing do	•	of interest			
20	State the name, address, and telephone numbers of the BRYAN BROWN 10190 BANNOCK STREET			ssesses the orgar (303) 865-8565	nization's books and	l records:			
							F	Form 99	0 (2021)
			Page	7					
Form	990 (2021)		Page	7					Page 7
	Compensation of Officers, Di	•			lighest Comper	nsated Emp	oloye	es,	Page 7
	Compensation of Officers, Dia and Independent Contractors	s	stees, Key	Employees, F	lighest Comper	•	•	•	
Par	Compensation of Officers, Dia and Independent Contractors Check if Schedule O contains a respo	s onse or note to	stees, Key	r Employees, F		· · · ·	•	es, 	
Par	Compensation of Officers, Dia and Independent Contractors Check if Schedule O contains a responsation A. Officers, Directors, Trustee	s onse or note to es, Key Emp	stees, Key o any line in to loyees, an	r Employees, h this Part VII nd Highest Cor	npensated Emp	loyees			
Se 1a Coyear.	Compensation of Officers, Divardand Independent Contractors Check if Schedule O contains a responsion A. Officers, Directors, Trustee omplete this table for all persons required to	onse or note to es, Key Emp be listed. Rep	stees, Key o any line in to lioyees, and ort compensa	r Employees, h this Part VII nd Highest Cor ation for the calen	npensated Emp	loyees	• • • • • • • • • • • • • • • • • • •		
Se 1a Coyear.	Compensation of Officers, Divariant Independent Contractors Check if Schedule O contains a responsion A. Officers, Directors, Trustee omplete this table for all persons required to List all of the organization's current officers, nepensation. Enter -0- in columns (D), (E), and	s onse or note to es, Key Emp be listed. Republication directors, trund (F) if no con	stees, Key o any line in to lloyees, and ort compensation vertex	this Part VII ad Highest Coration for the calender individuals or covas paid.	npensated Emp dar year ending wit	loyees th or within the	• • • • • • • • • • • • • • • • • • •		
See 1a Coyear.	Compensation of Officers, Dia and Independent Contractors Check if Schedule O contains a respondence of the contractors of the	ponse or note to es, Key Emp be listed. Rep directors, tru nd (F) if no cool loyees, if any.	stees, Key o any line in to loyees, an ort compensa stees (wheth mpensation v See the instr	this Part VII ad Highest Coration for the calener individuals or case paid.	npensated Emp dar year ending wit organizations), rega	bloyees th or within the ridless of amo	e orga		
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See 1a Coyear. of cor of cor organ of rep organ See t	Compensation of Officers, Dia and Independent Contractors Check if Schedule O contains a responsible of the organization of Contractors, Trustee omplete this table for all persons required to clist all of the organization of current officers, mpensation. Enter -0- in columns (D), (E), and ist all of the organization of current key emploist the organization of scurrent highest conceived reportable compensation (box 5 of Fization and any related organizations. iist all of the organization of former officers, knortable compensation from the organization ist all of the organization of the organization, more than \$10,000 of reportable compensation from the organization of the instructions for the order in which to list the check this box if neither the organization nor (A) Name and title	be listed. Reputed in the listed of the list	stees, Key o any line in to lloyees, an ort compensa- stees (wheth mpensation v See the instr mployees (oth m 1099-MISC s, or highest of ed organization that received om the organ ove. Position (do than one bo is both an direct	this Part VII	mpensated Emp dar year ending with organizations), regal cion of "key employ f, director, trustee of Form 1099-NEC) of ployees who received as a former directors	bloyees th or within the ordless of amore ee." for key employ for more than \$ and more than ar or trustee of \$ and the order.	ee) \$100,0 \$100,0 f the e. e on ed ns e- con sed	00 from 000 (F Estimamount comper	's tax the

		I	1 1		1				
(1) TIM STACK	1.00			,,					
BOARD CHAIR TILL 12/2021	0.00	X		Х			0	0	0
(2) DAVID BRINKER	1.00			,,					
BOARD CHAIR AS OF 01/2022	0.00	Х		Χ			0	0	0
(3) DAVID ETTENGER	1.00						_		
SECRETARY/TRESURER	0.00	Х		Χ			0	0	0
(4) KRISTEN HARTMAN-BROWNSON	1.00						0		0
DIRECTOR	0.00	Х						0	U
(5) KIM KOY	1.00	Х					0	0	0
DIRECTOR TILL 12/2021	0.00						0	0	0
(6) JESSICA LLOYD	1.00	X					0	0	0
DIRECTOR	0.00						0	O	0
(7) CHRIS MENARD	1.00	Х					0	0	0
DIRECTOR	0.00						0	0	0
(8) BRENT PHILLIPS	1.00	×					0	0	0
DIRECTOR	1.00						Ü	0	0
(9) CHARISSA PILSTER	1.00	×					0	0	0
DIRECTOR	0.00						0	0	0
(10) CHRISTINA MURPHY	40.00			Х			159,085	0	16,265
CEO TILL 05/2022	1.00			^			139,003	0	10,203
(11) TANIA SOSSI	40.00			х			112,144	0	7,565
PRESIDENT/CEO AS OF 05/2022	1.00			^			112,144	0	7,303
(12) RYAN BROWN	40.00			Х			105,300	0	6,823
DIRECTOR OF FINANCE TILL 05/2022	1.00			^			103,300	0	0,023
(13) LAUREN CAMPBELL	40.00			х			59,806	0	6,983
COO AS OF 05/2022	1.00			^			33,000	9	0,303
(14) PAT PHOMMATHA	40.00			Х			0	0	0
DIRECTOR OF FINANCE AS OF 05/2022	1.00			^				0	<u> </u>
		<u> </u>							Form 990 (2021)

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Part VII	Section A. Officers, Directors,	Trustees, Key Employees, a	and Highest Compensated	Employees (continued)
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(A) Name and title	(B) Average hours per week (list any hours	Position (do not check than one box, unless is both an officer a director/trustee				ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations

		1		İ	ı	1		1			ı	i		
1b				ı		<u> </u>					I	\top		
	Total						•					_		
c Tota	I from continuation sheets	to Part VII, Sect	tion A				•							
d										436,335		0		37,636
	I (add lines 1b and 1c) .			<u></u>		_		<u> </u>			+100.000			
2	Total number of individuals (i of reportable compensation f				e liste	ed a	bove) who i	eceive	ed more than	\$100,000			
													Yes	No
3	Did the organization list any						-		_	st compensat	ed employee on			
	line 1a? If "Yes," complete So							• •				3		No
4	For any individual listed on linguistry organization and related organization													
	individual				•		•		•			4	Yes	
5	Did any person listed on line services rendered to the orga													
6.			, comp	ilete Stri	euuie		JI SU	ii pers	011			5		No
1	ction B. Independent Co Complete this table for your		pensate	ed indep	endei	nt co	ontra	ctors th	nat rec	eived more t	han \$100,000 of co	ompen	sation	
	from the organization. Repor	-		calendar	year	end	ling v	vith or	within	the organiza				,,
		(A) Name and busir		ess						D	(B) escription of services		Compe	-
	otal number of independent co		ding but	t not lim	ited t	o th	ose I	isted a	bove)	who received	more than \$100,0	000 of		
(compensation from the organiz	ation 🕨 0											Form 99	0 (2021
														- (
					— F	Page	9							
Form	990 (2021)													Page 9
Pa	rt VIII Statement of Re	venue												
	Check if Schedule O	contains a resp	onse or	note to	any I	ine i			/III .		1	<u> </u>		
						Tot	(A) al re) venue		(B) Related or	(C) Unrelated		(D Rever	
										exempt function	business revenue		excluded ax under	
										revenue	revenue		512 -	
1a nt Gifts	reductivates campaigns	1a												
Gran		1b												
Othe	rAmt	10												
Simi Amo	ar Fundraising events	1c												
i	28,572													

n Related organization	3	10				
e Government grants (cor	ntributio	ons) 1e				
994,430	iciibacio	ie ie				
f All other contributions, of	aifts, ar	ants.				
and similar amounts not						
above						
746,221		. 1				
g Noncash contributions in lines 1a - 1f:\$	ncluded	in 1g				
		-9				
7,000						
h Total. Add lines 1a-1	lf .		1,769,540			
			Business Code			
2a MEDICAID			624100	3,601,599	3,601,599	
9					2 227 222	
COLORADO AGENCI	IES		624100	3,337,898	3,337,898	
æ						
9						
S .						
COLORADO AGENCI						
<u> </u>						
f All other program	n servi	ce revenue.				
9 Total. Add lines	2a-2f		6,939,497			
3 Investment incom						
similar amounts)			>	742		742
4 Income from inves	stment	of tax-exempt bond	d proceeds			
5 Royalties	·		▶			
	١, ١	(i) Real	(ii) Personal			
6a Gross rents	6a					
b Less: rental						
expenses	6b					
c Rental income	6c					
or (loss)		loss)				
u Net rental incom	ne or (loss)	-			
	1	(i) Securities	(ii) Other			
7a Gross amount from sales of	7a	1,566	6,000			
assets other than inventory						
b Less: cost or						
other basis and	7b	846	0			
sales expenses						
c Gain or (loss)	7c	720	6,000			
d Net gain or (loss	s) .		•	6,720		6,720
Gross income from	fundrais					
(not including \$ contributions report	ed on li	28,572 of				
See Part IV, line 18		· · · · · · · · · · · · · · · · · · ·	4,950			
(not including \$ contributions report See Part IV, line 18 b Less: direct expe	enses	8b	42,892			
c Net income or (Id	oss) fro	om fundraising event	ts	-37,942		-37,942
₽						
Gross income from	n gamir	-				
See Part IV, line 1		<u> </u>				
b Less: direct expe		<u> </u>				
c Net income or (lo	oss) fro	om gaming activities				
10aGross sales of inv	ventor	v less				
returns and allow						
b Less: cost of goo	ds solo	├ ─- ├				
	5010	· · · <u></u> [

c Net income or (loss) from sales of invent					
Miscellaneous Revenue	Business Code				
11aMISCELLANEOUS REVENUE	901101	5,379			5,379
b					
С					
d All other revenue					
e Total. Add lines 11a-11d		5,379			
12 Total revenue. See instructions		8,683,936	6,939,497	0	-25,101

Form **990** (2021)

Part IX	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗸
	clude amounts reported on lines 6b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations and tic governments. See Part IV, line 21				
	and other assistance to domestic individuals. See , line 22	500	500		
govern	and other assistance to foreign organizations, foreign iments, and foreign individuals. See Part IV, lines 15				
	ts paid to or for members				
	ensation of current officers, directors, trustees, and imployees	440,560	134,249	306,311	
(as de	ensation not included above, to disqualified persons fined under section 4958(f)(1)) and persons described ion 4958(c)(3)(B)				
7 Other	salaries and wages	3,739,413	3,219,976	329,331	190,10
	n plan accruals and contributions (include section and 403(b) employer contributions)	270,675	228,826	31,521	10,32
9 Other	employee benefits				
10 Payroll	taxes	304,977	253,539	40,224	11,21
11 Fees fo	or services (non-employees):				
a Manag	ement				
b Legal		22,817		22,817	
c Accour	nting	94,725		94,725	
d Lobbyi	ng				
e Profess	sional fundraising services. See Part IV, line 17	83,500			83,50
f Invest	ment management fees				
	(If line 11g amount exceeds 10% of line 25, column nount, list line 11g expenses on Schedule O)	1,815,443	1,577,669	185,642	52,13
12 Advert	ising and promotion	7,749	3,869	374	3,50
13 Office	expenses	153,211	90,477	57,048	5,68
14 Inform	ation technology	186,889	155,945	25,965	4,97
15 Royalti	ies				
16 Occupa	ancy	423,487	331,214	84,129	8,14
17 Travel		33,240	9,439	23,618	18
	nts of travel or entertainment expenses for any I, state, or local public officials .				
19 Confer	ences, conventions, and meetings				
20 Interes	st	10,443		10,443	

22 Depreciation, depletion, and amortization	111,502	102,279	8,186	1,037
23 Insurance	143,740	123,104	16,853	3,783
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SERVICES	302,042	300,496		1,546
b MISC EXPENSES	12,422		12,422	
c INKIND EXPENSE	5,000			5,000
d				
e All other expenses				1
25 Total functional expenses. Add lines 1 through 24e	8,162,335	6,531,582	1,249,609	381,144
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				
	1			Form 990 (2021)

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Form 990 (2021) Page **11** Part X Balance Sheet

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			487,160	1	0
	2	Savings and temporary cash investments		<u> </u>		2	
	3	Pledges and grants receivable, net				3	220,245
	4	Accounts receivable, net			1,849,631	4	2,052,966
	6	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	tantial se per fied pe		5		
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			11,770	8	19,764
SS	9	Prepaid expenses and deferred charges			198,477	9	195,733
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,718,725			
	b	Less: accumulated depreciation	10b	1,620,159	943,421	10c	1,098,566
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .		32,315	12	24,687
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			35,380	15	0
	16	Total assets. Add lines 1 through 15 (must equ	ual line	233)	3,558,154	16	3,611,961
	17	Accounts payable and accrued expenses			644,642	17	766,267
	18	Grants payable				18	
	19	Deferred revenue			255	19	137,559
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contribution or family member of any of these persons .	or 35% controlled entity		22		
	23	Secured mortgages and notes payable to unrela	ted thi	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties	1,042,820	24	129,961
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	254,666	25	226,127
	26	Total liabilities. Add lines 17 through 25 .			1,942,383	26	1,259,914

Fund Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27		1,	849,602
Ba	28	Net assets with donor restrictions	28			502,445
		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.				
Assets or	29	Capital stock or trust principal, or current funds	29			
ets	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Ass	31	Retained earnings, endowment, accumulated income, or other funds	31			
Net /	32	Total net assets or fund balances	32		2	352,047
Z	33	Total liabilities and net assets/fund balances	33	F		,611,961 0 (2021)
						,
		Page 12				
		(2021)				Page 12
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI	· i	• •	• •	
1	Tot	al revenue (must equal Part VIII, column (A), line 12)	1		8	,683,936
2		al expenses (must equal Part IX, column (A), line 25)	2		8	,162,335
3	Rev	venue less expenses. Subtract line 2 from line 1	3			521,601
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	,615,771
5	Net	unrealized gains (losses) on investments	5			-7,135
6	Doi	nated services and use of facilities	6			
7	Inv	estment expenses	7			
8	Prio	or period adjustments	8			221,810
9	Oth	ner changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		2	,352,047
Pa	art XII	. 3				
		Check if Schedule O contains a response or note to any line in this Part XII		• •		<u> </u>
					Yes	No
1	If t	counting method used to prepare the Form 990:				
2a	a We	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed parate basis, consolidated basis, or both:	on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
b	We	re the organization's financial statements audited by an independent accountant?		2b	Yes	
		Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate isolidated basis, or both:	basis,			
		Separate basis Consolidated basis Both consolidated and separate basis				
c	of t	Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	íf t	he organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a		a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si dit Act and OMB Circular A-133?	ngle	3a		No
b		Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ fit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	<u>.</u> .		
	auc	int or addits, explain why in Schedule O and describe any steps taken to dindergo such addits.		3b	orm 99	0 (2021)
				r	J. 111 J.J	~ (∠∪∠1)
		(2021)				
Δ	nan	ional Data		Returi	to Fo	rm

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Special Condition Description

efile Public Visual Render ObjectId: 202332279349301838 - Submission: 2023-08-15 TIN: 84-0404251 OMB No. 1545-0047 **SCHEDULE A** Public Charity Status and Public Support (Form 990) 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. Department of the Treasury Open to Public Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number GRIFFITH CENTERS INC** 84-0404251 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 **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 agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its c supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No

Form 990 or 990-EZ.

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Schedule A (Form 990) 2021 Page **2**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

(or fiscal year beginning in)

(a) 2017

(b) 2018

(c) 2019

(d) 2020

(e) 2021

(f) Total

	endar year	(a) 2017	(b) 2010	(a) 2010	(4) 2020	(a) 2021	(f) Total
(or	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
L	Gifts, grants, contributions, and membership fees received. (Do not include any "unyous grant")	273,315	270,169	228,052	2,588,301	1,769,540	5,129,37
2	include any "unusual grant.") Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge Total. Add lines 1 through 3	273,315	270,169	228,052	2,588,301	1,769,540	5,129,37
	The portion of total contributions by	2/3,313	270,103	220,032	2,300,301	1,705,540	3,123,37
,	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						5,129,377
S	ection B. Total Support						
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 7	fiscal year beginning in) Amounts from line 4	273,315	270,169	228,052	2,588,301	1,769,540	5,129,377
8	Gross income from interest,	2/3,313	270,109	220,032	2,300,301	1,709,540	3,129,377
٥	dividends, payments received on	7.200	600	4 204	4.047	740	10.076
	securities loans, rents, royalties and	7,200	608	1,281	1,047	742	10,878
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	15,620	8,064	110	10,190	5,379	39,363
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,179,618
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	36,294,769
	First 5 years. If the Form 990 is for t	-	-				
	this box and stop here	-		•	•		iization, check
-	ection C. Computation of Public				<u> </u>		
	Public support percentage for 2021 (lin			column (f))		14	99.030 %
11				colaiiii (1))		17	99.030 7
		,	line 14			16	07 160 0/
15	Public support percentage for 2020 Sc	hedule A, Part II,				more check this	
15	Public support percentage for 2020 Sc 33 1/3% support test—2021. If the	hedule A, Part II, organization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
16a	Public support percentage for 2020 Sc 33 1/3% support test—2021. If the and stop here. The organization quality	hedule A, Part II, organization did n fies as a publicly s	ot check the box of supported organization	on line 13, and lin	e 14 is 33 _{1/3} % or	more, check this	🕨 🔽
15 16a	Public support percentage for 2020 Sc 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the	hedule A, Part II, organization did n fies as a publicly secondariation did	ot check the box of supported organization of check a box o	on line 13, and lin ation n line 13 or 16a, a	e 14 is 33 _{1/3} % or	more, check this	box • ✓ k this
15 16a b	Public support percentage for 2020 Sc 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the box and stop here. The organization	hedule A, Part II, organization did nifies as a publicly seorganization did qualifies as a pub	oot check the box of supported organization of check a box of plicly supported or	on line 13, and lin ation n line 13 or 16a, a ganization	e 14 is 33 1/3% or	more, check this	box • k this •
15 16a b	Public support percentage for 2020 Sc 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test	hedule A, Part II, organization did n fies as a publicly seorganization did qualifies as a public—2021. If the organization the organization did the organiz	ot check the box of supported organized not check a box of policly supported or ganization did not	on line 13, and line tion	e 14 is 33 1/3% or	more, check this	box • ✓ k this • □ % or more,
15 16a b	Public support percentage for 2020 Sc. 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	hedule A, Part II, organization did n fies as a publicly seorganization did qualifies as a public—2021. If the organization did seand-circumstant	ot check the box of supported organization of check a box of policy supported organization did not ces" test, check the	on line 13, and lin ation n line 13 or 16a, a ganization check a box on lin is box and stop h	e 14 is 33 1/3% or	more, check this	box
15 16a b	Public support percentage for 2020 Sc 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test	hedule A, Part II, organization did n fies as a publicly seorganization did qualifies as a public—2021. If the organization did set. The organization of the organizat	ot check the box of supported organiza- not check a box of policly supported or- ganization did not ces" test, check the cion qualifies as a rganization did no	on line 13, and line ation	e 14 is 33 1/3% or	more, check this	box
15 16a b	Public support percentage for 2020 Sc. 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts meets the "facts-and-circumstances" to 10%-facts-and-circumstances test to 10%-facts-and-circumstan	hedule A, Part II, organization did n fies as a publicly seorganization did qualifies as a public—2021. If the organization did section of the organization of the organization of the matter of the matter of the matter of the organization of the matter of	ot check the box of supported organization of check a box of policy supported organization did not ces" test, check the cion qualifies as a rganization did no umstances" test, of	on line 13, and line 13 or 16a, a ganization	e 14 is 33 1/3% or	more, check this	k this
15 16a b	Public support percentage for 2020 Sc. 33 1/3% support test—2021. If the and stop here. The organization quali 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets the more, and if the organization meets the state of the organization meets the more, and if the organization meets the state of the organization meets the more.	hedule A, Part II, organization did n fies as a publicly se organization did qualifies as a publicle. If the organization did the control of the organization of the set.	ot check the box of supported organiza- not check a box of plicly supported or- ganization did not ces" test, check the cion qualifies as a rganization did no umstances" test, of ation qualifies as a	on line 13, and line ation	e 14 is 33 1/3% or and line 15 is 33 1/3 and line 15 is 33 1/3 and line 13, 16a, or 16b are. Explain in Pal organization	more, check this	k this

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Page **3**

the organization fails to qualify under the tests listed below, please complete Part II.) **Section A. Public Support** Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . **Public support.** (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 🕨 9 Amounts from line 6. . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business 11 activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 13 11, and 12.). .

L4	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	501(c)	(3) organization, check
	this box and stop here		
Se	ction C. Computation of Public Support Percentage		
L5	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
L6	Public support percentage from 2020 Schedule A, Part III, line 15	16	
Se	ction D. Computation of Investment Income Percentage		
L7	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
L8	Investment income percentage from 2020 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests-2021. 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	n	🕨 🗌
b	33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	n 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	zation	🕨 🗌
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructio	ns 🕨 🗌
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Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.			
		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
		3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
·	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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	5a		
b	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	0-		
		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	the organization had excess business holdings).	10b		
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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
		11a		<u> </u>
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		

_	<u>VI</u> ection B. Type I Supporting Organizations	<u> </u>		<u> </u>				
3	ection b. Type I Supporting Organizations		Yes	No				
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		. 65					
	applied to such powers during the tax year.							
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						
S	ection C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of							
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1						
S	ection D. All Type III Supporting Organizations			L				
			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_						
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			-				
•	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3						
s	ection 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):						
	The organization satisfied the Activities Test. Complete line 2 below.							
	The organization is the parent of each of its supported organizations. Complete line 3 below.							
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inctru	rtione)					
	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see	msuu	Lions)					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No				
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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 have engaged in these activities but for the	21						
3	organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	2b						
	Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a						
	the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its							
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b						
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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part V instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through		е					
	Section A - Adjusted Net Income (A) Prior Year							
	(B) Current Year (optional)							
1	Net short-term capital gain 1							
	• • • • • • • • • • • • • • • • • • • •							
_	Recoveries of prior-year distributions 2							
2	, , , , , , , , , , , , , , , , , , ,							

3	Other gross income (see instructions)	3		•
4	Add lines 1 through 3	4	1	
		I	1	•
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	1	
		•	I 405. V	•
ī	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):	1		
а	Average monthly value of securities	1a	I	
				-
ь	Average monthly cash balances	1b		-
c	Fair market value of other non-exempt-use assets	1c		-
L	Total (add lines 1a, 1b, and 1c)	1d	1	
		1	1	•
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			_
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see	ĺ	I	
4	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	[
		i i	1	-
8	Minimum Asset Amount (add line 7 to line 6)	8		-
	Section C - Distributable Amount			-
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1]	
		i .	1	•
2	Enter 85% of line 1	2		-
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4	Enter greater of line 2 or line 3	l 4	l	

g =			ı		
5 Income tax imposed in prior year		5	I		
Income tax imposed in prior year					<u>—</u>
Distributable Amount. Subtract line 5 from line 4, temporary reduction (see instructions)	unless subject to emergency	6			<u></u>
7 Check here if the current year is the organization instructions)	on's first as a non-functionally-	integrat	ed Type III s	supporting	organization (see
				Sch	nedule A (Form 990) 2021
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	rage /				
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Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organ	izations (continued)	
Section D - Distributions					Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes			1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons		3	
4 Amounts paid to acquire exempt-use assets				4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)			5	
6 Other distributions (describe in Part VI). See instruction	ons			6	
7 Total annual distributions. Add lines 1 through 6.				7	
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	hich the organization is respons	sive (<i>pr</i>	ovide	8	
9 Distributable amount for 2021 from Section C, line 6				9	
10 Line 8 amount divided by Line 9 amount				10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Un	(ii) derdistribu Pre-2021		(iii) Distributable Amount for 2021
		Un	derdistribu		Distributable
(see instructions)		Un	derdistribu		Distributable
(see instructions) 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.		Un	derdistribu		Distributable
 (see instructions) 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). 		Un	derdistribu		Distributable
(see instructions) 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016		Un	derdistribu		Distributable
(see instructions) 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017		Un	derdistribu		Distributable
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(see instructions) 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016 b From 2017 c From 2018 d From 2019 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7:		Un	derdistribu		Distributable
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Excess from 2015	8 Breakdown of line 7:						
## Excess from 2019	a Excess from 2017.						
Schedule A (Form 990) 2021 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 12; Part III, line 12; Part III, line 12; Part III, Section 6, line 12; Part IV, Section 6, line 13; Part IV, Section 6, line 14; Part IV, Section 6, line 16; Part IV, Section 6, line 16; Part IV, Section 6, line 17; Part IV, Section 6, line 18; Part IV, Section 6, line 19; Part IV, Sectio	b Excess from 2018.	<u> </u>					
Page 8 Schedule A (Form 990) 2021 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 or 17b; Part III, line 12; Part IIV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5b, 6, 3e, 9b, 9c, 11b, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section B, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5b, 6, 3e, 9b, 9c, 11b, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 2 and 3; Part IV, Section B, lines 1 and 2; Part	c Excess from 2019.						
Schedule A (Form 990) (2021) Page 8 Schedule A (Form 990) (2021) Page 8 Schedule A (Form 990) (2021) Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 1/2 or 1/b; Part III, line 1/2 and 1/b; Part III, line 1/2 or 1/b; Part III, line 1/b; Part IV, Part III, line 1/b; Part IV, Part III, line 1/b; Part IV, Part IV, Part III, line 1/b; Part IV, Part IV, Part III, line 1/b; Part IV, Part IV, Part IV, Part III, line 1/b; Part IV, Part IV, Part III, line 1/b; Part IV, Part IV, Part III, line 1/b; Part IV,	d Excess from 2020.						
Page 8 Schedule A (Form 990) 2021 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 12 or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5s, 6, 9s, 9t, 9t, 9t, 11s, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2, and 3; Part V, Section E, lines 2, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1; Part V, Section B, lines 2; Part V, Section B, lines 2; Part V, Section B, lines 2; Part V, Section D, lines 2, 5, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test Return Reference Return Reference Return Reference Schedule A (Form 990) 2021 Page 8 Schedule OF Contributors Schedule A (Form 990) 2021 Tin: 84-040425 Schedule B Schedule OF Contributors Attach to Form 990, 990-EZ, or 990-FF. Go to www.irs. gov.Form390 for the latest information. Employer identification number (RIFFITH CENTERS INC) Organization type (check one): Form 990 or 990-EZ Sotton: Form 990 or 990-EZ Sotton: Form 990-PF For an 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in	e Excess from 2021.	<u> </u>					
Schedule A (Form 990) 2021 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 12 or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5e, 6, 3e, 59, 9c, 11e, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, lines 2, 2h, 3b, 3and 4b; Part V, line 1; Part IV, Section B, lines 2 and 3; Part V, line 1; Part IV, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, line 1; Part V, Section B, lines 2 and 3; Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, lines 2 and 3; Part V, Part V, Part V, Section B, line 2 and 3; Part V, Part V, Part V, Section B, line 2 and 3; Part V, Part V, Part V, Section B, line 2 and 3; Part V, P						Schedul	e A (Form 990) (2021)
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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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in			. , , ,	•			
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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in							
General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in	Check if your organizati	on is covered	by the General	I Rule or a Special Rule			
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in	Note: Only a section 50	1(c)(7), (8), or	i (10) organizati	ion can check boxes for	both the General F	Rule and a Special R	ule. See instructions.
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in							
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in	General Rule						
	Coron organi-	ation filina F-	rm 000 000 E3	or 000 DE that receive	during the ver-	contributions total:	\$5,000 or mare /:=
	contributions.						

under sect received fr	itions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule rom any one contributor, during the year, total contributions VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I an	A (Form 990 or 990-EZ), Part II, II of the greater of (1) \$5,000 or (2)	ne 13, 16a, or 16b, and that
during the	panization described in section 501(c)(7), (8), or (10) filing Formula year, total contributions of more than \$1,000 exclusively for or for the prevention of cruelty to children or animals. Compared to the prevention of cruelty to children or animals.	r religious, charitable, scientific, lite	
during the If this box purpose. I	ganization described in section 501(c)(7), (8), or (10) filing Figure 2, contributions exclusively for religious, charitable, etc., is checked, enter here the total contributions that were received complete any of the parts unless the General Rule appropriately, etc., contributions totaling \$5,000 or more during	purposes, but no such contribution bived during the year for an exclusion plies to this organization because	ns totaled more than \$1,000. ively religious, charitable, etc., it received nonexclusively
990-EZ, or 990-PI	nization that isn't covered by the General Rule and/or the SF), but it must answer "No" on Part IV, line 2, of its Form 99 OPF, Part I, line 2, to certify that it doesn't meet the filing reqF).	0; or check the box on line H of its	Form 990-EZ
For Paperwork Redu for Form 990, 990-Ez	uction Act Notice, see the Instructions Z, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2021)
	Page 2 -		
Schedule B (Form Name of organizati		Page Employer id	entification number
GRIFFITH CENTERS		84-0404251	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	,		Noncash (Complete Part II for noncash
(2)	(6)	(5)	contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
			Noncash (Complete Part II for noncash
(a)	(6)	(0)	contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
			Noncash
(-)	4.)	(-)	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		<u> </u>	Payroll
			Noncash
			(Complete Part II for noncash

			CONTINUUTIONS.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-		\$	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021

Page 3

Schedule B (Form 990) (2021) Page 3 Name of organization Employer identification number GRIFFITH CENTERS INC 84-0404251 Part II $\textbf{Noncash Property} \ \ (\text{see instructions}). \ \ \textbf{Use duplicate copies of Part II if additional space is needed}.$ (a) (c) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) (a) (c) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (c) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

Schedule	B (Form 99	0) (2021)				Page
	rganization				Employer identifi	cation number
GRIFFITH	CENTERS IN	C			84-0404251	
Part III	than \$1,00 organizati year. (Ente	ly religious, charitable, etc., co 0 for the year from any one co ons completing Part III, enter the er this information once. See in ate copies of Part III if additionals	ntributor. Compl he total of exclus estructions.)	ete columns (a) throug sively religious, charita	in section 501(c)(7), (8), on the following li	ne entry. For
(a) No. from Part I		(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held
-		ransferee's name, address, and	•) Transfer of gift Relat	ionship of transferor to tra	ansferee
(a) No. from Part I		(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held
-						
	Tı	ransferee's name, address, and) Transfer of gift Relat	ionship of transferor to tra	ansferee
(a) No. from Part I		(b) Purpose of gift		c) Use of gift	(d) Description	on of how gift is held
-	Tı	ransferee's name, address, and) Transfer of gift Relat	ionship of transferor to tra	ansferee
ofile Du	blic Wienel	Dondon Object de 2022	2227024020	1939 Cubmission	2022 00 15	TIN: 04 0404351
	ıblic Visual	<u>"</u>		1838 - Submission:		TIN: 84-0404251 OMB No. 1545-0047
	DULE C	Political Ca	ımpaıgn ar	nd Lobbying A	ctivities	0145 100. 1545 0047
(Form 990	0)	For Organizations Exemp	t From Income	Tax Under section 5	01(c) and section 527	2021
Department of Internal Reven	-	Complete if the organization		elow. ►Attach to Forn structions and the late		Open to Public Inspection
 Section <	n 501(c)(3) or on 501(c) (oth on 527 organianization ans on 501(c)(3) of on 501(c)(3) of anization ans x) (see sepa	swered "Yes" on Form 990, Part ganizations: Complete Parts I-A aer than section 501(c)(3)) organiz zations: Complete Part I-A only. swered "Yes" on Form 990, Part granizations that have filed Form granizations that have NOT filed I swered "Yes" on Form 990, Part rate instructions), then	and B. Do not compations: Complete IV, Line 4, or For 5768 (election uniform 5768 (election IV, Line 5 (Proxy	plete Part I-C. Parts I-A and C below. D rm 990-EZ, Part VI, line der section 501(h)): Com on under section 501(h))	47 (Lobbying Activities), plete Part II-A. Do not com: Complete Part II-B. Do no	then plete Part II-B. t complete Part II-A.
_	on 501(c)(4), (the organiza	(5), or (6) organizations: Complete	Part III.		Employer identi	fication number
	CENTERS INC					Tourion number
Part I-A	Comple	te if the organization is exc	empt under se	ection 501(c) or is a	84-0404251 section 527 organiza	ition.
1 Prov		tion of the organization's direct ar	-			•
2 Polit	tical campaigi	n activity expenditures. See instru				0
		or political campaign activities. So te if the organization is exc				0
. u.t I-D	Comple	con the organization is ext	spt under se			

1	Enter the amount of any ex	xcise tax incurred by the	organization under section 4955 .		- \$_	0
2	Enter the amount of any ex	xcise tax incurred by org	anization managers under section	4955	▶ \$_	0
3	If the organization incurred	d a section 4955 tax, did	it file Form 4720 for this year?			☐ Yes ☐ No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the	organization is exe	empt under section 501(c),	except sectio	n 501(c)(3).	
1	Enter the amount directly e	expended by the filing or	ganization for section 527 exempt	function activitie	s 🕨 \$_	
2			contributed to other organizations			
					· -	
3	Total exempt function expe	enditures. Add lines 1 an	d 2. Enter here and on Form 1120-	POL, line 17b	····· \$ _	
4	Did the filing organization f	file Form 1120-POL for	this year?			☐ Yes ☐ No
5	organization made paymen of political contributions re	nts. For each organization ceived that were prompt	ation number (EIN) of all section 5 n listed, enter the amount paid froi ly and directly delivered to a separ onal space is needed, provide infor	n the filing orgar ate political orga	ization's funds. Als nization, such as a	so enter the amount
(a)	Name	(b) Address	(c) EIN	filing	mount paid from gorganization's s. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1						
2						
3						
4						
5						
6						
For P	aperwork Reduction Act Notic	e, see the instructions for	r Form 990.	Cat. No. 50084S	Sched	lule C (Form 990) 2021
			Page 2			
Scho	dule C (Form 990) 2021					Dago 7
	,	he organization is e	exempt under section 501(c	c)(3) and file	l Form 5768 (e	Page 2
	section 501(oxempt under section sez(,,(o) and med		
A (ganization belongs to an share of excess lobbying	affiliated group (and list in Part IV g expenditures).	each affiliated g	oup member's nai	me, address, EIN,
В	Check 🕨 🗌 if the filing org	ganization checked box <i>F</i>	A and "limited control" provisions a	pply.		
		imits on Lobbying	g Expenditures s amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures t	to influence public opinic	on (grass roots lobbying)			
b	Total lobbying expenditures	to influence a legislative	body (direct lobbying)			
		•	the following table in both			
-	Lobbying nontaxable amount columns.	i. Liitei tile ailioulit ifon	i the following table III DOUI			
	If the amount on line 1e,	column (a) or (b) is:	The lobbying nontaxable amou	nt is:		
	Not over \$500,000		20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess over :	\$500,000.		
	Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10% of the excess over	\$1,000,000.		
	Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess over \$	1,500,000.		
	Over \$17,000,000		\$1,000,000.			
g	Grassroots nontaxable amou	int (enter 25% of line 1f)			
	•	·)			
i	Subtract line 1f from line 1c.	. It zero or less, enter -0			ļ	1

(Some	e organizations that made a	Averaging Period Undo a section 501(h) elect the separate instruct	ion do not h	ave to comple		of the fiv	ve
	Lobbying Ex	penditures During 4-Y	ear Averagi	ng Period	1	T	
C	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d)	2021	(e) Total
Lobbying nontax	kable amount						
Lobbying ceiling (150% of line 2							
Total lobbying e	xpenditures						
Grassroots nont	axable amount						
Grassroots ceilir (150% of line 2							
Grassroots John	ying expenditures						
0.000.0000.000	yg experience			1	Sched	lule C (Fo	orm 990) 202
		———— Page 3 —					
	n 5768 (election under sec						
each "Yes" respon	se on lines 1a through 1i below, p		description of t	he lobbying		(a)	(b)
	se on lines 1a through 1i below, p		description of t	he lobbying		(a) No	(b) Amount
During the year	se on lines 1a through 1i below, p r, did the filing organization attem ttempt to influence public opinion	provide in Part IV a detailed	onal, state or lo	cal legislation,			
During the year including any a	, did the filing organization attem	pt to influence foreign, nation on a legislative matter or re	onal, state or loc eferendum, thro	cal legislation,			
During the year including any a Volunteers?	r, did the filing organization attem ttempt to influence public opinion	provide in Part IV a detailed pt to influence foreign, nation	onal, state or loo eferendum, thro	cal legislation, ugh the use of:		No	
During the year including any a Volunteers?	, did the filing organization attem ttempt to influence public opinion	provide in Part IV a detailed pt to influence foreign, nation a legislative matter or re in expenses reported on lir	onal, state or loo eferendum, thro 	cal legislation, ugh the use of:		No	
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer	r, did the filing organization attem ttempt to influence public opinion anagement (include compensation ements?	pt to influence foreign, nation on a legislative matter or reliable in expenses reported on lin	onal, state or loo eferendum, thro nes 1c through 1	cal legislation, lugh the use of: Li)?		No No No No	
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or	r, did the filing organization attem ttempt to influence public opinion anagement (include compensation ements? mbers, legislators, or the public? . published or broadcast statement	pt to influence foreign, nation on a legislative matter or residual in expenses reported on lines.	onal, state or loo eferendum, thro nes 1c through 1	cal legislation, ugh the use of: Li)?		No No No No No	
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other	r, did the filing organization attem ttempt to influence public opinion anagement (include compensation ements? mbers, legislators, or the public? . published or broadcast statement organizations for lobbying purpos	pt to influence foreign, nation on a legislative matter or residual in expenses reported on lines.	onal, state or loceferendum, thro	cal legislation, ugh the use of: Li)?		No No No No No No	
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other Direct contact w	r, did the filing organization attem ttempt to influence public opinion anagement (include compensation ements? mbers, legislators, or the public? . published or broadcast statement	pt to influence foreign, nation on a legislative matter or real in expenses reported on lines.	onal, state or loc eferendum, thro nes 1c through 1	cal legislation, bugh the use of:		No No No No No	
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other Direct contact wallies, demons	r, did the filing organization attem ttempt to influence public opinion anagement (include compensation aments?	pt to influence foreign, nation on a legislative matter or real in expenses reported on lines.	onal, state or loceferendum, thro	cal legislation, ugh the use of: Li)?		No No No No No No No No No	
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other Direct contact wallies, demons Other activities Total. Add lines	r, did the filing organization attem tempt to influence public opinion anagement (include compensation ements?	provide in Part IV a detailed provide in Part IV a detailed provide in Part IV a detailed provide in IV a detailed on a legislative matter or remarks in expenses reported on lines.	onal, state or loc eferendum, thro nes 1c through 1 ive body? imilar means?	cal legislation, ugh the use of: Li)?	Yes	No No No No No No No No No	Amount
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During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other Direct contact was Rallies, demons Other activities Total. Add lines Did the activitie If "Yes," enter the Time of the Public Visual HEDULE D	anagement (include compensation ements? published or broadcast statement organizations for lobbying purpose with legislators, their staffs, gover strations, seminars, conventions, conv	provide in Part IV a detailed provide in Part IV a detailed provide in Part IV a detailed provide in IV a detailed on a legislative matter or response in expenses reported on linguistry. It is a speeches, lectures, or a legislative provided in section described in section der section 4912	nes 1c through 1 tive body? ion 501(c)(3)? der section 4012	cal legislation, ugh the use of: Li)?	Yes	No	1,48 1,48
During the year including any a Volunteers? Paid staff or ma Media advertise Mailings to mer Publications, or Grants to other Direct contact was Rallies, demons Other activities Total. Add lines Did the activitie If "Yes," enter the Third of the Company of the Company of the Public Visual HEDULE Dom 990)	in did the filing organization attempt to influence public opinion anagement (include compensation ements? In published or broadcast statement organizations for lobbying purpose with legislators, their staffs, gover strations, seminars, conventions, services in line 1 cause the organization the amount of any tax incurred until the amount of any tax incurred by the amount of an	in expenses reported on lines: see? ment officials, or a legislative precedence, lectures, or any service der section 4912	in 501(c)(3)? ton 501(c)(3)? ton 501(c)(3)? ton 501(c)(3)? ton 501(c)(3)? ton 501(c)(3)? ton 501(c)(3)?	cal legislation, rugh the use of: Li)?	Yes	No	1,48 1,48 1,48 0404251 545-0047
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4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a organization's property, subject to the organization's exclusive legal control?		funds are the Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?		
Pa	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	n histor	ically important land area
	Protection of natural habitat Preservation of a	certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the foreasement on the last day of the tax year.	orm of a	a conservation Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the on	ganization during the
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of viola	etions,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of beautiful control of the	conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	rvation	easements during the year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$?	170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experience sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	her Si	milar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in furt 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 a historical treasures, or other similar assets held for public exhibition, education, or research in furt following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	i) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for fin following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		. > \$
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No	. 52283	SD Schedule D (Form 990) 2021
	Page 2		
	Page 2		
Sche	dule D (Form 990) 2021		Page 2
	t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot		·
3	Using the organization's acquisition, accession, and other records, check any of the following that a items (check all that apply):	are a sig	gnificant use of its collection
а	Public exhibition d Loan or exchange	prograi	ms
b	Scholarly research e Other		
c	Preservation for future generations		
4	Provide a description of the organization's collections and explain how they further the organization Part XIII.	n's exen	npt purpose in
5	During the year, did the organization solicit or receive donations of art, historical treasures or other assets to be sold to raise funds rather than to be maintained as part of the organization's collection		r Yes No

Complete if the organi line 21.		s" on Form 99	90, Part IV, III	ne 9, or rep	orted an amo	unt on Form	990, Part X,
1a Is the organization an agent, tru							
included on Form 990, Part X? .						Yes	☐ No
b If "Yes," explain the arrangemen	nt in Part XIII and comp	lete the following	ng table:			Amount	
c Beginning balance				1c			
d Additions during the year				1d			
e Distributions during the year				. 1e			
f Ending balance				1f			
2a Did the organization include an a	amount on Form 990, Pa	art X, line 21, f	or escrow or cu	stodial accou	nt liability?	. 🗌 Yes	☐ No
b If "Yes," explain the arrangement	it in Part XIII. Check he	re if the explan	ation has been	provided in P	art XIII		
Part V Endowment Funds.							
Complete if the organi					. 1		
la Reginning of year balance	(a) Curre	ent year (b 435,632	9 Prior year 434,022	(c) Two years b	oack (d) Three y	433,911	Four years back 433,947
La Beginning of year balance b Contributions	• •	+33,032	454,022	73.	5,130	433,311	+33,347
c Net investment earnings, gains, a	nd losses	-6,062	4,862	2	2,588	933	1,677
d Grants or scholarships	110 100505						
e Other expenditures for facilities							
and programs							
f Administrative expenses		1,892	3,252	1	1,704	1,706	1,713
g End of year balance		427,678	435,632	434	1,022	433,138	433,911
2 Provide the estimated percentage	e of the current year er	nd balance (line	1g, column (a))) held as:			
a Board designated or quasi-endov	wment 🕨 0 %						
b Permanent endowment > 100	0.000 %						
c Term endowment ▶ 0 %							
The percentages on lines 2a, 2b,	, and 2c should equal 10	00%.					
Ba Are there endowment funds not			hat are held an	d administere	ed for the		
organization by:						T	Yes No
(i) Unrelated organizations .						3a(i)	Yes
(ii) Related organizationsb If "Yes" on 3a(ii), are the related	d organizations listed as	roquired on Sc	hodulo P2			3a(ii)	Yes Yes
4 Describe in Part XIII the intended	-	•				. 55	163
Part VI Land, Buildings, and							
Complete if the organi							
Description of property	(a) Cost or other basis (investment)	(b) Cost or oth	ner basis (other)	(c) Accumula	ited depreciation	(d) B	ook value
	(investment)						
1a Land			291,808				291,808
b Buildings			2,196,562		1,435,490)	761,072
c Leasehold improvements							
d Equipment			230,355		184,669)	45,686
e Other							
otal. Add lines 1a through 1e. (Colum	nn (d) must equal Form	990, Part X, co	olumn (B), line	10(c)			
			(=)/	(-/-/			1,098,566
			(=),	(-)-)	. ► Sc	hedule D (F	
			(=)//	(-)-/	Sc	hedule D (F	
		Page		(-)//	Sc	hedule D (F	
ichadula D (Form 990) 2021		Page			Sc	hedule D (F	orm 990) 202
<u>`</u>	r Securities	Page			Sc	hedule D (F	orm 990) 202
Part VII Investments - Other			3 —				orm 990) 202 Page
Part VII Investments - Other Complete if the organi			3 —		Form 990, Pa		orm 990) 202 Page
Part VII Investments - Other Complete if the organi (a) Description of	ization answered "Ye		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa	rt X, line 12 of valuation:	Page
Part VII Investments - Other Complete if the organi (a) Description of (including n	ization answered "Yes		3	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page .
Part VII Investments - Other Complete if the organi (a) Description of (including not) (1) Financial derivatives	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page .
Part VII Investments - Other Complete if the organi (a) Description of (including not) (including not) (1) Financial derivatives 2) Closely-held equity interests	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page
Part VII Investments - Other Complete if the organi (a) Description of (including not) 1) Financial derivatives 2) Closely-held equity interests	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page
Part VII Investments - Other Complete if the organi (a) Description of (including n) 1) Financial derivatives 2) Closely-held equity interests 3)Other	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page :
Part VII Investments - Other Complete if the organi (a) Description of (including not) (includ	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page :
Complete if the organi (a) Description o	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page 3
Part VII Investments - Other Complete if the organi (a) Description of (including not) (includ	ization answered "Yes		3 90, Part IV, lir (b) Book	ne 11b.See	Form 990, Pa (c) Method	rt X, line 12 of valuation:	Page

_	ı		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			
Investments - Program Related.	C	ot V. Post 12	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. (a) Description of investment	(b) Book value	(c) Meth	nod of valuation:
(1)		Cost or end-	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered 'Yes' on Form 990, Part IV (a) Description	, line 11d. See For	m 990, Part X,	line 15. (b) Book value
(1)			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities.	-	_	
Complete if the organization answered 'Yes' on Form 990, Part IV. 1. (a) Description of liability	, line 11e or 11f.Se	ee Form 990, F	Part X, line 25. (b) Book value
(1) Federal income taxes			(b) Book value
N/P GRIFFITH CENTERS FOR CHILDREN FOUNDATION			224,666
INTERCOMPANY PAYABLE - GRIFFITH CENTERS FOR CHILDREN FOUNDATION			1,461
			_

Total. (Column (b) must equal Fo	orm 990, Part X, col.(B) line 25.)			*	226,1	127
2. Liability for uncertain tax	positions. In Part XIII, provid	e the text of the footno	ote to the organization's	financial statement	ts that reports the	
organization's liability for und	certain tax positions under FI	N 48 (ASC 740). Check	k here if the text of the f	ootnote has been p	rovided in Part XIII	<u> </u>
				Sche	dule D (Form 990) 20	021
		Page 4				
Schedule D (Form 990) 2021					Pag	e 4
Part XI Reconciliat	ion of Revenue per Aud	lited Financial Sta	tements With Reve	nue per Return		
	the organization answered	,		1 -	-	_
	and other support per audited			. 1	8,620,7	31
	ine 1 but not on Form 990, Pa	•		7.425		
• •	losses) on investments		2a	-7,135		
	use of facilities		2b			
	ar grants		2c	FC 070		
•	t XIII.)..................................		2d	-56,070	62.2	0.5
•	2d			<u>2e</u>	-63,2 8,683,9	
	Form 990, Part VIII, line 12, b			3	8,083,9	36
	not included on Form 990, Pa		4a			
·	t XIII.)	•	4b			
c Add lines 4a and 4b	*			4c		0
	es 3 and 4c. (This must equa				8,683,9	
	ion of Expenses per Au		•			
	the organization answered		•	January Per Indoor		
efile Public Visual Re	nder ObjectId: 20	23322793493018	338 - Submission:	2023-08-15	TIN: 84-0	404251
SCHEDULE G				•	OMB No. 15	
(Form 990)			mation Regar	•		
(aming Activit		202	21
	=		Form 990, Part IV, lines 17 15,000 on Form 990-EZ, lir			
Department of the Treasury	0. ga <u>_</u>	Attach to Form 99	•		Open to P Inspectio	ublic
Internal Revenue Service				ormation		n
Name of the organization	Go to www.	irs.aov/Form990 for inst	tructions and the latest inf			
Name of the organization GRIFFITH CENTERS INC	Go to www.	irs.aov/Form990 for ins	tructions and the latest inf		er identification nu	
_	Go to www.	irs.gov/Form990 for ins	tructions and the latest inf		er identification nu	
GRIFFITH CENTERS INC	Go to www.			Employ 84-040	/er identification nu	
Part I Fundraising		the organization a	nswered "Yes" on Fo	Employ 84-040	/er identification nu	
Part I Fundraising Form 990-EZ	J Activities. Complete if	the organization are	nswered "Yes" on Fo rt.	84-040 rm 990, Part IV,	/er identification nu	
Part I Fundraising Form 990-EZ 1 Indicate whether the	J Activities. Complete if Ifilers are not required t	the organization and complete this particular the following the followin	nswered "Yes" on Fo rt. owing activities. Check	84-040- rm 990, Part IV,	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ Indicate whether the Mail solicitations	J Activities. Complete if Ifilers are not required to organization raised funds the	the organization and the complete this paid the following any of the following and t	nswered "Yes" on Fort. wing activities. Check of Solicitation of non-	84-040. rm 990, Part IV, all that apply. government grant	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ 1 Indicate whether the	J Activities. Complete if Ifilers are not required to organization raised funds the	the organization and complete this particular the following the followin	nswered "Yes" on Fo rt. owing activities. Check	84-040. rm 990, Part IV, all that apply. government grant	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ Indicate whether the Mail solicitations	J Activities. Complete if If filers are not required to organization raised funds the Il solicitations	the organization and the complete this paid the following any of the following and t	nswered "Yes" on Fort. wing activities. Check of Solicitation of non-	84-040- rm 990, Part IV, all that apply. government grants	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ 1 Indicate whether the a ✓ Mail solicitations b ✓ Internet and email c Phone solicitations	J Activities. Complete if I filers are not required to organization raised funds the solicitations	the organization at to complete this par nrough any of the follo e f	nswered "Yes" on Fort. owing activities. Check of Solicitation of non-	84-040- rm 990, Part IV, all that apply. government grants	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and emai c Phone solicitations d In-person solicitations	y Activities. Complete if If filers are not required to organization raised funds the il solicitations sections	the organization and control of the following the following forms of	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising	84-040. rm 990, Part IV, all that apply. government grant ernment grants events	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat	y Activities. Complete if If filers are not required to organization raised funds the il solicitations scions have a written or oral agree	the organization at to complete this part or complete this part or complete this part or complete this part or complete this part of the following the follo	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers,	84-040- rm 990, Part IV, all that apply. government grants events directors, trustees	yer identification nu 4251 line 17.	
Part I Fundraising Form 990-EZ 1 Indicate whether the a ✓ Mail solicitations b ✓ Internet and email c Phone solicitations d In-person solicitat 2a Did the organization hor key employees liste	y Activities. Complete if I filers are not required to organization raised funds the il solicitations sections that a written or oral agreed ed in Form 990, Part VII) or	the organization as to complete this part or complete this part or complete this part or complete this part of the following of the following	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundra	84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services?	yer identification nu 4251 line 17. s	
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 him	y Activities. Complete if If filers are not required to organization raised funds the il solicitations scions have a written or oral agree	the organization are complete this paragraph and of the following for the following	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundra	84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services?	yer identification nu 4251 line 17. s	
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 him	y Activities. Complete if I filers are not required to organization raised funds the illustrations is the complete a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle in the complete in Form 990, Part VIII) or ghest paid individuals or entitle in Form 990, Part VIII) or ghest paid individuals or entitle in Form 990, Part VIII) or ghest paid individuals or entitle in Form 990, Part VIII) or ghest paid individuals or entitle in Form 990, Part VIII)	the organization are complete this paragraph and of the following for the following	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundra	84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services?	yer identification nu 4251 line 17. s	
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 his to be compensated at	y Activities. Complete if I filers are not required to organization raised funds the illustrations sections the award a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle least \$5,000 by the organization of the information of	the organization and to complete this part or complete this part or complete this part or complete this part of the following	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements used)	84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the fu (v) Amount pai	ver identification nu 4251 line 17. yes No ndraiser is d to (vi) Amount	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 his to be compensated at	y Activities. Complete if I filers are not required to organization raised funds the illustrations sections the award a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle least \$5,000 by the organization of the information of	the organization at to complete this part or complete this part or complete this part or complete this part or complete this part of the following of the follo	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraising)	84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the fu (v) Amount pai (or retained b	ver identification nu 4251 line 17. yer identification nu 4251 line 17. s vi Yes No ndraiser is d to y) (vi) Amount (or retained)	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 his to be compensated at	y Activities. Complete if I filers are not required to organization raised funds the illustrations sections the award a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle least \$5,000 by the organization of the information of	the organization at to complete this part of the following any of the following and	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements used)	84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the fu (v) Amount pai	ver identification nu 4251 line 17. yer identification nu 4251 line 17. s vi Yes No ndraiser is d to y) (vi) Amount (or retained)	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 his to be compensated at	y Activities. Complete if I filers are not required to organization raised funds the illustrations sections the award a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle least \$5,000 by the organization of the information of	the organization at to complete this paragraph and of the folial end of the folial e	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements used)	84-040- rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the fu (v) Amount pai (or retained b fundraiser lister	ver identification nu 4251 line 17. yer identification nu 4251 line 17. s vi Yes No ndraiser is d to y) (vi) Amount (or retained)	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization for key employees listed b If "Yes," list the 10 his to be compensated at	g Activities. Complete if I filers are not required to organization raised funds the illustrations is sticions thave a written or oral agreeded in Form 990, Part VII) or ghest paid individuals or entitleast \$5,000 by the organization (ii) Activity	the organization at to complete this part of the following any of the following and	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements used)	84-040- rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the fu (v) Amount pai (or retained b fundraiser lister	ver identification nu 4251 line 17. yer identification nu 4251 line 17. s vi Yes No ndraiser is d to y) (vi) Amount (or retained)	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a	y Activities. Complete if I filers are not required to organization raised funds the illustrations sections the award a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle least \$5,000 by the organization of the information of	the organization at to complete this paragraph and of the folial end of the folial e	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements used)	84-040- rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the fu (v) Amount pai (or retained b fundraiser lister	ver identification nu 4251 line 17. yer identification nu 4251 line 17. s vi Yes No ndraiser is d to y) (vi) Amount (or retained)	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a Mail solicitations b Internet and email c Phone solicitations d In-person solicitate 2a Did the organization for key employees listed b If "Yes," list the 10 him to be compensated at (i) Name and address of in or entity (fundraiser) TERRAPIN RESOURCE DEVELOPMENT INC	y Activities. Complete if I filers are not required to organization raised funds the ill solicitations is stone a written or oral agreement in Form 990, Part VII) or ghest paid individuals or entitle least \$5,000 by the organization (ii) Activity in FINDING AND GRANT WRITING FOR	the organization at to complete this paragraph and of the folial end of the folial e	nswered "Yes" on Fort. owing activities. Check of Solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements used)	mploy 84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the further which the further corretained by fundraiser lister col. (i)	ver identification nu 4251 line 17. yer identification nu 4251 line 17. s vi Yes No ndraiser is d to y) (vi) Amount (or retained)	mber
Part I Fundraising Form 990-EZ 1 Indicate whether the a	y Activities. Complete if I filers are not required to organization raised funds the ill solicitations sections the away of th	the organization at to complete this paragraph and of the foliation of the	nswered "Yes" on Fort. owing activities. Check is solicitation of non- Solicitation of gove Special fundraising ual (including officers, with professional fundraisment to agreements to green activity	mploy 84-040. rm 990, Part IV, all that apply. government grants events directors, trustees aising services? under which the further which the further corretained by fundraiser lister col. (i)	yer identification nu 4251 line 17. s Yes No ndraiser is d to (vi) Amount (or retaine organiza	t paid to ed by)

(W. III	•				
GULDEN, CO 80402	GK					
Total				237,591	83,500	154,091
3 List all states in which the orga licensing.	nization is registered	or license	ed to soli	cit contributions or has b	een notified it is exempt t	from registration or
CO	:::::::::::::::::::::::::::::::::::::::				:::::::::::::::::::::::::::::::::::::::	
For Paperwork Reduction Act Notice,	see the Instructions fo	or Form 9	90 or 990	D-EZ. Cat. No.	50083H S c	chedule G (Form 990) 2021
			Pa	ge 2 ————		
			ra	90 Z		

Schedule G (Form 990) 2021

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

	gross receipts greater than \$	5,000.			
Revenue		(a)Event #1 PEAK CHALLENGE/ HIKING FUNDRISER (event type)	(b) Event #2 GRIFFITH'S KITCHEN/ FUNDRAISING GALA (event type)	(total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	18,527	14,995		33,522
	2 Less: Contributions	17,027	11,545		28,572
	3 Gross income (line 1 minus line 2)	1,500	3,450		4,950
	4 Cash prizes				
"	5 Noncash prizes		2,000		2,000
JSe.	6 Rent/facility costs		21,500		21,500
xpe	7 Food and beverages		5,500		5,500
Direct Expenses	8 Entertainment		6,000		6,000
Ö	9 Other direct expenses		7,892		7,892
	10 Direct expense summary. Add lines 4	through 9 in column (d)			42,892
	11 Net income summary. Subtract line 10	from line 3, column (d)			-37,942

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
à	1 Gross re	evenue				
nses	2 Cash pri	izes				
Expenses	3 Noncash	n prizes				
Direct	4 Rent/fac	cility costs				
Ω	5 Other di	rect expenses				
			☐ Yes%	Yes%	Yes	<u>%</u>
	6 Voluntee	er labor	☐ No	☐ No	□ No	
	7 Direct e	xpense summary. Add lines 2	through 5 in column (d)		1	-
	8 Net gam	ning income summary. Subtrac	t line 7 from line 1, colum	ın (d)	<u></u>	<u> </u>
9 a b	Is the orga If "No," ex	state(s) in which the organizat anization licensed to conduct g plain:	aming activities in each of	f these states?		. Yes No
10a b	Were any	of the organization's gaming li xplain:	censes revoked, suspende	ed or terminated during the	e tax year?	
						J
					Schedule	G (Form 990) 2021
			P	age 3 ————		
Sche	dule G (Forr	m 990) 2021				Page 3
11	Does the o	organization conduct gaming a	ctivities with nonmembers	;?		· Yes No
12	Is the orga	anization a grantor, beneficiary administer charitable gaming:	or trustee of a trust or a	member of a partnership	or other entity	· Yes No
13	Indicate th	ne percentage of gaming activi	ty conducted in:			
а	The organi	ization's facility			1	L3a %
b	An outside					
14		e facility			1	13b %
		e facility			<u> </u>	
		name and address of the perso	on who prepares the orgar		events books and reco	
	Enter the I	name and address of the perso	on who prepares the orgar	3 3. 1	events books and reco	
15a	Name Address	name and address of the person	on who prepares the orgar	om the organization receive	events books and reco	
15a b	Name Address Does the crevenue? If "Yes," el	name and address of the person	ith a third party from who	om the organization receive	events books and reco	ords:
	Name Address Does the crevenue? If "Yes," en amount of	organization have a contract working the amount of gaming rev	ith a third party from who venue received by the organ	om the organization receive	events books and reco	ords:
b	Name Address Does the crevenue? If "Yes," en amount of	organization have a contract when the amount of gaming revenue retained by the	ith a third party from who venue received by the organ third party:	om the organization receive	events books and reco	ords:
b	Address Does the crevenue? If "Yes," en amount of If "Yes," en	organization have a contract when the amount of gaming revenue retained by the	ith a third party from who venue received by the organ third party:	om the organization received the control of the con	events books and reco	ords:
b c	Address Does the crevenue? If "Yes," en amount of If "Yes," en Name	organization have a contract work in the amount of gaming revenue retained by the name and address of the	ith a third party from who venue received by the organ third party:	om the organization receive	events books and reco	ords:
b c efile	Address Does the crevenue? If "Yes," en amount of If "Yes," en Name Address Dublic Visuaedule J	organization have a contract work in the amount of gaming revenue retained by the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the contract work in the name and address of the person of	ith a third party from who venue received by the orga the third party third party:	m the organization receive anization \$	events books and reco	ords:
b c	Address Does the crevenue? If "Yes," en amount of If "Yes," en Name Address Dublic Visuaedule J	organization have a contract working and address of the personal programme and address of the state of the st	ith a third party from who venue received by the orgathe third party third party:	om the organization receive	events books and reco	ords:

Internal Revenue Service

Name of the organization
GRIFFITH CENTERS INC

on Form 990-E∠, line 6a.

Employer identification number

Pa	rt I	Questions Regarding Compensation							
						Yes	No		
1a		neck the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 10, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
		First-class or charter travel		Housing allowance or residence for personal use					
		Travel for companions		Payments for business use of personal residence					
		Tax idemnification and gross-up payments		Health or social club dues or initiation fees					
		Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain								
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?								
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.								
		Compensation committee		Written employment contract					
		Independent compensation consultant	\checkmark	Compensation survey or study					
		Form 990 of other organizations	\checkmark	Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:								
а	Rece	Receive a severance payment or change-of-control payment?					No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						No		
c	Participate in, or receive payment from, an equity-based compensation arrangement?						No		
	If "Y	es" to any of lines 4a-c, list the persons and provide th	e app	plicable amounts for each item in Part III.					
	Only	, 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions	must complete lines 5-9.					
5		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:							
а	The	organization?			5a		No		
b		related organization?			5b		No		

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ObjectId: 202332279349301838 - Submission: 2023-08-15

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

TIN: 84-0404251OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GRIFFITH CENTERS INC

Employer identification number

84-0404251

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THERE SHALL BE AN EXECUTIVE COMMITTEE, CONSISTING OF THE PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND SUCH OTHER MEMBERS OF THE BOARD OF DIRECTOR AS THE PRESIDENT, FROM TIME TO TIME, MAY DESIGNATE. THE EXECUTIVE COMMITTEE SHALL BE VESTED WITH THE RESPONSIBILITY AND AUTHORITY OF GENERAL SUPERVISION AND MANAGEMENT OF THE AFFAIRS OF THE CENTER. THE EXECUTIVE COMMITTEE SHALL REPORT TO THE BOARD OF DIRECTORS AT EACH FULL BOARD MEETING. THE CHIEF EXECUTIVE OFFICER OF THE CENTER SHALL BE AN EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE, WITHOUT VOTE.
FORM 990, PART VI, SECTION A, LINE 4	THE GOVERNING DOCUMENTS WERE AMENDED TO REFLECT NAME CHANGE FROM GRIFFITH CENTERS FOR CHILDREN, INC TO GRIFFITH CENTERS, INC.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE MANGEMENT. THIS FORM 990, AFTER COMPLETION AND SUBSEQUENT AUDITOR REVIEW, IS REVIEWED BY THE CEO AND THE DIRECTOR OF FINANCE. AN ELECTRONIC COPY IS THEN PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW. ONCE REVIEWED TO SATISFACTION, THE TRUSTEES WILL VOTE TO APPROVE THE FORM 990 AND ITS SUBSEQUENT FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	GRIFFITH CENTERS, INC. MONITORS CONFLICTS OF INTEREST THROUGHOUT ITS BUSINESS TRANSACTIONS WITH A FORMAL, ANNUAL REVIEW OF REQUIRED WRITTEN STATEMENTS FROM EACH GOVERNING BOARD MEMBER AND OFFICERS/DIRECTORS OF THE ORGANIZATION. ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO SIGN THE POLICY, AS RECEIVED AND UNDERSTOOD, AT THEIR TIME OF HIRE. IF A CONFLICT OF INTEREST ARISES, A MOTION TO ABSTAIN THE MEMBER FROM VOTING ON PARTICULAR ISSUES RELEVANT TO THE CONFLICT IS RECEIVED AND APPROVED BY THE GOVERNING BOARD. CONFLICTS OF INTEREST, IF ANY OCCUR, ARE NOTED IN THE MEETING MINUTES. THE MEMBER MAY AND SHOULD CONTINUE TO VOTE ON ISSUES NOT RELATED TO THE SPECIFIC CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR GRIFFITH CENTERS, INC. PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD CHAIR WHO CONDUCTS INTERVIEWS WITH KEY STAFF AND UTILIZES COMPARABLE NON-PROFIT DATA TO DETERMINE A FAIR AND REASONABLE COMPENSATION PACKAGE THAT MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING: SIZE OF ORGANIZATION BASED ON ANNUAL REVENUES, YEARS OF SERVICE, GEOGRAPHIC REGION, LOCAL COMPETITIVE RATES, AND THE ORGANIZATION'S CURRENT FINANCIAL POSITION. RESULTS AND RECOMMENDATIONS ARE

(a) Name, address, and EIN of

(b) Primary activity

TIN: 84-0404251

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization GRIFFITH CENTERS INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Employer identification number

84-0404251 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (e) End-of-year assets (f) Direct controlling or foreign country) entity (1) COLORADO SPRINGS ASSET MANAGEMENT LLC TO HOLD PROPERTY 0 GRIFFITH CENTERS INC 10190 BANNOCK STREET SUITE 120 NORTHGLENN, CO 80260 84-0404251 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a)
Name, address, and EIN of related organization (b) (c) (e) Public charity status (f) (g) Section 512(b) Legal domicile (state Primary activity Exempt Code section Direct controlling (13) controlled entity? or foreign country) (if section 501(c)(3)) entity Yes No (1) GRIFFITH CENTERS FOR CHILDREN FOUNDATION INC GRIFFITH CENTERS, INC 501(C)(3) LINE 12C, III-FI GRIFFITH CENTERS INC CO Yes 10190 BANNOCK STREET SUITE 120 NORTHGLENN, CO 80260 84-1305699 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021 Page 2 Schedule R (Form 990) 2021 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year (a) Name, address, and EIN of related organization (a) (b) (c) (d) (e) (f) (h) (i) Code V-UBI (k) Primary Legal domicile (state or Direct controlling entity Share of total income Disproprtionate allocations? General or managing partner? Percentage ownership Predominant income(related, unrelated, xcluded from tax assets foreign Schedule Kcountry) under sections (Form 1065) 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(d) (e) (f) (g)
Direct controlling Type of entity Share of total Share of end-

related organization	domicile (state or foreign	entity	(C corp, S corp,	income	of-year ownership assets		led entity?
	country)		or trust)			Yes	No
					Schedule	R (Form 99	90) 2021
	Page 3 ————						
nedule R (Form 990) 2021							Page 3
Part V Transactions With Related Organ	zations. Complete if the organization	answered "Yes" on	Form 990, Pa	art IV, line 34, 3	5b, or 36.		
Note. Complete line 1 if any entity is listed in Pa	ts II, III, or IV of this schedule.					,	Yes No
During the tax year, did the organization engage in	any of the following transactions with one $\boldsymbol{\alpha}$	or more related organiz	zations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties	es, or (iv) rent from a controlled entity .					1a	No
b Gift, grant, or capital contribution to related orga						1b	No
Gift, grant, or capital contribution from related o	- :					1c	No
Loans or loan guarantees to or for related organ						1d	No
 Loans or loan guarantees by related organization 	(s)					1e '	Yes
Dividends from related organization(s)						1f	No
Sale of assets to related organization(s)						1g	No
Purchase of assets from related organization(s)						1h	No
i Exchange of assets with related organization(s) .						1i	No
Lease of facilities, equipment, or other assets to						1j	No
k Lease of facilities, equipment, or other assets from	m related organization(s)					1k	No
Performance of services or membership or fundra	ising solicitations for related organization(s))				11	No
m Performance of services or membership or fundra	- :					1m	No
n Sharing of facilities, equipment, mailing lists, or o	= ::						Yes
Sharing of paid employees with related organization	ion(s)					10	Yes
5.1						1	Yes
 Reimbursement paid to related organization(s) for Reimbursement paid by related organization(s) for Reimbursement paid by related organization(s) for Reimbursement paid by related organization(s) for Reimbursement paid to related organization(s) for Reimbursement paid by related org	•					1p '	No
q Reimbursement paid by related organization(s) f	of expenses					-4	
r Other transfer of cash or property to related orga	unization(s)					1r	No
s Other transfer of cash or property from related o						1s	No
If the answer to any of the above is "Yes," see th	e instructions for information on who must	complete this line, incl	uding covered	relationships and	transaction thresholds.		
(a			(b)	(c)	(d		
Name of related	organization		Transaction type (a-s)	Amount involved	Method of determining	ng amount inv	roived
GRIFFITH CENTERS FOR CHILDREN FOUNDATION INC		E		224,666	MORTGAGE LOAN AGREEME	NT	
GRIFFITH CENTERS FOR CHILDREN FOUNDATION INC		P		1,461	OUTSTANDING AMOUNT PAY	YABLE	
					Schedule	R (Form 99	90) 2021
							.,
	Page 4						
	——————————————————————————————————————						D 4
nedule R (Form 990) 2021	Page 4						Page 4
art VI Unrelated Organizations Taxable	e as a Partnership. Complete if the o						
art VI Unrelated Organizations Taxable vide the following information for each entity taxed	e as a Partnership. Complete if the o	tion conducted more t				or gross reve	
art VI Unrelated Organizations Taxable wide the following information for each entity taxed into a related organization. See instructions regarding	e as a Partnership. Complete if the o as a partnership through which the organiza ng exclusion for certain investment partners	tion conducted more t ships.	han five percer	nt of its activities	(measured by total assets o	,	enue) that
art VI Unrelated Organizations Taxable vide the following information for each entity taxed	e as a Partnership. Complete if the o as a partnership through which the organiza ng exclusion for certain investment partners (b) (c) (d) Primary Legal Predominant	tion conducted more t ships. (e) Are all partners S	(f) (g) Share of Share	nt of its activities (h) of Disproprition	(measured by total assets o	(j) eneral or	enue) that (k) Percentag
art VI Unrelated Organizations Taxable vide the following information for each entity taxed not a related organization. See instructions regarding	e as a Partnership. Complete if the o as a partnership through which the organiza ng exclusion for certain investment partners (b) (c) (d) Primary Legal activity domicile (state or (related,	tion conducted more to ships. (e) Are all partners section 501(c)(3) i	han five percer	th of its activities (h) of Disproprtic allocation	(measured by total assets of the control of the con	(j)	enue) that (k) Percentag
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Int VI Unrelated Organizations Taxable ride the following information for each entity taxed not a related organization. See instructions regarding	e as a Partnership. Complete if the o as a partnership through which the organizang exclusion for certain investment partners (b) (c) (d) Primary Legal domicile (state or foreign country) (related, unrelated, excluded from tax under	tion conducted more to ships. (e) Are all partners section 501(c)(3) i	(f) (g) Share of total end-of-	th of its activities (h) of Disproprtic allocation	(measured by total assets of the control of the con	(j) eneral or anaging	enue) that (k) Percentag
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Addition	nal Data												D	atura t	o Form
													Schedul	le R (Forr	n 990) 2021
Ret	urn Reference		Explanation												
	Provide additional inform		ses to questio	ons on Sche	dule R. See in	structions.									
Part VII	Supplemental Infor	mation													Page 5
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