**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BOULDER CREST FOUNDATION Name change \*\*-\*\*\*8310 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 33735 SNICKERSVILLE TURNPIKE 540-554-2727 31,620,882. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 20135 BLUEMONT, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KENNETH FALKE for subordinates? Yes X No SAME AS C ABOVE \_ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.BOULDERCREST.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2010 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: BOULDER CREST FOUNDATION'S Activities & Governance MISSION IS TO FACILITATE POSTTRAUMATIC GROWTH THROUGH TRANSFORMATIVE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 20 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 588 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 22,862,998. 29,324,312. Contributions and grants (Part VIII, line 1h) 45,800. 253,438. Program service revenue (Part VIII, line 2g) 8,470. 75,639. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 228,662. 414,929. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 23,145,930. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 30,068,318. 12,578,444. 16,474,074 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 3,057,444. 3,098,158. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,905,755. 6,358,519. 25,930,751. 19,541,643. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,604,287. 4,137,567. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 39,968,822. 44,393,929 Total assets (Part X, line 16) 345,884. 771,856 21 Total liabilities (Part X, line 26) 622,938. 622,073 Net assets or fund balances. Subtract line 21 from line 20 Part 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. Signature of officer Date Sign KENNETH FALKE, CHAIRMAN Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature OLIVIA A. HUTTON, CP | 04/27/23 |P00964688 Paid OLIVIA A. HUTTON, CPA self-employed YOUNT, HYDE & BARBOUR, P.C. Firm's EIN \*\*-\*\*\*9263 Preparer Firm's name Firm's address P.O. BOX 2560 Use Only

WINCHESTER, VA 22604-1760

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Phone no. 540-662-3417

# Part IV Checklist of Required Schedules

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

232003 12-13-22

Form 990 (2022) BOULDER CREST FOUN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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			
	Schedule J	23	Х	
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			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	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,			
_	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	28a		х
h	"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? If			
	"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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 41	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute C contains a response of note to any line in this Fart v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in box 5 of form 1030. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22	Form	990	(2022)

BOULDER CREST FOUNDATION \*\*-\*\*\*8310 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a 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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the

c 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? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х

excess parachute payment(s) during the year? 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?

If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

Form 990 (2022)

X

15

16

17

9a

9b

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

Did the sponsoring organization make any taxable distributions under section 4966?

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

organization is licensed to issue qualified health plans

9

10

BOULDER CREST FOUNDATION Form 990 (2022) 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 Section A. Governing Body and Management Yes No 20 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a

b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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			

# Section C. Disclosure

exempt status with respect to such arrangements?

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO
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- 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) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Own website Another's website X Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records SUE HUBER (540) 554-2727

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

33735 SNICKERSVILLE TURNPIKE, BLUEMONT, VA 20135

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2022)

16h

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

Crieck trils box if flettrier trie organization i	T -	T	ııza			ipei	isale			
(A)	(B)	<b>(C)</b> Position					(D)	(E)	(F)	
Name and title	Average		(do not check more than one					Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week				l	174443	100)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	e e			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	ubeus		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee yee	_	10394120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARAH FEHRER	40.00	=	=	0		Ξ 60	<u></u>			
VICE PRESIDENT	1000	1		х		L		193,713.	0.	6,545.
(2) JOSH GOLDBERG	40.00								•	0,0101
EXEC. DIRECTOR (INSTITUTE)		1		X				175,000.	0.	11,919.
(3) CARRIE NELSON	40.00					7				
EXECUTIVE DIRECTOR (VA)				X	N.			135,000.	0.	11,669.
(4) JOSEPH WOOD	40.00							,		,
EXECUTIVE DIRECTOR (AZ)				X				124,849.	0.	14,572.
(5) MARGARET MULDERRY	40.00	P								
CONTROLLER	11					X		129,911.	0.	6,669.
(6) GREGORY MORIN	40.00									
DIRECTOR OF TRAINING						Х		113,599.	0.	9,624.
(7) ERIC FOWLER	40.00									
DIRECTOR OF WARRIOR PATHH						Х		105,386.	0.	6,202.
(8) KEN FALKE	30.00									
CHAIRMAN		Х		Х				0.	0.	0.
(9) FRED MALEK	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(10) ROBERT ASSENMACHER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JAMES BALL	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JANE-SCOTT CANTUS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JOHN DUBIA	2.00									
DIRECTOR		Х						0.	0.	0.
(14) BRADEN EDWARDS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(15) ROBERT GAINES	2.00									
DIRECTOR		Х					ļ	0.	0.	0.
(16) TONY GIACHINTA	2.00									
DIRECTOR		Х						0.	0.	0.
(17) LESLEY KELLY	2.00	1								_
TREASURER		Х		X				0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

232007 12-13-22

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		l ' '	(E)
<b>(A)</b> Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	( <b>D)</b> Reportable compensation from	(E)  Reportable  compensation  from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) FRANK KILLORAN	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(19) FRANK LARKIN DIRECTOR	2.00	х						0.	0.	0.
(20) PAUL LOMBARDI DIRECTOR	2.00	х						0.	0.	0.
(21) MIKE MONROE DIRECTOR	2.00	х						0.	0.	0.
(22) BRIAN RATHJEN DIRECTOR	2.00	x						0	0.	0.
(23) WILL WALKER DIRECTOR	2.00	х						0.	0.	0.
(24) RYAN MILLER DIRECTOR	2.00	х						<b>9</b> 0.	0.	0.
(25) PINAKIN PATEL DIRECTOR	2.00	Х					/	0.	0.	0.
(26) ROB DRISCOLL DIRECTOR	2.00	Х						0.	0.	0.
1b Subtotal 977,458. 0. 67,20 c Total from continuation sheets to Part VII, Section A 0. 0.								67,200. 0.		
d Total (add lines 1b and 1c)								977,458.	0.	67,200.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)  Name and business address	(B) Description of services	(C) Compensation
BERNIE GONZALEZ (BOUNDLESS LEADERSHIP CONSU		
19811 NW 2 STREET, PEMBROKE PINES, FL 33029	INS CONTRACTING	202,584.
PROMEDIAS, LLC (BRIAN CANAVAN		
3954 FALLS RD, BALTIMORE, MD 21211	PROGRAMS - R&D	137,850.
JOSEPH P. BRENNAN	ADMIN CONTRACTOR	
1825 CHARLIE AVE NE, ATLANTA, GA 30306	SERVICES	118,474.
BRET MOORE		
22426 ROAN FOREST, SAN ANTONIO, TX 78259	PROGRAMS - R&D	118,427.
RICHARD TEDESCHI		
PO BOX 1351, CONCORD, NC 28026	PROGRAMS - R&D	111,600.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
		000

		Charlet Cahadula Carataina a magazina		a in this Dark VIII			
		Check if Schedule O contains a response	or note to any line	e in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
ran	b	Membership dues1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	505,050.				
ifts		Related organizations 1d					
nje,		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
uti Je ti	•		28,819,262.				
έş		similar amounts not included above 1f					
ont	g		971,592.	20 204 212			
<u>Ω</u> <u>e</u>	h	Total. Add lines 1a-1f		29,324,312.			
			Business Code				
စ္ပ	2 a	SEMINAR	459900	253,438.	253,438.		
e <u>Š</u>	b						
Se	С						
an a	d						
Beg	е				10		
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f		253,438.			
$\dashv$	<u> </u>						
	3 Investment income (including dividends, interest, and			92,764.			92,764.
		other similar amounts)		32,704.			32,704.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 878,501.	290,560.				
	b	Less: cost or other basis					
ø.	-	and sales expenses <b>7b</b> 893,321.	292,865.				
<u> </u>	_	Gain or (loss) 7c -14,820.					
Revenue			2,000.	-17,125.			-17,125.
-		Net gain or (loss)	1	17,123.			17,123.
ther	8 a	Gross income from fundraising events (not					
₹		including \$ 505, 050. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8b	365,371.				
	С	Net income or (loss) from fundraising events		150,581.			150,581.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	86,286.				
	h						
		_	7 -, 557.	85,279.	85,279.		
-+	С	Net income or (loss) from sales of inventory	Rusinoss Cod-	03,273.	55,279.		
ध		MI COEL L'ANEOUC	Business Code	150.060			150.060
eor re		MISCELLANEOUS	900099	159,069.			159,069.
Miscellaneous Revenue	b	ADMINISTRATIVE FEES	561000	20,000.			20,000.
SeV	С						
Ais	d	All other revenue					
	е	Total. Add lines 11a-11d		179,069.			
	12	Total revenue. See instructions		30,068,318.	338,717.	0.	405,289.

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## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 16,474,074. 16,474,074. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 628,560. 483,276. 77,485. 67,799. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,002,260. 1,542,297. 194,804. 265,159. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 34,628. 268,503. -2,169. 236,044 Other employee benefits 9 198,835. 153,091 20,579. 25,165. 10 Payroll taxes Fees for services (nonemployees): Management 129,544. 129,544. Legal 28,100. 28,100. Accounting 65,000. 65,000 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 166,874 142,257. 24,617. column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 189,241 15,487. 36,270. 137,484. Office expenses ..... 13 249,206. 214,218. 2,922. 32,066. Information technology 14 15 Royalties 137,117.137,117. 16 Occupancy 30,551. 86,802. 56,251. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 174,742. 121,914. 52,828. Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 742,927. 765,536. 22,609. Depreciation, depletion, and amortization 22 97,573. 91,168. 6,405. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,533,336. 1,533,336. PROGRAM R&D MARKETING/PR OUTREACH 964,274. 97,055. 867,219. 529,764. 529,764. PATHH EXPENSES 466,680. 466,680. d MOBILE PATHH TEAM 774,730. 461,358. 222,939. 90,433. e All other expenses 25,930,751. 23,299,806. 1,055,824. 1,575,121. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,416,311.	1	3,762,987.
	2	Savings and temporary cash investments	15,780,137.	2	5,840,886.
	3	Pledges and grants receivable, net	5,971,337.	3	5,299,880.
	4	Accounts receivable, net	243,060.	4	876,395.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	140,440.	9	1,563,062.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 20,792,566	1 - 41 - 61		
	b	Less: accumulated depreciation 10b 4,867,512		10c	15,925,054.
	11	Investments - publicly traded securities	699,332.	11	11,086,962.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	20. 200	13	04 005
	14	Intangible assets	20,379.	14	24,837.
	15	Other assets. See Part IV, line 11	0.	15	13,866.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	39,968,822.	16	44,393,929.
	17	Accounts payable and accrued expenses	334,652.	17	254,780.
	18	Grants payable		18	E00 000
	19	Deferred revenue		19	500,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia I	23	controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,232.	25	17,076.
	26	Total liabilities. Add lines 17 through 25	345,884.	26	771,856.
		Organizations that follow FASB ASC 958, check here	323/332		
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	27,061,164.	27	33,791,654.
Bala	28	Net assets with donor restrictions	12,561,774.	28	33,791,654. 9,830,419.
힏		Organizations that do not follow FASB ASC 958, check here			
Ī		and complete lines 29 through 33.			
, o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	39,622,938.	32	43,622,073.
_	33	Total liabilities and net assets/fund balances	39,968,822.	33	44,393,929.

Pa	rt XI Reconciliation of Net Assets				<u>, u</u>	90		
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,06</u> ,93				
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	4	1,137,567.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	,622,938.				
5	Net unrealized gains (losses) on investments	5		-138,432.				
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	43	,62	2,0	73.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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 the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t [					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2022)		

232012 12-13-22

## **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** 

		DER CREST I					*	*-***8310	
Part I	Reason for Public (	Charity Status. (	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The organ	nization is not a private found								
1 📋	A church, convention of ch					1)(A)(i).			
2 🗔	A school described in sect	•				X X /			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4						•	Enter	the hospital's name	
• 🗀	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:								
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a no	vernmental unit (	describe	ad in	
<b>у</b>	section 170(b)(1)(A)(iv). (0		loge of armiversity owned	or operat	ca by a go	vorminorital arms (	30001100	5 <b>4</b> III	
e 🗀			antal unit described in		70/6//4// 8/	()			
6 L 7 X	A federal, state, or local go								
7 <u>X</u>	An organization that norma		ntial part of its support if	om a gove	ernmentai	unit or from the g	jenerai p	Dublic described in	
• 🗀	section 170(b)(1)(A)(vi). (C								
8	A community trust describe							_	
9 📖	An agricultural research orç								
	or university or a non-land-o	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the	college	or	
	university:								
10	An organization that norma	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			•		•	
	activities related to its exen								
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organi	zation a	ıfter June 30, 1975.	
	See section 509(a)(2). (Co								
11 🖳	An organization organized	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).			
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry	out the	purposes of one or	
	more publicly supported or	ganizations described	d in <b>section 509(a)(1)</b> o	section :	509(a)(2).	See section 509	(a)(3). 🤇	Check the box on	
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12	g.		
а	Type I. A supporting orga	anization operated, su	upervised, or controlled I	by its supp	orted org	anization(s), typic	ally by	giving	
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees o	of the su	ipporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s)	, by hav	ring	
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage t	he supp	ported	
	organization(s). You mus	st complete Part IV,	Sections A and C.						
с 🗌	Type III functionally inte	egrated. A supporting	g organization operated i	in connect	tion with, a	and functionally ir	ntegrate	ed with,	
	its supported organizatio								
d [	Type III non-functionally						organiz	zation(s)	
	that is not functionally int								
	requirement (see instruct		· ·	-		=			
е 🗆	Check this box if the orga	anization received a v	vritten determination from	n the IRS	that it is a	Type I, Type II, T	vpe III		
	functionally integrated, or					31 · 7 31 · 7	,,		
<b>f</b> Ent	er the number of supported of		,9	.9 9					
	vide the following information	•	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed ng document?	(v) Amount of mo	netary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instru	uctions)	support (see instructions)	
			above (see instructions))						
Total						I		l	

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2658507.	4810817.	6639890.	7280998.	13630825.	35021037.
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						
4	Total. Add lines 1 through 3	2658507.	4810817.	6639890.	7280998.	13630825.	35021037.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				.0		
	on line 1 that exceeds 2% of the				50		
	amount shown on line 11,						
	column (f)						16691951.
6	Public support. Subtract line 5 from line 4.						18329086.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2658507.	4810817.	6639890.	7280998.	13630825.	35021037.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,305.	136,465.	63,724.	18,661.	92,764.	335,919.
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.)		50,500.	41,608.	22,228.	179,069.	293,405.
11	Total support. Add lines 7 through 10						35650361.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	426,738.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	51.41 %
	Public support percentage from 2021					15	52.35 <u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck 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-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-	-		-		Ш
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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				10		
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	T			T	T	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on	• · (	1				
	securities loans, rents, royalties,						
_	and income from similar sources				+		<del> </del>
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				+		
''	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is	<u> </u>					
40	regularly carried on				+		<del> </del>
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)				1		<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)					04(-)(0)	
14	First 5 years. If the Form 990 is for the	J		,	•	( )( )	· —
Sec	check this box and stop here						
	Public support percentage for 2022 (I		<u>-</u>	column (f))		15	%
	Public support percentage from 2021	, (,,	,			16	<del>/</del> 0 %
	ction D. Computation of Inves					101	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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")? "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?
- 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).
- 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.
- 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		
20		
3a		
3b		
3с		
4a		
4b		
75		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
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Par	t 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 Part VI.	11c		
Sect	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 office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	- d		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (	see instructior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
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.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3_	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting organ	nization (see			
	instructions).	•		•			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>,</b>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-		. (7)		
	able cause required - explain in Part VI). See instructions.		10		
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	+ 6			
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

# SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(	c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of organiza	ation			1	Employer identification number
		CREST FOUNDATION			**-***8310
Part I-A C	complete if the org	ganization is exempt unde	r section 501(c) o	r is a section 527	7 organization.
2 Political can	npaign activity expendit	zation's direct and indirect politica tures ign activities			. \$
Part I-B C	omplete if the ord	ganization is exempt unde	r section 501(c)(3	1.	
		incurred by the organization under			\$
		incurred by organization manager			
		on 4955 tax, did it file Form 4720 fo			
4a Was a corre	ction made?				Yes No
b If "Yes," des	scribe in Part IV.				
Part I-C C	omplete if the org	ganization is exempt unde	r section 501(c), e	except section 50	01(c)(3).
1 Enter the an	nount directly expended	d by the filing organization for sect	tion 527 exempt function	on activities	\$
2 Enter the an	nount of the filing organ	nization's funds contributed to other	er organizations for sec	ction 527	
exempt fund	ction activities		<b></b>		. \$
		s. Add lines 1 and 2. Enter here an			
line 17b					. \$
4 Did the filing	g organization file <b>Form</b>	1120-POL for this year?			Yes No
		nployer identification number (EIN	•	-	
	•	tion listed, enter the amount paid omptly and directly delivered to a			•
		additional space is needed, provide		•	darate segregated fund of a
			1		om (a) Amount of political
3)	a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization	1 ' '
		_		funds. If none, ente	r -0 promptly and directly
					delivered to a separate political organization.
					If none, enter -0

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

Schedule C (Form 990) 2022

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Part II-A Complete if the organisection 501(h)).	ization is exen	npt under sectioi	1 501(c)(3) and file	ed Form 5768 (el	ection under
A Check if the filing organization expenses, and share of			n Part IV each affiliated	group member's nam	ne, address, EIN,
B Check if the filing organization	, ,	•	vicione apply		
	n Lobbying Exper	nditures		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence	ce public opinion (c	arassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence		. (-1:			
c Total lobbying expenditures (add lines	-	• • • • •			
<b>d</b> Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f _Lobbying nontaxable amount. Enter th					
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,000,00	0 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.	$\mathcal{O}_1$	
Over \$17,000,000	\$1,000,0	000.			
<b>g</b> Grassroots nontaxable amount (enter a	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0-				
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero o		ine 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year			204(1)		Yes No
(Some organizations that	made a section 50	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period	Γ	
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))	10,				
c Total lobbying expenditures	V'				
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots Johnving expanditures					

Schedule C (Form 990) 2022

# 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)).

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
	e lobbying activity.	Yes	No	-	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:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		-	
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		65	5,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			6.5	5,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	)	Х		
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				
d	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	n 501(c)(	5), or se	ction	
	501(c)(6).			T	
				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 tIII-B Complete if the organization is exempt under section 501(c)(4), section	e prior year	3	4:	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	'No" OR	(b) Part		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
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 exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	··				
	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-	A, lines 1 a	ınd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

BOULDER CREST FOUNDATION

**Employer identification number** \*\*-\*\*\*8310

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) Bonor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)  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 v	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	<b>7</b> 1
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stri		2c
d	Number of conservation easements included in (c) acquired a		
2	historic structure listed in the National Register		
3		eased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Art Historical Transcurso or Ot	hay Cimilay Assats
Pai	t III Organizations Maintaining Collections of		Her Sillilar Assets.
	Complete if the organization answered "Yes" on Form		and be also as a short words.
па	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub	,	•
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

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	t III   Organizations Maintaining Co	llections of Art. Hist		r Other Si	milar Ass	ets (continu	Page <b>2</b>
_	Using the organization's acquisition, accession					100111111	<u>ea)</u>
3	collection items (check all that apply):	ii, and other records, check	carry or trie following tria	t make signii	icani use oi	11.5	
_	Public exhibition	<b>.</b>	Laan ay ayahanga nyagy	<b></b>			
a			Loan or exchange progra				
b	Scholarly research	е 📖	Other				
C	Preservation for future generations						
4	Provide a description of the organization's coll					art XIII.	
5	During the year, did the organization solicit or						<b></b>
Dar	to be sold to raise funds rather than to be main					Yes	No
Fai	<b>t IV</b> Escrow and Custodial Arrang reported an amount on Form 990, Part		e organization answered	"Yes" on For	m 990, Part	IV, line 9, or	
па	Is the organization an agent, trustee, custodial						N.
	on Form 990, Part X?					Yes	No
р	If "Yes," explain the arrangement in Part XIII are	nd complete the following	table:	1		Amount	
						Amount	
	Beginning balance				1c		
	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on For					Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. C						
Par	t V Endowment Funds. Complete if						
		(a) Current year (b) F	Prior year (c) Two year	rs back (d)	Three years b	ack (e) Four y	ears back
1a	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	nt vear end balance (line 1	g. column (a)) held as:			•	
а	Board designated or quasi-endowment		<b>5</b> , ( ),				
b	Permanent endowment	%					
	Term endowment 9/						
	The percentages on lines 2a, 2b, and 2c should						
3a	Are there endowment funds not in the possess	. 1	at are held and administe	red for the			
	organization by:	olon or the organization the	ara ara aariii iloto	100 101 1110		Г	res No
	(i) Unrelated organizations					3a(i)	
	(ii) Deleted energiantings					3a(ii)	_
h	If "Yes" on line 3a(ii), are the related organizati	one listed as required on S					
4	Describe in Part XIII the intended uses of the c					30	
Par	t VI Land, Buildings, and Equipme		iurius.				
	Complete if the organization answered		/ line 11a See Form 990	) Part X line	10		
	· · · · · · · · · · · · · · · · · · ·	(a) Cost or other		i		(d) Dook	
	Description of property	basis (investment)	(b) Cost or other basis (other)	(c) Accu depred		(d) Book	value
	Land	, ,	1,098,018.	depiet	nation i	1 000	019
	Land		15,508,618.	2 50	5,240.	1,098 13,003	<u>, 010.</u>
b	Buildings		13,300,010.	<b>4,5</b> 0	J, 44U•	13,003	,310.
	Leasehold improvements	•	1 600 406	1 00	2 (10	227	000
	Equipment	•	1,620,426.	1,∠8	2,618.	337	,808.
	Other		2,565,504.		9,654.	1,485	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part X. colur	nn (B). line 10c.)			15,925	,u54.

Schedule D (Form 990) 2022

	ST FOUNDATION	*	*-***8310 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	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 or e	end-of-vear market value
(1)	(-,		
(2)		30	
(3)			
(4)			
(5)			
(6)		~?	
(7)	•		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		9	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	an Farm 000 Bart IV line	11 11f Coo Forms 000 Boot V line (	DE
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			17 076
(2) FUNDS HELD FOR OTHERS			17,076
(3)			
(4)			
(5)			+
<u>(6)</u>			+
(7)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

17,076.

(8) (9)

Sche	edule D (Form 990) 2022 BOULDER CREST FOUNDATION			**-	***8310	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	29,988,	<u> 190.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100 100		I	
а	• • • • • • • • • • • • • • • • • • • •	2a	-138,432.		I	
b		2b	61,166.		I	
С		2c			I	
d	,	2d				266
е	•			2e	-//,	266.
3	Subtract line 2e from line 1			3	30,065,	456.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1			I	
a	· · · · · · · · · · · · · · · · · · ·	4a	2 062	.	I	
b		4b	2,862.			060
	Add lines 4a and 4b			4c	2, 30,068,	210
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial Statements		h Evnenses ner E	5 Poturi	<u>30,068,</u>	210.
га		> <b>VV</b> IL	ii Expelises pei r	leturi	1	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				25,989,	055
1	Total expenses and losses per audited financial statements			1	<u> </u>	055.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔	61,166.		I	
a		2a	01,100.	1	1	
b		2b		1	I	
C		2c   2d	<del>V</del>		I	
d	(		<del>)</del>	20	61	166.
3		1.0		2e 3	25,927,	889
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	<u> </u>	007.
ъ	Investment and an action of all add on Farm 200 Part VIII line 7h	4a			1	
		4b	2,862.		1	
	Add lines 4a and 4b		•	4c	2.	862.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	25,930,	
	rt XIII Supplemental Information.					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	nes 1	and 2b: Part V line 4	· Part :	X line 2. Part X	ı
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional			,	,,o <u>_</u> ,	,
	10					
	() \					

Schedule D (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

lame of the organization					Employer ide	ntification number	
BOULDER CREST FOUNDATION **-**8310							
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations  e Solicitation of non-government grants							
b Internet and email solicitations c Phone solicitations	g Special			nment grants events			
<ul> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pa</li> </ul>	•		_		s, or Yes	No No	
<ul><li>b If "Yes," list the 10 highest paid indiv</li><li>compensated at least \$5,000 by the</li></ul>	riduals or entities (fundraisers) pursua						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts to	Amount paid (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No	C)			
		•		5			
		- (	)	-			
		2					
	110						
	10,						
	O,						
	•						
<b>3</b> List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified it is	s exempt from re	gistration	

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			1	2022 NYC		(add col. (a) through
			2022 BC GOLF		10	col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	(-1)
Revenue			200 040	105 540	440 644	1 001 000
Rev	1	Gross receipts	380,840.	197,548.	442,614.	1,021,002.
	_		227 242	170 020	00 770	E0E 0E0
	2	Less: Contributions	227,242.	179,038.	98,770.	505,050.
	3	Gross income (line 1 minus line 2)	153,598.	18,510.	343,844.	515,952.
	3	Gross income (line i militus line 2)	133,330.	10,510.	343,044.	313,332.
	4	Cash prizes				
	_					
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs	89,959.	54,120.	75,594.	219,673.
Direct Expenses					401	
ect	7	Food and beverages	6,616.	1,000.	9,557.	17,173.
ä	_		F4 F22			F4 F22
	8	Entertainment	54,532.	17,548.	56,445.	54,532.
	9	Other direct expenses	0 '   (-1)		30,443.	73,993. 365,371.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,			150,581.
Pa	rt I			990. Part IV. line 19. or	reported more than	130,301.
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , ,	operiod more man	
-			(a) Bingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
es	2	Cash prizes	÷. C 1			
ens		Namasah miinaa				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs	) '			
Ę	_	Hent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
0	En	ter the state(s) in which the organization condu	ete gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
~						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	/ear?	Yes No
b	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2022 232082 10-27-22

Sche	edule G (Form 990) 2022 BOULDER CREST FOUNDATION	· ^ ^ O .	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕻	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	• 60			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pai	organization's own exempt activities during the tax year \$  To IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III. ling	20.0	)h 10h
<u>. u.</u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	It III, IIIIe	35 9, S	ю, тою,
	,,,,,,			

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		3.III. (3)					Employer identification number
Part I General Information on Grants ar	REST FOUND	ATION					**-***8310
Does the organization maintain records to criteria used to award the grants or assist     Describe in Part IV the organization's properties.    Part II   Grants and Other Assistance to Early recipient that received more than \$	o substantiate the a tance? cedures for monitor	ring the use of grant	funds in the United	States.			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MIBH MAIL STOP C263, 12348 E. MONTVIEW B AURORA, CO 80045	**-***0555 5	01(C)3	1,525,946.	0.			TRAUMATIC BRAIN INJURY CENTER EXPANSION PARTNER
GRATITUDEAMERICA PO BOX 16954 FERNANDINA BEACH, FL 32034	**-***9697 5	01(C)3	600,000.	0.			WARRIOR PATHH EXPANSION PARTNER
CAMP SOUTHERN GROUND 100 SOUTHERN GROUND PARKWAY FAYETTEVILLE, GA 30215	**-***2862 <b>5</b>	01(C)3	600,000.	0.			WARRIOR PATHH EXPANSION PARTNER
SHARE (SHEPHERD CTR) 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	**-***8224 5	01(c)3	2,500,000.	0.			TRAUMATIC BRAIN INJURY CENTER EXPANSION PARTNER
THE ADMIN OF THE TULANE EDUCATIONAL FUND - 1555 POYDRAS ST., SUITE 1000 - NEW ORLEANS, LA 70112	**_***3889 5	01(C)3	2,500,000.	0.			TRAUMATIC BRAIN INJURY CENTER EXPANSION PARTNER
JEFFERSON UNIV 125 S 9TH STREET, SUITE 600 PHILADELPHIA, PA 19107  2 Enter total number of section 501(c)(3) ar	**-***2651 5		785,587.	0.			TRAUMATIC BRAIN INJURY CENTER EXPANSION PARTNER 14.

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV FLORIDA FOUNDATION							
PO BOX 14425							TRAUMATIC BRAIN INJURY
GAINSVILLE, FL 32604	**-***4739	501(C)3	2,500,000.	0.			CENTER EXPANSION PARTNER
TRAVIS MILLS FOUNDATION							
747 WESTERN AVE, SUITE 1					.e()		WARRIOR PATHH EXPANSION
AUGUSTA, ME 04351	**-***9670	501(C)3	600,000.	0.	110		PARTNER
BIG RED BARN (SC)					<b>\</b>		
8024 WINNSBORO ROAD							WARRIOR PATHH EXPANSION
BLYTHEWOOD, SC 29016	**-***7721	501(C)3	600,000.	0.			PARTNER
EOD WARRIOR FOUNDATION							
701 JOHN SIMS PKWY E				()			
NICEVILLE, FL 32578	**-***8412	501(C)3	• 0.	280,000.		IN-KIND	PATHH PROGRAM SUPPORT
UNC CHAPEL HILL			0),				
BUCHAN HOUSE, 523 E FRANKLIN ST	**-***1393	E01/G\2	2 500 000				TRAUMATIC BRAIN INJURY
CHAPEL HILL, NC 27514	**-**1393	501(C)3	2,500,000.	0.			CENTER EXPANSION PARTNER
SHEEP DOG IMPACT							NARRADO RAMAN EMPANATON
1200 WEST WALNUT ST, SUITE 2310 ROGERS, AR 72756	**-***1779	501(C)3	600,000.	0.			WARRIOR PATHH EXPANSION PARTNER
			,				
PTSD FOUNDATION							
3733 ROSEDALE ST NW, SUITE 100							WARRIOR PATHH EXPANSION
GIG HARBOR, WA 98355	**-***1886	501(C)3	600,000.	0.			PARTNER
WARRIORS HEART							
756 PURPLE SAGE RD							SUBSTANCE ABUSE SERVICES
BANDERA, TX 78003	**-***5361	501(C)3	250,000.	0.			PARTNER
	1						

Schedule I (Form 990) 2022 BOULDER CREST F	OUNDATION	1			**-***8310	Page
Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
	·					
				,0)		
			C			
			90			
		Ois	)			
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.		
PART I, LINE 2						
BOULDER CREST DEVELOPMENT STAFF REV	TIEWS ALL	FOUNDATIO	ON GRANTS F	OR		
RECEIPTING AND REPORTING REQUIREMEN	NTS. A GR	ANT PROPOS	SAL AND REP	ORTING		
SCHEDULE IS CREATED ANNUALLY AND MO	ONITORED	MONTHLY TO	O ENSURE AL	ь		
REPORTING OCCURS IN A TIMELY FASHIO						
MET.			~	<del></del>		
±== ± ¥						

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

BOULDER CREST FOUNDATION

Employer identification number \*\*-\*\*8310

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SARAH FEHRER	(i)	193,713.	0.	0.	5,950.		200,258.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.		0.	0.	
(2) JOSH GOLDBERG	(i)	175,000.	0.	0.	5,250.	6,669.	186,919.	0.	
EXEC. DIRECTOR (INSTITUTE)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)				5				
	(i)								
	(ii)								
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	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 5:
THE VICE PRESIDENT IS AWARDED A BONUS IF THE ORGANIZATION ACHIEVES THE
REVENUE TARGET SET AT THE ANNUAL STRATEGIC PLANNING MEETING.
. 6
<u> </u>

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection
Employer identification number

	BOULDER CRES'	T FOUN	DATION		**-	-***8	310	
Par								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded			. (	7.			
10	Securities - Closely held stock			1				
11	Securities - Partnership, LLC, or							
	trust interests	X	3	797,570.	FMV			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( FUNDRAISE SUPPL )	Х	65	56,755.				
26	Other ( GIFT CARDS )	X	1	50,000.				
27	Other (PATHH SUPPLIES)	X	3	36,173.				
28	Other ( PROGRAM OPERATI )	X	38	25,834.	FMV			
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ich isn't required to be used t	for			
	exempt purposes for the entire holding period?	?				. 30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II							

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

# **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.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOULDER CREST FOUNDATION

**Employer identification number** \*\*-\*\*\*8310

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS, WORLD-CLASS TRAINING, EDUCATION INITIATIVES, RESEARCH, AND
ADVOCACY EFFORTS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE CHAIR, BOARD CHAIRMAN AND CONTROLLER REVIEW FORM 990
PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT THE
PERSON HAS RECEIVED, READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE POLICY.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S FINANCIAL DOCUMENTS, AUDITED FINANCIAL STATEMENTS AND
ANNUAL 990 TAX RETURN ARE AVAILABLE ON ITS WEBSITE. THEY CAN ALSO BE MAILED
OR EMAILED UPON REQUEST.