(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	ridentificatio	n number (TIN)	-
print	COLORADO YOUTH CORPS ASSOCIATION				84-1532028		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1640 GRANT STREET, SUITE 21		tions.				
return. See instruction		oreign add	Iress, see instructions.				_
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)				
Applica	tion	Return	Application			Return	1
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
-	'20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	)0-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
Form 99	00-T (corporation)	07					
Telep ● If the ● If this box ▶ 1 Ir th	equest an automatic 6-month extension of time until e organization named above. The extension is for the orgation $\mathbf{X}$ calendar year $2021$ or	s in the Ur Group Exe and atta <b>NOVEI</b> anization's	Fax No. ►	f this is fo all memb	r the whole g ers the exter npt organizat	roup, check this Ision is for.	s
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	e tentative tax, less			0	
	ny nonrefundable credits. See instructions.	onterior	v votundoblo ovodite ered	3a	\$	0	•
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0	
	stimated tax payments made. Include any prior year overp			3b	\$	0	÷
	alance due. Subtract line 3b from line 3a. Include your pa					0	
	sing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ions.			<b>3c</b> 453-TE ar	l_⊅ nd Form 8879	-	-

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	9	9	0
I UIIII	-	-	-

### \*\* PUBLIC DISCLOSURE COPY \*\*

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	ending	-	
B a	Check if Ipplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang			04 45000	~~
	Name chang	e Doing business as		84-15320	28
	return Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone numbe	
	return termir			(303) 86	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,453,411.
	return	DERVER, CO 00203		H(a) Is this a group re	
	Applio tion pendi		for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) c$	or 527	,	list. See instructions
				H(c) Group exemptio	
_		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1999 N	State of legal domicile: CO
Pá	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE (ASSOCIATION SERVES ON BEHALF OF CONSERVA	TOTORA		
Activities & Governance					
/err		Check this box  if the organization discontinued its operations or disposed in the second sec			
ĝ	3				8
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4
ť		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year 1,409,633.	Current Year
ue	8	Contributions and grants (Part VIII, line 1h)		1,672,372.	3,586,373. 2,866,737.
Revenue	9	Program service revenue (Part VIII, line 2g)			301.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,788.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,085,793.	6,453,411.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,612,467.	4,130,919.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			4,130,919.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 253,107.	261,887.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	255,107.	201,007.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ►39,89		0.	0.
Ä	b	I otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	185,286.	179,033.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,050,860.	4,571,839.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,933.	1,881,572.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		-	
Net Assets or Fund Balances				ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		644,933. 139,510.	2,620,543.
et A	21	Total liabilities (Part X, line 26)			233,548. 2,386,995.
_		Net assets or fund balances. Subtract line 21 from line 20		505,423.	4,300,995.
Pa	art II	Signature Block			

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

Sign Here	Signature of officer HUDSON BEASLEY, TREASU Type or print name and title	RER		Date				
Paid	Print/Type preparer's name JEREMY J. RYAN	Preparer's signature	Date	Check PTIN if self-employed P00186641				
Preparer	Firm's name 🕒 WATSON COON RYAN	, LLC		Firm's EIN <b>82-3543701</b>				
Use Only	Firm's address 6025 SOUTH QUEBE CENTENNIAL, CO 8			Phone no. 303 - 792 - 3020				
May the II	Aay the IRS discuss this return with the preparer shown above? See instructions							
	2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) COLORADO YOUTH CORPS ASSOCIATION 84-1532028 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE COLORADO YOUTH CORPS ASSOCIATION SERVES ON BEHALF OF CONSERVATION
	CORPS THAT TRANSFORM LIVES AND COMMUNITIES THROUGH SERVICE, PERSONAL
	DEVELOPMENT AND EDUCATION STATEWIDE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,342,128. including grants of \$ 4,130,919. ) (Revenue \$ 2,737,290. )
	CORPS SUPPORT & PROJECT MANAGEMENT:
	1) SUPPORTED STATEWIDE YOUTH PARTICIPATION OF 1654 YOUTH AT 8
	INDEPENDENTLY OPERATING YOUTH CONSERVATION CORPS;
	2) PROVIDED LAND MANAGERS WITH 223 WEEKS OF WORK THROUGHOUT THE
	STATE;
	3) COORDINATED \$2,894,187 IN STATEWIDE FEE-FOR-SERVICE CONTRACTS WITH PUBLIC LANDS MANAGERS,
	EXPENSES: \$2,661,832 AGAINST CONTRACT PASS-THROUGH INCOME OF
	\$2,661,832;
	4) RENEWED AMERICORPS GRANTS, YOUTH FOR COLORADO EDUCATION AWARDS
	PROGRAM FOR PROGRAM YEAR 2020 (PY2020) STARTING 1/1/2021: EXPENSES: \$
	1,401,049 AGAINST GRANT PASS-THROUGH INCOME OF \$1,433,847; INCOME AND
4b	(Code:         ) (Expenses \$         109,839.         including grants of \$         ) (Revenue \$         129,447.
40	TECHNICAL ASSISTANCE:
	EXPENSES OF \$73,137 IN STAFF TIME PLUS TRAVEL COSTS OF \$4099 RELATED TO
	SUPPORTING CORPS TRAININGS AND BEST PRACTICES, WITH INCOME FROM CORPS
	DUES AND PROGRAM SERVICE FEES OF \$55,488; AND EXPENSES OF \$17,818
	INCLUDING CAEE AND CYCA STAFF TIME, RELATED TO HOSTING TRAININGS FOR
	CAREERS IN NATURAL RESOURCES INITIATIVE, WITH INCOME FROM GRANTS OF
	\$37,220 FROM MARATHON OIL, GREAT OUTDOORS COLORADO, EPA, AND US FOREST
	SERVICE.
	1) CONVENED CORPS DIRECTORS, PROGRAM MANAGERS, PROJECT PARTNERS AND
	OTHER STAKEHOLDERS FOR CYCA-FACILITATED MEETINGS, SUPPORTED BY GRANT
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.4	Other preserves convices (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     4,451,967.
	Form 990 (2021)

_		/ · ·
Form	990	(2021)

Form 990 (2021) COLORADO YOUTH CORPS ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
0	If "Yes," complete Schedule A	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		<u> </u>
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Δ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
19	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (	2021)	COLORADO	YOUTH	COR
Part IV	Checklist	of Required Sched	dules (cont	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
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%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>			
	Litter the number of rollins wide included of line ra. Litter of inflot applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.0	х	
	(gambling) winnings to prize winners?	1c	Λ	

Form 990	
Part V	Sta

 O21)
 COLORADO
 YOUTH
 CORPS
 ASSOCIATION

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 4		37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х	
h	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		<u></u>	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	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		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7					
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		Х	
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?				
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
f					
g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.	0-			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b			
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:	90			
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders <b>11a</b>				
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			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand			X	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х	
	excess parachute payment(s) during the year?	15		21	
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
10	If "Yes," complete Form 4720, Schedule O.	10			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

### COLORADO YOUTH CORPS ASSOCIATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CO}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🛛 Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NANCY WEIL - (303) 863-0600 1640 GRANT STREET SUITE 210 DENVER CO 80203			
	TDAU GRANT STREET, SUITE ZIU, DENVER, CO, 80203			

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compens	ated
	Em	nployees, and	d Independe	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	lirecto				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	npe		1099-NEC)	,	and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indi	Insti	Officer	Key	High emp	Forr			
(1) SCOTT SEGERSTROM	40.00									
EXECUTIVE DIRECTOR				X				81,298.	0.	15,103.
(2) MARGARET TAYLOR	0.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) HUDSON BEASLEY	0.50									
TREASURER		X		X				0.	0.	0.
(4) KARINA AMAYA	0.50									•
DIRECTOR		X						0.	0.	0.
(5) MIKE KING	0.50							0		0
DIRECTOR	0.50	X						0.	0.	0.
(6) BRIGID MCRAITH	0.50							0.	0.	0
DIRECTOR	0.50	X						0.	0.	0.
(7) PETER ROBINSON	0.50	x						0.	0.	0.
DIRECTOR (8) ANNA HENDRICKS	0.50	^						0.	0.	0.
(8) ANNA HENDRICKS DIRECTOR	0.50	x						0.	0.	0.
(9) JEFF ROBERTS	0.50							0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
								0.	••	<b>U •</b>

	990 (202	1) COLORADO	YOUTH (	CO1	RP	5 Z	AS	SO	CI	ATION	84-15	32	028	P	Page <b>8</b>
Par	t VII <sub>Se</sub>	ction A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	<b>es</b> (continued)				
		(A)	(B)			(0	C)			(D)	(E)			(F)	
		Name and title	Average	(da		Pos				Reportable	Reportable		Est	timate	ed
			hours per					than is bot		compensation	compensation	ו ו	am	nount	of
			week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related		(	other	
			(list any	ctor						the	organizations		com	pensa	ation
			hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fro	om th	ıe
			related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)		orga	anizat	tion
			organizations	altru	nal ti		loyee	e omp		1099-NEC)				d relat	
			below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ions
			iirie)	hd	lns	0ff	Key	em Hig	For						
				4											
				4											
								_							
				-											
				<u> </u>				-							
				-											
								-							
				1											
				1											
1b	Subtotal									81,298.		0.	1!	5,1	.03.
		m continuation sheets to Part \								0.		0.			0.
d	Total (ac	ld lines 1b and 1c)								81,298.		0.	1!	5,1	.03.
2	Total nur	nber of individuals (including but	not limited to th	nose	e liste	ed al	bov	e) wł	ho r	eceived more than \$100	,000 of reportable	Э			
	compens	ation from the organization 🕨													0
												_		Yes	No
3	Did the o	rganization list any former office	r, director, trust	ee, I	key (	emp	loye	e, o	r hig	phest compensated emp	oloyee on				
	line 1a? /	f "Yes," complete Schedule J for	such individual									[	3		Х
4	For any i	ndividual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and relat	ed organizations greater than \$15	50,000? If "Yes,	" со	mpl	ete S	Sche	edule	e J f	for such individual		[	4		Х
5	Did any p	person listed on line 1a receive or	accrue compe	nsat	tion	from	any	/ unr	relat	ted organization or indiv	idual for services				
	rendered	to the organization? If "Yes," con	nplete Schedul	le J i	for s	uch	pers	son .					5		Х
Sec	tion B. In	dependent Contractors													
1	Complete	e this table for your five highest c	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fi	rom	
	the organ	nization. Report compensation for	r the calendar y	/ear	endi	ing v	vith	or w	vithir	n the organization's tax	year.				
		(A)								(B)		_	(C		
		Name and busines	s address	N	ONI	3				Description of s	services	С	omper	Isatio	ึ่งท
									_						
									_						
									$\dashv$						
2	Total nur	nber of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
		) of compensation from the organ						0							

Forn	n 990	) (2	,			<b>TUC</b>	'H CORPS	ASSOCIATI	ON	84-1532	028 Page 9
Pa	rt V	(	Statement of Re	evenu	le						
			Check if Schedule O	contai	ns a respo	onse	or note to any li				
								(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				48,600.	]			
Am C			Fundraising events								
lar İar		d	Related organizations		1d						
ns, Simi			Government grants (conti			1,	681,094.				
erio S	·	f	All other contributions, gifts,	-							
ĔĘ			similar amounts not included	l above			856,679.	-			
ont nd (		-	Noncash contributions included in								
<u>ה</u> כ		h	Total. Add lines 1a-1f				· · · · · · · · · · · · · · · · · · ·	3,586,373	•		
						177	Business Code		2 7 2 7 2 0 0		
/ice	2		SERVICE CONTR TRAINING & PF				900099	129,447	<pre>.2,737,290. . 129,447.</pre>		
Ser		b	INAINING & Pr	logr	CAM FI	<u></u>	900099	129,447	• 129,447.		
E a		с а									
Program Service Revenue		d e									
Pro			All other program service	reven	ue						
			Total. Add lines 2a-2f					2,866,737	•		
	3	3	Investment income (inclue				,				
			other similar amounts)	-				301	•		301.
	4 Income from investment of tax-exempt bond pro										
	5		Royalties	. <u></u>			►				
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a				-			
			Less: rental expenses	6b				4			
			Rental income or (loss)	6c							
			Net rental income or (loss	s)	(i) Coorrit		1				
	7	а	Gross amount from sales of		(i) Securit	les	(ii) Other	1			
		h	assets other than inventory Less: cost or other basis	7a				-			
P	'	D	and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
Rev			Net gain or (loss)								
Other Re			Gross income from fundraisi								
₽			including \$		of						
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a		-			
			Less: direct expenses			-					
			Net income or (loss) from				····· •				
	9	а	Gross income from gamin								
		L.	Part IV, line 19					-			
			Less: direct expenses								
			Gross sales of inventory,	-	-	<u> </u>					
		u	and allowances			10=					
		b	Less: cost of goods sold								
_			Net income or (loss) from			· · · · ·					
s			, , <u>,</u>				Business Code				
∋ou:	11	а									
lan6 enu		b									
Miscellaneous Revenue		с									
Mis			All other revenue								
		е	Total. Add lines 11a-11d								201
	12		Total revenue. See instruction	ons .			🕨	p,453,411	.2,866,737.	0.	301.

COLORADO YOUTH CORPS ASSOCIATION

84 - 1532028

COLORADO YOUTH CORPS ASSOCIATION

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

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 1 2 0 0 1 0	4 120 010		
-	and domestic governments. See Part IV, line 21	4,130,919.	4,130,919.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	96,401.	75,790.	16,354.	4,257
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	133,107.	104,648.	22,581.	5,878
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,976.	4,698. 8,176.	1,014.	264
9	Other employee benefits	10,399.	8,176.	1,764.	459
10	Payroll taxes	16,004.	12,582.	2,715.	707
11	Fees for services (nonemployees):				
а	Management				
b	F	16 200	0 1 5 2	2 756	1 201
		16,299.	9,152.	2,756.	4,391
d	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	73,282.	41,149.	12,391.	19,742
12	Advertising and promotion	,5,202.	41,119.	12,3910	19,712
13	Office expenses	8,385.	4,170.	3,640.	575
14	Information technology	12,450.	10,050.	1,884.	516
15	Royalties				
16	Occupancy	40,554.	31,848.	6,915.	1,791
17	Travel	5,279.	4,976.	286.	17
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,968.	2,797.	161.	10
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,095.	3,195.	690.	210
23	Insurance	5,924.	2,946.	2,572.	406
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES, FEES AND SUBSCRIP	7,157.	3,559.	3,107.	491
b	EQUIPMENT RENTAL AND MA	1,599.	795.	694.	110
С	PRINTING, POSTAGE AND P	1,041.	517.	453.	71
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,571,839.	4,451,967.	79,977.	39,895
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)				

	COLORADO	YOUTH	CORPS	ASSOCIATION
--	----------	-------	-------	-------------

84-1532028 Page 11

Pai	τX	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			275,113.	1	235,560.
	2	Savings and temporary cash investments			261,663.	2	2,168,778.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			87,018.	4	191,442.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			9,775.	9	11,877.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,791.			
	b	Less: accumulated depreciation	10b	22,791.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			11,364.	14	12,886.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			644,933.	16	2,620,543.
	17	Accounts payable and accrued expenses			99,548.	17	233,548.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or forr	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thi	d parties	39,962.	23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			139,510.	26	233,548.
s		Organizations that follow FASB ASC 958, che	eck here				
S		and complete lines 27, 28, 32, and 33.					
alar	27			·····	505,423.	27	564,995.
В	28	Net assets with donor restrictions		······		28	1,822,000.
ŭ		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🛄			
г		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or ea				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			505,423.	32	2,386,995.
	33	Total liabilities and net assets/fund balances .			644,933.	33	2,620,543.
							Form <b>990</b> (2021)

\_

132012	12-09-21		

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,45			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,57			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,88			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50	5,4	23.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	2,38	6,9	95.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit				
	Act and OMB Circular A-133?		3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х		

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

Form **990** (2021)

Form	990	(2021)

Part XI Reconciliation of Net Assets

SCHEDULE A	١
------------	---

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization	
	COLOB

Employer identification number

		COLO	RADO YOUTH	CORPS ASSOC	IATIO	N		8	4-1532028
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ıs.	
The	organ	ization is not a private found							
1		A church, convention of ch			-	-			
	H					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	$\square$	A school described in section							
3		A hospital or a cooperative	1 0						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in (	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma						ha gaparal	nublic described in
'				initial part of its support i	ion a gov	ennenta		ne general	
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd aross receipts from
		activities related to its exen							
		income and unrelated busir							-
						sses acqu		yanization	anel Julie 30, 1973.
		See section 509(a)(2). (Cor							
11	$\square$	An organization organized a		•	-				
12		An organization organized a							
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	5 <b>09(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV. Se	ections A and B.					
b		<b>Type II.</b> A supporting org			tion with it	ts sunnort	ed organizatio	on(s) by ha	ivina
~		control or management o							
		-			ame perso	JIIS IIIAL O		ige the sup	poned
		organization(s). You mus	•						
С		Type III functionally inte						lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е	e 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	Ento	er the number of supported of			ing organi	2011011.			
1			•						
<u>g</u>		vide the following informatior i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	(	organization		(described on lines 1-10	in your governi	ing document?	support (see in	,	support (see instructions)
		organization		above (see instructions))	Yes	No	cappoir (coo ii		
						1			

### Schedule A (Form 990) 2021

### COLORADO YOUTH CORPS ASSOCIATION

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,552,869.	1,426,791.	1,579,571.	1,409,633.	3,586,373.	11,555,237.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	3,552,869.	1,426,791.	1,579,571.	1,409,633.	3,586,373.	11,555,237.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						11,555,237.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
7	Amounts from line 4	3,552,869.	1,426,791.	1,579,571.	1,409,633.	3,586,373.	11,555,237.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	427.	848.	480.	3,788.	301.	5,844.
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						
	assets (Explain in Part VI.)	19,500.					19,500.
11	Total support. Add lines 7 through 10						11,580,581.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, fo	ourth, or fifth tax y	ear as a section 5	601(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.78 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.77 <sub>%</sub>
<b>16</b> a	1 33 1/3% support test - 2021. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	<b>33 1/3% support test - 2020.</b> If the c	organization did no	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	tion			▶∟
17a	10% -facts-and-circumstances test	<b>t - 2021.</b> If the org	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop her</b>	<b>e.</b> Explain in Part '	VI how the organiza	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pul	olicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	<b>t - 2020.</b> If the org	anization did not ch	neck a box on line	13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, chec	k this box and <b>sto</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	lifies as a publicly	supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>,</u>

Schedule A (Form 990) 2021

### COLORADO YOUTH CORPS ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
t	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.)						
Se	ction B. Total Support		•	•	·		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and <b>stop here</b>	5			·····		
Se	ction C. Computation of Public	c Support Pe					
15	Public support percentage for 2021 (lir	ne 8. column (f).	divided by line 13.	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
17						17	%
18						18	%
	<b>133 1/3% support tests - 2021.</b> If the c						
	more than 33 1/3%, check this box an						
Ł	<b>33 1/3% support tests - 2020.</b> If the c	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	
	line 18 is not more than 33 1/3%, chec			•		•	
20	Private foundation. If the organization	did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	<u></u> ▶∟

### COLORADO YOUTH CORPS ASSOCIATION

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

### Schedule A (Form 990) 2021 COLORADO YOUTH CORPS ASSOCIATION

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization*(s).
- **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s *supported organizations played in this regard.*

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2

3

Schedule A (Form 990) 2021

### COLORADO YOUTH CORPS ASSOCIATION

Part 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 VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

COLORADO	YOUTH	CORPS	ASSOC

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

Schedule A (Form 990) 2021

### IATION

Schedule A	(Form 990) 2021	COLORADO	YOUTH	CORPS	ASSOCIATIO	N 84-1532028 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b IV, Section B	o, 9c, 11a, 1 E, lines 1c, 2	1b, and 11c; Part IV, S a, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; iection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
	· · · ·					

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

		COLORADO	YOUTH	CORPS	ASSOCIATION	
--	--	----------	-------	-------	-------------	--

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of	ot orgar	nization	

123452 11-11-21

Schedule B (Form 990) (2021)

	COLORADO	YOUTH	CORPS	ASSOCIATION
--	----------	-------	-------	-------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,551,240. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 1,800,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

84-1532028

COLORADO YOUTH CORPS ASSOCIATION

Name of organization

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   _\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   _\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	

### Page 3

Employer identification number

84-1532028

Schedule	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
COLOR	ADO YOUTH CORPS ASSOCIA	TION	84-1532028
Part III	from any one contributor. Complete columns (a	) through (a) and the following line entry	ection 501(c)(7), (8), or (10) that total more than $1,000$ for the yea
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	sss for the year. (Enter this info. once.) ► \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	·		<u> </u>
			<u> </u>
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			—   ———
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
		(e) Transfer of gift	· · ·
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor to transferee
		[	

SCHEDULE C (Form 990)		olitical Campaign a	-	-		OMB No. 1545-0047
Department of the Treasury	Complete	anizations Exempt From Income if the organization is described	below. 🕨 Attach to	Form 990 or Form		Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for in				Inspection
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> </ul>	ganizations: Con r than section 50	n Form 990, Part IV, line 3, or For nplete Parts I-A and B. Do not com 01(c)(3)) organizations: Complete F	plete Part I-C.	·		ctivities), then
Section 527 organiz		3	000 F7 D 1.1// .:.	4 <b>-</b> / 1 1 - 1	、	
		n Form 990, Part IV, line 4, or For				
	-	have filed Form 5768 (election und	( ))	•		•
		have NOT filed Form 5768 (electio	•			•
		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate ii	nstructions) or For	m 990-E	Z, Part V, line 35c (Proxy
Tax) (See separate inst		tione: Complete Dart III				
	), or (6) organiza	tions: Complete Part III.			Employ	ar identification number
Name of organization	COLORAD	O YOUTH CORPS ASS	OCIATION			er identification number $84 - 1532028$
Part I-A Comple	ete if the org	ganization is exempt unde	r section 501(c) o	or is a section <code>\$</code>	527 org	anization.
1 Provide a description	on of the organiz	zation's direct and indirect political	campaign activities in	n Part IV.		
2 Political campaign					▶\$	
3 Volunteer hours for	political campai	ign activities			—	
Part I-B Comple	ete if the org	ganization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		.►\$	
2 Enter the amount o	f any excise tax	incurred by organization manager			<u> </u>	
		on 4955 tax, did it file Form 4720 fo				Yes No
		· · · · · · · · · · · · · · · · · · ·				Yes No
<b>b</b> If "Yes," describe ir						
		ganization is exempt unde	r section 501(c),	except section	501(c)	(3).
-		d by the filing organization for sect		-	▶\$	. ,
		nization's funds contributed to othe				
exempt function ac			0		►\$	
		s. Add lines 1 and 2. Enter here and			··· • —	
-	-				▶ \$	
						Yes No
00		nployer identification number (EIN)				
made payments. Fo	or each organiza ved that were pr	ition listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiza separate political orga	ation's funds. Also e anization, such as a	enter the	amount of political
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, en	on's C	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990) 2021	COLORADO '	YOUTH CORPS A	SSOCIATION		532028 Page 2
Part II-A Complete if the org	ganization is e	kempt under sectio	on 501(c)(3) and fil	led Form 5768 (el	ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organiza	ation belongs to an	affiliated group (and list i	n Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbyi	ng expenditures).			
B Check 🕨 🛄 if the filing organiza	ation checked box	A and "limited control" pr	ovisions apply.		
	ts on Lobbying Ex ditures" means ar	penditures nounts paid or incurred.	.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opini	on (grassroots lobbying)		0.	
<b>b</b> Total lobbying expenditures to infl				30,000.	
c Total lobbying expenditures (add l	ines 1a and 1b)			30,000.	
d Other exempt purpose expenditur				4,541,839.	
e Total exempt purpose expenditure				4,571,839.	
f Lobbying nontaxable amount. Ent				378,592.	
If the amount on line 1e, column (a) of		lobbying nontaxable am			
Not over \$500,000	20%	of the amount on line 1e	).		
Over \$500,000 but not over \$1,00	0,000 \$100	,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175	,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225	,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			94,648.	
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?			L	Yes No
(Some organizations t	hat made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount	316,96	1. 324,158.	302,543.	378,592.	1,322,254.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,983,381.
<b>c</b> Total lobbying expenditures	30,00	30,000.	30,000.	30,000.	120,000.
d Grassroots nontaxable amount	79,24	0. 81,040.	75,636.	94,648.	330,564.
<ul> <li>Grassroots ceiling amount</li> </ul>					

6,000.

7,500.

6,000.

19,500. Schedule C (Form 990) 2021

495,846.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

### COLORADO YOUTH CORPS ASSOCIATION

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b	<b>)</b>
of the	olobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1	ļ	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		<b>2</b> a	ļ	
b	Carryover from last year		2b	Ļ	
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	I-A, lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

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

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



Name of the organization

### COLORADO YOUTH CORPS ASSOCIATION

Employer identification number 84-1532028

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(.,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
Ŭ	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, <b>,</b> , , ,	°
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	►		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Trassuras or O	thar Similar Assats
Fai	Complete if the organization answered "Yes" on Form		diler Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		and balance aboat works
Ia	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
			► ¢
	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>		<b>N</b> .
2	If the organization received or held works of art, historical trea	sures or other similar assets for financia	
2	-		
~	the following amounts required to be reported under FASB AS	-	▶ \$
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

-	dule D (Form 990) 2021         COLORAD           t III         Organizations Maintaining C	O YOUTH CO			r Other	84-15 Similar Asse			.ge <b>2</b>
3	Using the organization's acquisition, accessi							ucu)	
Ū	collection items (check all that apply):		io, oncontany of	the fellowing that	mano olgi				
а	Public exhibition	d	I 🗌 Loan or	exchange prograr	n				
b	Scholarly research	е		0.0					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organizatio	n's exemp	ot purpose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical	reasures, or othe	r similar as	ssets			
	to be sold to raise funds rather than to be m	aintained as part of t	the organization	s collection?			Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered "	Yes" on Fo	orm 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod		-				-		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			· · · ·	<u> </u>		
							Amount		
	Beginning balance								
	Additions during the year					1d			
e	Distributions during the year					1e			
T	Ending balance						Yes		
	Did the organization include an amount on F				•				No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year			Three years back	(e) Four	vears t	back
19	Beginning of year balance	(,	(2)	(-)	(4)	,	(0) * * *	<b>,</b>	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colun	n (a)) held as:	•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are he	ld and administer	ed for the	organization	-		
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization			R?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Par	t VI Land, Buildings, and Equipm		Dert IV line 11	a Saa Farm 000	Dort V lin	o 10			
	Complete if the organization answere						(-1) D1		
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	.,	umulated ciation	(d) Book	value	;
1a	Land								
b	Buildings								
с	Leasehold improvements								
	Equipment			22,791.	2	2,791.			0.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), li	ne 10c.)		🕨 📔			0.

Schedule D (Form 990) 2021

Schedule D (F	Form 990) 2021 COLORADO YOU	JTH CORPS ASS	OCIATION	84-1532028 Page 3
	nvestments - Other Securities.			J
(	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descriptio	n of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	nvestments - Program Related.			
(	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.) 🕨			
	Other Assets.			
(	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) [	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	15.)		▶
	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	ne 25.
1.	(a) Description of liability			(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	25.)		▶
<u> </u>	no se stale de la constale de Deut XIII, en suide	1	- +  + +	· · · · · · · · · · · · · · · · · · ·

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

Sche	dule D (Form 990) 2021 COLORADO YOUTH CORPS ASSC	DCIATION	84-1	1532028 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,453,411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			6,453,411.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			6,453,411.
Pa	t VII Decensiliation of Expenses new Audited Einensiel Otate		<b>D</b> - <b>L</b>	
	t XII Reconciliation of Expenses per Audited Financial State	•	ses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1		2a.		rn. 4,571,839.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. <b>2a</b>		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. <b>2a</b> <b>2b</b>		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b 2c		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	1	4,571,839.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	1	4,571,839.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a. 2a 2b 2c 2d	1	4,571,839.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 4a	1	4,571,839.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2c 2d 4a 4b	1	4,571,839. 0. 4,571,839. 0.
1 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d 4a 4b		4,571,839.

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER IRC

CODE SECTION 501(C)(3), HAS NO ITEMS OF TAXABLE UNRELATED BUSINESS INCOME,

AND BELIEVES IT IS IN COMPLIANCE WITH ALL REQUIREMENTS NECESSARY TO

MAINTAIN ITS STATUS.

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		_	Attach to For	m 990.			Open to Public
		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		
Name of the organization COLORADO	YOUTH COR	PS ASSOCIAT	ION				Employer identification number $84 - 1532028$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	zations and Domesti	i <b>c Governments.</b> C	omplete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONSERVATION LEGACY 701 CAMINO DEL RIO STE 101	84 1450808		828.004				
DURANGO, CO 81301	84-1450808		838,994.	0.			ENVIRONMENTAL REMEDIATION
LARIMER COUNTY CONSERVATION CORPS 200 W OAK ST #5000							
FORT COLLINS, CO 80522	84-6000779		152,269.	0.			ENVIRONMENTAL REMEDIATION
MILE HIGH YOUTH CORPS 1801 FEDERAL BLVD							
DENVER, CO 80204	84-1182631		1,417,869.	0.			ENVIRONMENTAL REMEDIATION
ROCKY MTN YOUTH CORPS PO BOX 775504							
STEAMBOAT SPRINGS, CO 80477	84-1483022		1,007,024.	0.			ENVIRONMENTAL REMEDIATION
WELD COUNTY YOUTH CONSERVATION CORPS - PO BOX 1805 - GREELEY, CO 80632	84-6000813		65,119.	0.			ENVIRONMENTAL REMEDIATION
WESTERN COLORADO CONSERVATION							
CORPS - 2818 1/2 NORTH AVE - GRAND				_			
JUNCTION, CO 81501	74-2486204	nanimations Batally - 0	649,644.	0.			ENVIRONMENTAL REMEDIATION
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>							

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

### Schedule I (Form 990) 2021

### COLORADO YOUTH CORPS ASSOCIATION

84-1532028

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number 84-1532028

OMB No 1545-0047

COLORADO YOUTH CORPS ASSOCIATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIVES AND COMMUNITITES THROUGH SERVICE, PERSONAL DEVELOPMENT, AND

EDUCATION STATEWIDE.

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

EXPENSE BOTH INCLUDE A QUARTERLY COMMISSION OF 2.1% TO SERVE COLORADO,

OF \$33,686, WHICH INCLUDES WHICH INCLUDES PY2019 COMMISSION OF \$7,984.

PY2020 FINAL COMMISSION WAS BILLED IN JANUARY 2022. CYCA BILLED ADMIN

FEE IN 2021: \$122,237 FOR PY2019, AND \$19,593 FOR PY2020 TOTALING

\$141,829. THE BALANCE OF PY2020 ADMIN FEE WAS BILLED IN JANUARY 2022.

EXPENSE TOTAL INCLUDES \$1631 BILLED IN JAN 2021 FOR DEC 2020 (PY2019)

CORPS MEMBER HOURS.

A) IN 2021, CORPORATION FOR NATIONAL AND COMMUNITY SERVICE
(CNCS) PROVIDED AMERICORPS EDUCATION AWARDS FOR 338
YOUNG PEOPLE:
FT (1700 HRS) TO 8 MEMBERS AT \$6195.00 EACH
TQT (1200 HRS) TO 26 MEMBERS AT \$4336.50 EACH
PT (900 HRS) TO 43 MEMBERS AT \$3097.50 EACH
RPT (675 HRS) TO 41 MEMBERS AT \$2360 EACH
QT (450 HRS) TO 155 MEMBERS AT \$1638.89 EACH
MT (300 HRS) TO 65 MEMBERS AT \$1311.11 EACH
FOR A TOTAL OF \$731,511.60- NOTES: IN 2022 WE BILLED FOR DEC 2021(PY
2020) INVOICES: MHYC \$3848.14 AND WCYCC \$227.80. 2021 AMERICORPS
PASS-THRU INCOME ACCOUNT DOES NOT INCLUDE THAT 2022-EARNED AMOUNT.
B) IN 2021, UNDER THIS SAME PROGRAM, CYCA PROVIDED

Schedule O (Form 990) 2021 Name of the organization	Page 2
COLORADO YOUTH CORPS ASSOCIATION	84-1532028
FINANCIAL SUPPORT FOR AMERICORPS PROGRAM C	COSTS-PER-
MEMBER THROUGH 5 PARTICIPATING YOUTH CORPS	5:
LARIMER COUNTY CONSERVATION CORPS - 26	MEMBERS
TOTALING \$42,593.54	
MILE HIGH YOUTH CORPS (2 LOCATIONS, DE	INVER AND
SOUTHERN FRONT RANGE) - 192 MEMBERS TO	TALING
\$667,500.52	
ROCKY MOUNTAIN YOUTH CORPS - 140 MEMBE	RS TOTALING
\$515,009.42	
WELD COUNTY YOUTH CONSERVATION CORPS -	12 MEMBERS
TOTALING \$37,376.69	
WESTERN COLORADO CONSERVATION CORPS -	24 MEMBERS
TOTALING \$105,392.48	
FOR A GRAND TOTAL OF 394 MEMBERS TOTALING	\$1,367,872.65
5) IN COOPERATION WITH BUREAU OF LAND MANAGEMENT, ENROLLED	55 INTERNS,
WHO COMPLETED 30,972 HOURS OF WORK DIRECTED BY PUBLIC LAN	ID MANAGERS
WITH THE GOAL OF PROVIDING OPPORTUNITIES FOR CAREERS IN N	IATURAL
RESOURCES MANAGEMENT. OF THESE INTERNS, 8 WERE STILL WORK	ING AT THE END
OF 2021. OF THESE INTERNS, 56% WERE ETHNICALLY DIVERSE OR	CONSIDERED
NON-TRADITIONAL	
CANDIDATES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
FUNDING, TO SHARE BEST PRACTICES, LESSONS LEARNED, AND PC	TENTIAL
COLLABORATION AND PARTNERSHIPS NEXT SEASON. IN 2021, DUE	TO COVID,
THESE MEETINGS WERE PRIMARILY VIRTUAL, THOUGH THERE WERE	SOME SITE
VISITS.	

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization COLORADO YOUTH CORPS ASSOCIATION	Employer identification number 84-1532028
2) PARTNERED WITH COLORADO ALLIANCE FOR ENVIRONMENTAL EDU	CATION (CAEE)
TO PROMOTE CAREERS IN NATURAL RESOURCES INITIATIVE, SUPPO	RTED BY GRANT
FUNDING, TO IMPROVE COORDINATION BETWEEN NATURAL RESOURCE	S AGENCIES,
INSTITUTIONS OF HIGHER LEARNING, AND NONPROFIT PARTNERS W	ITH THE GOAL
OF BUILDING MORE PATHWAYS TO NATURAL RESOURCES CAREERS. T	ASKS INCLUDED
DESIGNING A WEB-BASED RESOURCE FOR RAISING AWARENESS OF N	ATURAL
RESOURCE CAREER PATHWAYS. AS A RESULT, A NEW WEBSITE WAS	UNDER
CONSTRUCTION IN LATE 2021, LAUNCHED IN 2022, UNDER THE UR	L
GREENPATHWAYS.ORG, TARGETING HIGH SCHOOL STUDENTS.	

3) NOTE RE COVID-19 IMPACTS: IN 2021, MOST CORPS DEVELOPED CAPACITY TO RUN MORE TYPICAL NUMBERS OF CREWS AND WERE ABLE TO ACCOMPLISH MANY MORE WEEKS OF WORK THAN IN 2020; TRAVEL WAS STILL CURTAILED; CYCA STAFF WORKED REMOTELY UP THROUGH LATE MAY, 2021. EVEN AFTER OUR RETURN TO OFFICE, CYCA ADOPTED A HYBRID WORK MODEL FOR THOSE EMPLOYEES PREFERRING TO WORK PART OF THEIR SCHEDULES REMOTELY. AS IN 2020, THIS NECESSITATED REMOTE MEETING AND COMMUNICATION TOOLS. DUE TO THE GREATLY-INCREASED VISITATION OF COLORADO'S PUBLIC LANDS DURING 2020 AND 2021, GREAT OUTDOORS COLORADO INCREASED FUNDING TO YOUTH CORPS TO MITIGATE THE IMPACTS OF HEAVIER VISITATION AS WELL AS 2020'S CATASTROPHIC FIRE SEASON.

FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED IN DETAIL BY EXECUTIVE COMMITTEE AND THEN EMAILED TO FULL BOARD FOR A ONE WEEK COMMENTS PERIOD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

REVIEWED ANNUALLY TO ASSURE FULL UNDERSTANDING AND COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR- ANNUALLY BY COMPENSATION COMMITTEE OF THE BOARD OF

DIRECTORS USING COMPARABLES FROM SIMILAR SIZED NON-PROFIT ORGANIZATIONS IN

THE YOUTH CONSERVATION CORPS AND ENVIRONMENTAL PRESERVATION SECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

PROVIDED UPON WRITTEN REQUEST AND THE RECEIPT OF A NOMINAL FEE FOR HANDLING AND SHIPPING.

FORM 990, PART XII, LINE 2C

THE PROCESS OF THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS

AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR

YEARS.