2023 Exempt Org. Return prepared for:

COZY COATS FOR KIDS INC 1750 30TH STREET #301 BOULDER, CO 80301

Kristi L Hattig 1715 IronHorse Dr Ste 140 Longmont, CO 80501

Client 8085 March 8, 2024

KRISTI L HATTIG
1715 IRONHORSE DR STE 140
LONGMONT, CO 80501
303-678-9286

COZY COATS FOR KIDS INC 1750 30TH STREET #301 BOULDER, CO 80301 (303) 900-0891

FEDERAL FORMS

Form 990-EZ 2023 Return of Organization Exempt from Income Tax

Schedule O Supplemental Information

Form 8879-TE IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee \$ 750.00

Amount Due \$ 750.00

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

EIN or SSN

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

COZY COATS FOR KIDS INC 83-1617235 Name and title of officer or person subject to tax MAGGIE AEY EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here . . 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here 6a Form 990-T check here. . . . **7a Form 4720** check here 8a Form 5227 check here 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) _______, (EIN) ______, (EIN) ______, and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize KRISTI L HATTIG to enter my PIN 08085 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84259712458 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature KRISTI L. HATTIG, CPA **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	Α	For t	he 2023 calendar year, or tax year beginning , 2023, and ending	,	
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BOULDER, CO 80301 Group Exemption Promotion reference Group Exemption Promotion reference Promotion		Name			
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Website: WIWN_COTYCOATSFORKIDS_ORG			l Ir		emption
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Tax-exempt status (cleax only one)	ī				
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 165,447. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)	J	Tax-ex			
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10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8	Other revenue (describe in Schedule O)	. 8	
11 Benefits paid to or for members. 12 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors. 13 675 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule O). SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16 17 17, 427 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 148,020 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 54,594 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 202, 614		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	165,447.
Salaries, other compensation, and employee benefits 12		10	Grants and similar amounts paid (list in Schedule O).	10	
Professional fees and other payments to independent contractors. 13 675 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 202, 614		11			
15 Printing, publications, postage, and snipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	es	12	Salaries, other compensation, and employee benefits	. 12	
15 Printing, publications, postage, and snipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	SUK	13	Professional fees and other payments to independent contractors	. 13	675.
15 Printing, publications, postage, and snipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	χ	14			
17 Total expenses. Add lines 10 through 16	ш	15	Printing, publications, postage, and shipping.	. 15	
17 Total expenses. Add lines 10 through 16		16	Other expenses (describe in Schedule O). SEE SCHEDULE O		16,752.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 202,614		17	Total expenses. Add lines 10 through 16		17,427.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	"	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	148,020.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	sets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	ear	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	As		figure reported on prior year's return)	. 19	54,594.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Net				
	 BA			21	202,614.

Par	Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II)	estion in this Part II			
	Oncer if the organization used ser	cause of to respond to any qu		(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			54,594		202,614.
23	Land and buildings			01/051	23	20270111
24	Other assets (describe in Schedule O).				24	
25	Total assets			54,594	. 25	202,614.
26	Total liabilities (describe in Schedule C))		01,051		0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	54,594	. 27	202,614.
Par						Expenses
	Check if the organization used S	chedule O to respond to any o	question in this Part I	II X	(Rea	uired for section 501
What	s the organization's primary exempt purpose? SE	E SCHEDULE O			(c)(3) and 501(c)(4)
Desc	ribe the organization's program service	accomplishments for each of	its three largest progr	am services, as		nizations; optional
meas	ribe the organization's program service sured by expenses. In a clear and concis fited, and other relevant information for	se manner, describe the servi each program title.	ces provided, the nur	nber of persons	101 0	thers.)
28	SEE SCHEDULE O	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	(Grants \$) If t	his amount includes foreign g	rants, check here		28a	
29		3 3	,	II		
	(Grants \$) If t	his amount includes foreign q	rants, check here		29a	
30	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	(Grants \$) If t	his amount includes foreign g	rants, check here		30a	
31	Other program services (describe in Sc					
		his amount includes foreign g			31 a	
32	Total program service expenses (add	ines 28a through 31a)			32	
Par					see the	instructions for Part IV)
	Check if the organization used S					
		(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MIS/	on (d) Health benefit contributions to empl	S,	(e) Estimated amount of
	(a) Name and title	week devoted to position	1099-NEC)	benefit plans, and de	ferred	other compensation
147.0	ACTE AEV	·	(if not paid, enter -0-)	compensation		
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BAA		TEEA0812L C	08/07/23			Form 990-EZ (2023)

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any guestion in this Part V			
	the instructions for Fart v.) Check if the organization used Schedule O to respond to any question in this Fart v		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year?	37b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	3/15		21
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	b If "Yes," complete Schedule L, Part II, and enter the total amount involved			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A			
	section 4911: 0 ; section 4912: 0 ; section 4955: 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	benefit transactión durìng the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		Х
41	List the states with which a copy of this return is filed: NONE			
42	a The organization's books are in care of: MAGGIE AEY Located at: 1750 30TH STREET #301 BOULDER CO ZIP + 4 80301	900	- <u>089</u>	9 <u>1</u>
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. П	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N/A
44	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	103	Х
	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.			
	c Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?			- 23
	If "No," provide an explanation in Schedule O	44d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х

						Yes	No
46 Did t	the organization engage, directly or indire didates for public office? If "Yes," complet	ctly, in political campa e Schedule C. Part I	ign activities on behalf of	of or in opposition to	46		Х
Part VI							Λ
	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	e the table	es	
	Check if the organization used	Schedule O to resp	oond to any questio	n in this Part VI			
47 Did t	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax year? If "Yes,"	47	Yes	No
	e organization a school as described in se						
	the organization make any transfers to an		•				\vdash
	es," was the related organization a section	-					
	plete this table for the organization's five hig loyees) who each received more than \$100,0				key		
СПР	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimate other com		
				compensation			
		100,000					
51 Com	I number of other employees paid over \$` plete this table for the organization's five hig	nest compensated indep	endent contractors who ea	- ach received more than \$	\$100,000 of		
com	pensation from the organization. If there i	-			1		
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Comp	ensatio	n
			100.000				
52 Did t	I number of other independent contractors the organization complete Schedule A? N pleted Schedule A	ote: All section 501(c)	(3) organizations must a	ttach a			No
Under penalti	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	dules and statements, and to the	e best of my knowledge and be			
	Signature of officer Date						
Sign Here					CTTOD		
пете	MAGGIE AEY Type or print name and title			EXECUTIVE DIRE	CTOR		
	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN		
Paid KRISTI L. HATTIG, CPA KRISTI L. HATTIG, CPA POOT			20016222	4			
Preparer	Firm's name KRISTI L HATTIG	DD 000 1.10			00 100		
Use Only	Firm's address 1715 IRONHORSE			Firm's EIN Phone no. 303	<u>20-1838</u> 3-678-92		
May the IF	LONGMONT, CO 80 RS discuss this return with the preparer sl		ructions		X Yes		No
BAA	.5 a.55do5 and retain mar the proparer si	.5.111 055461 000 111511			Form 99		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Open

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number COZY COATS FOR KIDS INC 83-1617235 FORM 990-EZ. PART I. LINE 16 OTHER EXPENSES BANK CHARGES. 22. COATS FOR KIDS..... 16,475. MISCELLANEOUS 25. OFFICE EXPENSES 230. 16<u>,</u>752. TOTAL \$

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

THE GOAL OF COZY COATS FOR KIDS® IS TO IMPROVE THE WELL-BEING OF CHILDREN IN NEED BY PROVIDING THEM WITH THE OPPORTUNITY TO CHOOSE THEIR OWN BRAND-NEW WINTER COAT.

FORM 990-EZ. PART III. LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COZY COATS FOR KIDS® IS A 501(C)(3) NONPROFIT ORGANIZATION. OUR VISION IS FOR EVERY CHILD IN NEED TO RECEIVE A FREE BRAND-NEW WINTER COAT IN THEIR FAVORITE COLOR.

WE ARE NOT A COAT DRIVE; OUR ANNUAL COAT DELIVERY PROGRAM PROVIDES CHILDREN WITH
THE OPPORTUNITY TO ORDER A BRAND-NEW WINTER COAT IN THEIR FAVORITE COLOR AND
STYLE. WE PARTNER WITH SCHOOLS, SOCIAL SERVICE AGENCIES, AND OTHER NONPROFIT
ORGANIZATIONS NATIONWIDE TO COORDINATE ORDERS FOR CHILDREN WHO NEED OUR HELP.

WE ARE THE OFFICIAL CHARITY OF THE INTERNATIONAL ASSOCIATION OF CERTIFIED HOME INSPECTORS (INTERNACHI®). OUR PROGRAM IS MADE POSSIBLE THROUGH THE GENEROUS SUPPORT OF INSPECTION INDUSTRY PROFESSIONALS AND OTHERS WHO BELIEVE IN OUR MISSION.

COZY COATS FOR KIDS® BELIEVES THAT GIVING CHILDREN A BRAND-NEW WINTER COAT — KNOWING IT WAS CHOSEN AND DELIVERED SPECIFICALLY FOR THEM — INSTILLS CONFIDENCE AND IMPROVES THEIR OVERALL WELLNESS TO HELP THEM THRIVE AND ACHIEVE THEIR GOALS.