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Boulder Crest Retreat Foundation 33735 Snickersville Turnpike No. 201 Bluemont, VA 20135

Boulder Crest Retreat Foundation:

Enclosed is the organization's 2013 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

We can electronically file tax returns only after we have written authorization to do so. PLEASE RETURN FORM(S) 8879 TO OUR OFFICE AS SOON AS POSSIBLE. Scanned or Faxed copies are acceptable.

Sincerely,

PBMares, LLP

BOULDER CREST RETREAT FOUNDATION 33735 SNICKERSVILLE TURNPIKE , NO. 201 BLUEMONT, VA 20135

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

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

Open to Public

A	ror the	e 2013 calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Σ	Addre	BOULDER CREST RETREAT FOUNDATION			
	Name chang	Doing Business As		27-3	228310
	Initial return		Room/suite	E Telephone numbe	r
	Termii ated	33735 SNICKERSVILLE TURNPIKE	201	540-	554-2727
LX:	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,651,568.
	Application pendi			H(a) Is this a group re	
	pendi	F Name and address of principal officer: KEN FALKE		for subordinates	
		18490 BLUERIDGE MOUNTAIN ROAD, BLUEMON		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		te: > WWW.BOULDERCRESTRETREAT.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	State of legal domicile: VA
P	art I	Summary	מט מפּס		TAMBADO MO
çe	1	Briefly describe the organization's mission or most significant activities: BOUL OFFER FACILITIES AND SERVICES TO WOUNDED	DEK CK	CDC AND MILE	TNIENDS TO
Activities & Governance					
/eri	1	Check this box if the organization discontinued its operations or dispo			ssets.
Ĝ				3	20
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			3
ţį		Total number of individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if necessary)			260
ξį		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
_	—	Net unrelated business taxable income from 1 orm 330-1, line 54		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		3,213,583.	3,651,497.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-408.	-1,325.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-84,727.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,213,175.	3,565,445.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,833.	13,521.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		127,785.	162,417.
ж	b	Total fundraising expenses (Part IX, column (D), line 25) 314,4	84.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,021.	495,673.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		240,639.	671,611.
	19	Revenue less expenses. Subtract line 18 from line 12		2,972,536.	2,893,834.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,581,820.	7,686,696.
et A	21	Total liabilities (Part X, line 26)		90,337.	1,046,614.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,491,483.	6,640,082.
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule	o and atatam	anta and to the heat of m	uknowledge and bolief it is
		thes of perjury, i declare that i have examined this return, including accompanying schedule at, and complete. Declaration of preparer (other than officer) is based on all information of wl			y Kilowieuge allu bellet, it is
liue	, correc	is, and complete. Decial ation of preparer (other than officer) is based on all information of wi	ilicii preparei	las any knowledge.	
ei.	_	Signature of officer		Date	
Sig He		KEN FALKE, CHAIRMAN			
116	-	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MIKE KENNISON MIKE KENNISON	lo	6/12/14 if self-employed	P01034564
	parer	Firm's name PBMARES, LLP		Firm's EIN	54-0737372
	Only	Firm's address 725 JACKSON STREET, SUITE 210		5 Em	
	•	FREDERICKSBURG, VA 22401		Phone no.54	0-371-3566
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO PROVIDE A FREE, FIRST-RATE RURAL
	RETREAT FOR AMERICA'S SERIOUSLY WOUNDED WARRIORS AND THEIR FAMILIES TO
	RECONNECT AND RECOVER.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 295,760 • including grants of \$) (Revenue \$
	THE ORGANIZATION'S MAIN PROGRAM IS TO PROVIDE A FREE, FIRST-RATE RURAL
	RETREAT FOR AMERICA'S SERIOUSLY WOUNDED WARRIORS AND THEIR FAMILIES TO
	RECONNECT AND RECOVER.
	RECONDET MAD RECOVER.
4b	(Code:) (Expenses \$
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 295,760.
	Total program out not expensed p

332002 10-29-13

Page 3

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	44.1	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	22	
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	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	17	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, and any angle of the control of th			

Form 990 (2013) BOULDER CREST RETE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		37	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		Х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	41	l

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	260			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					
За				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			۔۔ ا
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, a			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any un	ie during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	Did the organization make any taxable distributions under section 4966?			9a		—
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	עטי				
''	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the second state of th			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	<u></u>	14b		
				Form	990	(2013)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	in Schedule O how this was done	12c	Х	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		
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?	45		v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	aoı		
	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CT, FL, GA, IL, KS	ΚV	MF.	MΔ
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			, 1111
18	for public inspection. Indicate how you made these available. Check all that apply.	avallab	i c	
	Own website Another's website W Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	oia!	
19	statements available to the public during the tax year.	u iiilal	ıcıal	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	tion: 🕨		
20	THE ORGANIZATION - 540-554-2727	LIUII.		
	33735 SNICKERSVILLE TURNPIKE , NO. 201, BLUEMONT, VA 20135			
00000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			(C Pos	ition	<u> </u>		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	box	not c , unle cer an	ss pe	rson	is bot	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KEN FALKE	10.00	x		х				0.	0.	0
CHAIRMAN (2) FRED MALEK	5.00	1		^		-		0.	0.	0.
VICE CHAIRMAN	3.00	x		х				0.	0.	0.
(3) JOHN COSTER	2.00	^		Δ				0.	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
(4) CHRIS FERGUSON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) STEVE KUPKA	2.00									
DIRECTOR		Х						0.	0.	0.
(6) SEAN HAYNES	2.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(7) ROB VELTRE	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(8) KATHLEEN KEIRNAN	2.00	ļ								•
DIRECTOR		Х						0.	0.	0.
(9) ROB KLINGENSMITH	2.00	١								•
DIRECTOR	0.00	Х						0.	0.	0.
(10) TRACEY ELLIS	2.00	۱								0
DIRECTOR	2 00	Х						0.	0.	0.
(11) MICHAEL WESTPHAL	2.00	ļ.,						0.		0
DIRECTOR	2 00	Х						0.	0.	0.
(12) ANNA BIRCH DIRECTOR	2.00	x						0.	0.	0.
(13) HENRY STOEVER	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(14) MICHAEL DIGNAM	2.00	<u> </u>				-		0.	0.	
DIRECTOR	2.00	X						0.	0.	0.
(15) BRIAN SOMMERS	2.00							0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
(16) BRUCE GATES	2.00	 								
DIRECTOR		X						0.	0.	0.
(17) TONY GIACHINTA	2.00	ᢡ								
DIRECTOR		x						0.	0.	0.
		_			-	_	_			

332007 10-29-13

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)		
(A) Name and title	(B) Average	(do	not c	Pos heck	C) itior more	1 than	one	(D) Reportable	(E) Reportable	Estin	F)
	hours per week (list any hours for					is bot	tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	otl compe	unt of her nsation n the
	related organizations below	量	Institutional trustee		Key employee	Highest compensated employee	_	(W-2/1099-MISC)	(W-271099-WIGO)	organ and r	ization elated zations
	line)	Individ	Institut	Officer	Key em	Highes employ	Former			Organi	Zations
(18) ROB WILKINS DIRECTOR	2.00	x						0.	0.		0.
(19) TIMOTHY YOST	2.00	宀						0.	0.		<u> </u>
DIRECTOR		x						0.	0.		0.
(20) SHANE MOORE	2.00							_	_		
DIRECTOR		X						0.	0.		0.
								0	0		
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part Vid Total (add lines 1b and 1c)								0.	0.		0.
Total number of individuals (including but n							no r			<u> </u>	
compensation from the organization										Ιv	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	•	the organization		
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•		5	Х
Section B. Independent Contractors	p.010 00.10uu.		0. 0.		00.0						
1 Complete this table for your five highest co	•	•							·	sation fro	m
the organization. Report compensation for (A)	tne calendar y	ear (enai	ng v	vith	or w	rithi	n the organization's tax (B)	year.	(C)	
Name and business	address	NC	INC	3				Description of s	services (Compens	ation
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than		
\$100,000 of compensation from the organi	zation >					0				Form 99	00 (2012)

-orm	9	9	U	(2C	73)	

	L VII			or note to any lir	ne in this Part VIII			
		Check if Schedule O cont	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f		1b 1c 1d 1d 1e 1s, and ve 1f 3,	129,252. 522,245. 283,225.	3,651,497.			
9	n	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2 a b c d e							
_	ī	All other program service reverse Total. Add lines 2a-2f						
	3 4	Investment income (including other similar amounts) Income from investment of ta	dividends, intere	est, and oroceeds	71.			71.
	5	Royalties						
	b c	Gross rents Less: rental expenses Rental income or (loss)		(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	1,396.	•	-1,396.	-1,396.		
Other Revenue	8 a	Gross income from fundraisin including \$ 129,2 contributions reported on line Part IV, line 18	g events (not 252 • of 1c). See	0.				
OĦ		Less: direct expenses		04,141.	-84,727.			-84,727.
	9 a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	ctivities. See		04,727.			04,727.
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less	returns					
		and allowances	b					
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d							
	e	Total Add lines 11a-11d			3,565,445.	-1,396.	0.	-84,656.
33200 10-29	12 9	Total revenue. See instructions.		<u></u>	J.,JUJ,44J•	1,390•	0 .	Form 990 (2013)

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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) Other salaries and wages 12,609. 3,782. 1,261 7,566. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 912. 274. 91. 547. Payroll taxes 10 Fees for services (non-employees): 114,996. 88,336. 11,806. 14,854. Management Legal 25,890. 25,890. Accounting С 162,417. 162,417. Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 83,150. 83,150. Advertising and promotion 12 10,105. 3,368. 3,368. 3,369. 13 Office expenses 4,392. 2,196. 2,196. Information technology 14 15 Royalties 24,481. 20,481. 2,000. 2,000. 16 Occupancy 2,939. 5,406. 2,467. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,786. 7,786. 20 Payments to affiliates 21 67,035. 66,363. 672. 22 Depreciation, depletion, and amortization 10,355. 10,626. 271. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 52,254. 52,254. RETREAT EXPENSES PRINTING AND COPYING 22,655. 7,552. 7,552. 7,551. 20,208. 20,208. **MAINTENANCE FUNDRAISING** 14,673. 14,673. 32,016. 15,001. 3,992. 13,023. All other expenses 314,484. 671,611. 295,760. 61,367. 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 (2013)

Part X | Balance Sheet

Part	<u>X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			778,346.	1	380,391
	2	Savings and temporary cash investments			500.	2	10,039
	3	Pledges and grants receivable, net			3	-	
	4	Accounts receivable, net				4	1,802
	5	Loans and other receivables from current and for					,
	•	trustees, key employees, and highest compensa					
		Part II of Schedule L		·		5	
	6	Loans and other receivables from other disquali					
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
_s		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		7			
Asi	8					8	
	9	Inventories for sale or use			3,120.	9	8,976
		Land, buildings, and equipment: cost or other	i i		3,2200	9	0,75.0
- 1'	iva	hasis Complete Part VI of Schodule D	100	5 618 879			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	63 448	2,459,556.	10c	5,555,431
١,	11	Investments - publicly traded securities			2/133/3300	11	3/333/131
	11 12	Investments - other securities. See Part IV, line 1				12	
						13	
	13 14	Investments - program-related. See Part IV, line			14		
		Intangible assets Other assets See Part IV line 11			340,298.	15	1,730,057
	15 16	Other assets. See Part IV, line 11			3,581,820.	16	7,686,696
	16 17	Total assets. Add lines 1 through 15 (must equa			90,337.	17	246,614
	17 18	Accounts payable and accrued expenses	30,337.	18	240,014		
	19	Grants payable				19	
		Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I					
	21 22					21	
ے <u>ن</u> و	22	Loans and other payables to current and former key employees, highest compensated employees					
Liabilities						20	
ر ا <u>ت</u>	2	Complete Part II of Schedule L				22	800,000
	23	Unsecured notes and loans payable to unrelate				24	000,000
	24	Other liabilities (including federal income tax, pa				24	
1	25	parties, and other liabilities not included on lines					
			-			25	
	26	Total liabilities. Add lines 17 through 25			90,337.	26	1,046,614
- 	26	Organizations that follow SFAS 117 (ASC 958			30,337.	20	1,010,011
ω		complete lines 27 through 29, and lines 33 an		There is and			
ğ ,	27	Unrestricted net assets			3,150,827.	27	4,908,774
alar s	28	Temporarily restricted net assets		340,656.	28	1,731,308	
m 2	29		310,0300	29	177317300		
Net Assets or Fund Balances	_3	Organizations that do not follow SFAS 117 (A) check here		23		
ᆫ		and complete lines 30 through 34.	JU 300	, check liefe			
ر ا ا	20					30	
Se	30	Capital stock or trust principal, or current funds				31	
۲ ۲	31 22	Paid-in or capital surplus, or land, building, or ed				32	
ر ا <u>ج</u>	32	Retained earnings, endowment, accumulated in			3,491,483.	33	6,640,082
	33	Total liabilities and not assets/fund balances			3,581,820.	34	7,686,696
3	34	Total liabilities and net assets/fund balances			3,301,020.	J 4	Form 990 (2013

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		l l			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,56	<u>5,4</u>	<u>45.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	67	1,6	11.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,89		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,49	1,4	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	25	4,7	65.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,64	0,0	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX
				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 in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,			
	consolidated basis, or both:				
	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	e 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 in Sch	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 Si	-			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2013)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

BOULDER CREST RETREAT FOUNDATION

Employer identification number 27-3228310

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗆			tal service organization of		in section	170(b)(1)(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	al's nan	ne.
	city, and stat	-							•	•		•
5			benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describ	ned in		
<u> </u>	-	(b)(1)(A)(iv). (Comple	-			, , , , , ,	a govern					
6	1		ent or governmental unit	t doscribo	d in coctio	n 170/h)/1	IVAV _M					
7 X			eives a substantial part					r from the	gonoral	nublic doc	oribod	in
,	-	b)(1)(A)(vi). (Comple	•	oi its supp	orthonia	governine	intai uniit C	n nom me	general	public des	cribed	""
8	1		ection 170(b)(1)(A)(vi). ((Complete	Dort II \							
9	1		eives: (1) more than 33 1			rom contri	hutione m	namharehi	n fees a	nd arose r	acainte	from
J			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete		.ioii o i i ta	x) 110111 bu	311103303 6	ioquired b	y tric orga	inization	arter durie	00, 10	70.
10 🗆			perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(4	1)				
11 =		-	perated exclusively for the	-	•			-	v out the	nurnoses	of one	or
	· ·		ations described in section						•	•		Oi
			organization and comple		•	, , ,	.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 /(6 /1 6 /1	0011 1110 100	X triat	
	a Type I				nctionally i		d	Typ	e III - No	n-functiona	ally inte	arated
е 🗆	۱ ,	•	at the organization is not		•	-		,,			•	•
-			han one or more publicly									
f			ten determination from t						,(4)(1)		· · (· ·) (–) ·	
•		rganization, check th						·				
g		,	organization accepted ar					owina pers	sons?			. —
3			irectly controls, either al							·.	Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o									
h			about the supported org							<u></u>	,,	
		· ·		,	. ,							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Amou	nt of mo	netary
` '	ganization	(, =	(described on lines 1-9						in col. Organization in col.		pport	notar y
				governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	1					
	include any "unusual grants.")	<u> </u>		264,047.	3,213,583.	3,651,497.	7,129,127.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	I					
	or expended on its behalf	I					
3	The value of services or facilities						
	furnished by a governmental unit to	I					
	the organization without charge	I					
4	Total. Add lines 1 through 3			264,047.	3,213,583.	3,651,497.	7,129,127.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,342,545.
6	Public support. Subtract line 5 from line 4.						3,786,582.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2000	(5) 2010	264,047.	3,213,583.	3,651,497.	7,129,127.
8				= = 7 7 7	-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ü	dividends, payments received on	I					
	· ·	I					
	securities loans, rents, royalties	I				71.	71.
_	and income from similar sources					/ 1 •	/ 1 •
9	Net income from unrelated business	I					
	activities, whether or not the	I					
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital	I					
	assets (Explain in Part IV.)						T 100 100
	Total support. Add lines 7 through 10						7,129,198.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-	s first, second, th	ird, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
80	organization, check this box and stop	here	roontogo				X
	ction C. Computation of Publ						
	Public support percentage for 2013 (I		•			14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	•		·		•	k and
	stop here. The organization qualifies						▶□
k	33 1/3% support test - 2012. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the org	janization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
k	10% -facts-and-circumstances tes	t - 2012. If the org	janization did not	check a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, d	check this box and	stop here. Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17b	, check this box a	and see instructions	<u>:</u>
							000 E7\ 0040

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•	•	•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

chedule A	(Form 990 or 990-EZ) 2013 BOULD	ER CREST	RETREAT	FOUNDATION	27-3228310 _{Pa}
Part IV	(Form 990 or 990-EZ) 2013 BOULD Supplemental Information.	rovide the expla	nations required	by Part II, line 10; Part II	, line 17a or 17b; and Part III, line 12.
	Also complete this part for any addition	onal information.	. (See instruction:	s).	
			·		

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

ВС	OULDER CREST RETREAT FOUNDATION	27-3228310					
Organization type (check o	Organization type (check one):						
Filers of:	ers of: Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
X For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	ney or property) from any one					
Special Rules							
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
Caution. An organization th	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B	(Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$224,658.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$114,740.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>112,500.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$6,764.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$0,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$11,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 23,245.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 50,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$9,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$0,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$12,800.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$21,559.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$8,077.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$37,225.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$11,150.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$9,580.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$16,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$37,181.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,426.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

BOULDER CREST RETREAT FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CONSTRUCTION MATERIALS		
5			
		\$\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	CONSTRUCTION MATERIALS		
60			
		\\$12,800.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VEHICLE		
66		_	
		<u> </u>	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FURNISHINGS		
<u>67</u>			
		\$\$	12/31/13
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Bescription of noncestriptoperty given	(see instructions)	Bate received
	APPLIANCES		
<u>68</u>	-		
		\$\$	12/31/13
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
	CONSTRUCTION MATERIALS		
69			
		_{\$} 11,150.	12/31/13
323453 10-2	4-13		90, 990-EZ, or 990-PF) (2013)

Name of organization **Employer identification number**

BOULDER CREST RETREAT FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
70	CONSTRUCTION MATERIALS	_	
70			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VEHICLE		
71			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
72	VEHICLE		
12			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
73	EQUIPMENT	_	
75			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
323453 10-2-	4-13		90, 990-EZ, or 990-PF) (2013

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number BOULDER CREST RETREAT FOUNDATION 27-3228310 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section of (C)(1), (0), or (10) organization year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

BOULDER CREST RETREAT FOUNDATION

Employer identification number 27-3228310

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	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 of		
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	-	<u> </u>
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	22, 2, 22		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >	, 3 ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	·	,
	conservation easements.		3
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а			> \$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Othe	r Similar	Asse	ts (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant us	e of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	ion's exer	npt purpose	e in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	·	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai										
		(a) Current year		rior year	(c) Two yea		d) Three yea	rs back	(e) Four v	vears back
1 a	Beginning of year balance	(a) carrerie year	(2):	nor your	(6)	,	, u,		(0)	,
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·										
	Administrative expenses									
	End of year balance					+				
_	Provide the estimated percentage of the curr	ront voor and balanc	o (lino 1	a column (a)) hold oo:					
2	· · · · · · · · · · · · · · · · · · ·	•	%	g, coluitii (ajj Helu as.					
	Board designated or quasi-endowment Permanent endowment	%								
	· · · · · · · · · · · · · · · · · · ·									
C	The percentages in lines 2s, 2h, and 2s show	%								
0-	The percentages in lines 2a, 2b, and 2c should be the second and the second sec	•	-4:	ملماموا مسمام				.:		
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	and administe	erea for tr	ie organizai	lon	Г	Van Na
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			-l D0					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations								3b	
Bar	Describe in Part XIII the intended uses of the t VI Land. Buildings, and Equipm		owment	tunas.						
Pai			D-4 N	/ U 44 - C) F 000	. D+ V .I	: 10			
	Complete if the organization answered									
	Description of property	(a) Cost or o		. , ,	t or other		cumulated		(d) Book	value
		basis (investr	nent)		(other)	aep	reciation		270	000
	Land				70,000.		26 00	1		,000.
	Buildings			4,23	35,245.		36,90	<u> </u>	4 ,198	,344.
	Leasehold improvements			1 11	2 (24		26 54	, —	^^-	000
	Equipment			1,01	3,634.		26,54	/ •	987	,087.
	Other									424
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)			▶	5,555	,431.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 BOULDER CR	EST RETREAT F	OUNDATION	27-3228310 Page
Part VII Investments - Other Securities.			- · · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes	s" to Form 990 Part IV line	e 11b. See Form 990. Part X. li	ne 12
(a) Description of security or category (including name of security)			: Cost or 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.			
		44 - 0 F 000 Bt V II	10
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		: Cost or end-of-year market value
	(b) Dook value	(c) Method of Valuation	. Oost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.	".	444.0 5 000.0 144.1	
Complete if the organization answered "Yes		e 11d. See Form 990, Part X, II	
TONE DEED) Description		(b) Book value
(1) LOAN FEES			3,749
(2) PLEDGES RECEIVABLE			1,726,308
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 520 055
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		1,730,057
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" to Form 990, Part IV, line		art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(F)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(6)(7) (8)

BOULDER CREST RETREAT FOUNDATION 27-32283	BOULDE	
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Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,961,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	309,991.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	84,727.		
е	Add lines 2a through 2d			2e	394,718.
3	Subtract line 2e from line 1			3	3,566,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,396.		
_	Add lines 4a and 4b			4c	-1,396.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,565,445.
)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements Wit)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" to Form 990, Part IV, line	tements Wit	h Expenses per	Retu	rn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit	h Expenses per)	
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" to Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wit	h Expenses per	Retu	rn.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements Wit	h Expenses per	Retu	rn.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements Wit	h Expenses per	Retu	rn.
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	55,226.	Retu	rn.
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	55,226. 86,123.	Retu	rn. 812,960.
1 2 a b	Total expenses and losses per audited Financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	55,226. 86,123.	Retu	812,960. 141,349.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	55,226. 86,123.	Retu	rn. 812,960.
1 2 a b c	Total expenses and losses per audited financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	55,226. 86,123.	Retu	812,960. 141,349.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" to Form 990, Part IV, line of Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	55,226. 86,123.	Retu	812,960. 141,349.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	55,226. 86,123.	Retu	141,349. 671,611.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	55,226. 86,123.	Retu	812,960. 141,349.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION. THE FOUNDATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. THE FOUNDATION'S INCOME TAX RETURNS FOR THE YEARS 2011 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

ZU IJ

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

mployer identification number

BOULDEF	R CREST RETREAT FO	UNDA	TIC	N	27-3228	310
Part I Fundraising Activities required to complete this pa	• Complete if the organization answrt.	vered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e X Solicit. f Solicit. g Special or oral agreement with any individual Part VII) or entity in connection with lividuals or entities (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	itroi ot	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SUSAN SMITH - PO BOX 1264,		Yes	No			
MIDDLEBURG, VA 20118	GRANT WRITING		Х	0.	21,770.	-21,770.
SARAH FEHRER - PO BOX 8947, FAIRFAX, VA 22931	PROFESSIONAL FUNDRAISER	-	Х	0.	70,452.	-70,452.
Total			•		92,222.	-92,222.
List all states in which the organization or licensing.		t contrib	oution	s or has been notified		
VA						

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Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION 27-3228310 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GRAND (add col. (a) through OPENING BA 5K col. (c)) (event type) (event type) (total number) Revenue 33,000. 30,258. 65,994. 129,252. 1 Gross receipts 33,000 30,258 65,994 129,252. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 7,983. 3,070. 11,053. Rent/facility costs 2,002. 4,195. 17,331. 23,528. Food and beverages 8 Entertainment 7,602. 36,990 5,554. 50,146. Other direct expenses 84,727. 10 Direct expense summary. Add lines 4 through 9 in column (d) -84,727.11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d)

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	Enter the state(s) in which the organization operates gaming activities:		
а	Is the organization licensed to operate gaming activities in each of these states?	Yes	□ No
b	o If "No," explain:		
0a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	□ No
b	o If "Yes," explain:		
3208	82 09-12-13 Schedule G (Form	n 990 or 990)-FZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION 27-3	228	<u> 310</u>	Page 3
11	Does the organization operate 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 operated in:			
	The organization's facility	13a		%
		13b		//
	An outside facility	ISD		70
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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
	If "Yes," enter name and address of the third party:			
٠	on Tes, enternance and address of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carriing manager compensation > \$\psi\$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	ٔ لـــا ،	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	nes 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	ŕ	,	, ,
	,,,,,,,			
_				
_				

Schedule G (Form 990 or 990-EZ) BOULDER CREST RETREAT FOUNDATION	27-3228310 Page
Part IV Supplemental Information (continued)	

SCHEDULE L

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

OMB No. 1545-0047

Name of the organization BO	ULDER C	REST RET	REA	AT F	OUN	DATION					ridenti 283		on nu	mber				
Part I Excess Benefit									+->/	U 40	21-							
Complete if the org						line 25a or 25t	o, oı	r Form 990-EZ, P	art V,	line 40	.מנ	(4)	Carra	otod2				
(a) Name of disqualified pers	son (b) F	Relationship bet person and o			illea	(c) D	escription of tran	sactio	on			es	cted? No				
												+"	-	140				
2 Enter the amount of tax inc	-	•	•		•	•	•	•										
section 4958 3 Enter the amount of tax, if a										▶ \$ ▶ \$								
3 Enter the amount of tax, if a	arry, orr iirie ∠,	above, reimburs	sea by	r trie or	gariiza					Ф								
Part II Loans to and/o	or From Int	erested Per	sons	S.														
Complete if the org	anization ansv	vered "Yes" on	Form	990-EZ	, Part	V, line 38a or F	Forn	n 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on					
reported an amoun								, ,										
	b) Relationship	(c) Purpose		oan to or m the		e) Original	(1) Balance due) In	(h) App by boa	proved ard or	(i) W	ritten				
interested person W	ith organization	of loan		ization?	princ	cipal amount								ault?	cómm	ittee?	agree	ment?
			То	From					Yes	No	Yes	No	Yes	No				
											\vdash							
											\vdash							
Total Cronto or Acci	otonoo Dor	ofition Into		d Da		> \$												
Part III Grants or Assis		_																
Complete if the org						line 27. c) Amount of		(d) Tuno		\neg		\ Dura		<u> </u>				
(a) Name of interested per	rson	(b) Relationship interested pers			(assistance		(d) Type assistan) Purp assista		Γ				
		the organiza		-														
										\neg								
										-+								
										-+								

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

Schedule L (Form 990 or 990-EZ) 2013

27-3228310 Page 2 Schedule L (Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of **(b)** Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No MICHAEL DIGNAM DIGNAM IS A BOARD M 81,470.THE ORGANIZ X 57,832.CONTRACTED SHOULDER 2 SHOULDER INC SHAREHOLDERS OF SHO X Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MICHAEL DIGNAM (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIGNAM IS A BOARD MEMBER OF THE ORGANIZATION AND WORKS FOR PAE (D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION CONTRACTED WITH PAE FOR SERVICES INCLUDING THE EXECUTIVE DIRECTOR AND STAFF. (A) NAME OF PERSON: SHOULDER 2 SHOULDER INC RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: (B) SHAREHOLDERS OF SHOULDER 2SHOULDER INCLUDE BOARD MEMBERS (D) DESCRIPTION OF TRANSACTION: CONTRACTED WITH SHOULDER 2SHOULDER INC FOR SHARED EMPLOYEES AND SERVICES.

SCHEDULE M (Form 990)

Noncash Contributions

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

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www irs gov/form990

BOULDER CREST RETREAT FOUNDATION Employer identification number 27-3228310

Par	τι	Types of Property								
			(a)	(b)	(c)		(d)			
			Check if applicable	Number of contributions or	Noncash contri amounts repor		Method of de noncash contribu		•	•
			арріісаріе		Form 990, Part VI		Horicasii contribu	ilion ai	Hount	
1	Art -	Works of art								
2	Art -	Historical treasures								
3	Art -	Fractional interests								
4		ks and publications								
5	Clot	hing and household goods								
6	Cars	and other vehicles								
7	Boa	ts and planes								
8		lectual property								
9		urities - Publicly traded								
10	Sec	urities - Closely held stock								
11	Sec	urities - Partnership, LLC, or								
	trus	t interests								
12	Sec	urities - Miscellaneous								
13	Qua	lified conservation contribution -								
	Hist	oric structures								
14	Qua	lified conservation contribution - Other								
15	Rea	estate - Residential								
16	Rea	estate - Commercial								
17	Rea	estate - Other								
18	Colle	ectibles								
19	Foo	d inventory								
20		gs and medical supplies								
21	Taxi	dermy								
22	Hist	orical artifacts								
23	Scie	ntific specimens								
24	Arch	neological artifacts								
25	Othe	er • (FIXED ASSETS)	Х	16			COMPARABLE			
26	Othe	er (OTHER GOODS)	Х	2	1,	614.	COMPARABLE	SAL	ES_	
27	Othe	er ()								
28	Othe	,								
29		nber of Forms 8283 received by the organiz		•						
	for v	which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29				
									Yes	No
30a		ng the year, did the organization receive by								
		ast three years from the date of the initial c			•					37
		entire holding period?						30a		X
		es," describe the arrangement in Part II.								37
31		s the organization have a gift acceptance p						31		_X_
32a		s the organization hire or use third parties o		•						v
		ributions?						32a		X
		es," describe in Part II.			4	(-) : :	and and			
33		e organization did not report an amount in o	column (c) f	or a type of prope	πy for which colum	nn (a) is ch	ескеа,			
	desc	cribe in Part II.	ul l		•		Only adult M		000) (2046;

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

BOULDER CREST RETREAT FOUNDATION

Employer identification number 27-3228310

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

WHO COME TO REST AND HEAL.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: KEN FALKE, CHRIS FERGUSON AND JOHN COSTER ARE ALL

OWNERS/EMPLOYEES OF SHOULDER2SHOULDER, INC.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE BOARD AND BOOKKEEPER REVIEWS FORM 990 PRIOR TO FILING.

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

EXPLANATION: 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, AR, CA, CT, FL, GA, IL, KS, KY, ME, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI

SC, TN, UT, VA, WA, WV, WI

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

EXPLANATION: PROCESS SAME AS LAST YEAR.

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

Schedule O (Form 990 or 990-EZ) (2013)

BOULDER CREST RETREAT FOUNDATION	27 – 3228310
AMENDED DEMIDN	
AMENDED RETURN	
EXPLANATION: AMENDED RETURN REASON:	
THE ONLY CHANGE TO THE AMENDED RETURN WAS TO UPDATE, PART	VI, SECTION
C, LINE 17 TO INCLUDE ALL OF THE STATES THAT RECEIVE A CO	OPY OF THE 990.
LISTED APPLICABLE STATES.	

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Schedule of Adjustments



Name as shown on Virginia return BOULDER CREST RETREAT FOUNDATION

Federal Employer ID Number

27-3228310

S	ection A - Additions to Federal Taxable Income			
1	Fixed-Date Conformity Addition (depreciation-see instructions)		1	.00
	Fixed-Date Conformity Addition (other-see instructions)			
	Taxable Addition from Schedule 500AB, Line 10			
	Net Income tax and other taxes that are based on, measured by or o			
٦.	to net income	·	1	.00
5	Interest on state obligations other than Virginia			.00.
	Other Additions to federal taxable income	Code		mount
0.	Other Additions to rederal taxable income	Oode	Ai Ai	nount
		6a		.00
	6a-6c Refer to instructions for the Other Addition Codes.	6b		.00
		6c		.00
7.	Total Additions (Add Lines 1-5 and 6a-6c. Enter here and on Form 50		7	
	ection B - Subtractions from Federal Taxable Incom		·····	
1.	Fixed-Date Conformity Subtraction (depreciation-see instructions)		1	.00
	Fixed-Date Conformity Subtraction (other-see instructions)			.00
	Income from obligations or securities of the U.S. exempt from state i			
	federal income taxes		3	.00
4.	Foreign dividend gross-up (IRC § 78)			
	Refund or credit of income taxes included in federal taxable income			
	Subpart F Income (IRC § 951)			
	Foreign source income subtraction allowed by VA. Code § 58.1-402 (see instructions for limitations)	C 8.		_
8.	Dividends received from corporations in which the recipient owns 50			
٠.	of the voting stock, to the extent remaining in federal taxable income		8	.00
9.	Other Subtractions from federal taxable income	Code	· · · · · · · · · · · · · · · · · · ·	mount
		9a		.00
	9a-9c Refer to instructions for the Other Subtraction Codes.	9b		.00
		9c		.00
10.	Total Subtractions (Add Lines 1-8 and 9a-9c. Enter here and on Form	n 500, Line 4.)	10	.00
S	ection C - Amended Return			
lf y	ou are filing an amended return, complete Section C to determine if y	ou will receive an additional refun	d or if you need to make an	
ado	ditional payment.			
1.	Add amount paid with original return, plus additional tax paid after it			
	include amount paid from Line 20, additional charge from Form 5000			
2.	Add Line 1 from above and Line 16 from Form 500 and enter here $_{\hdots}$		2	.00
3.	Overpayment, if any, as shown on original return or as previously adj	justed	3	.00
4.	Subtract Line 3 from Line 2		4	.00
5.	If Line 4 above is less than Line 11 on amended Form 500, subtract			
	Line 11 on amended Form 500. This is the Tax You Owe		5 <u></u>	.00
6.	Refund. If Line 11 on amended Form 500, is less than Line 4 above,			
	on amended Form 500, from Line 4 above. This is the Tax You Overp		6	.00
_			-	

Explanation of Changes to Income and Modifications

Attach explanation for amending return. Provide the Line reference from the Form 500 for which a change is reported, and give the reason for each change. Show any computation in detail and attach any applicable schedules.

Attach Schedule 500ADJ to Your Virginia Corporation Return, Form 500.

383691 10-11-13 **1019**

Va. Dept. of Taxation 2601001 REV 06/13

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

Open to Public

A	ror the	e 2013 calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Σ	Addre	BOULDER CREST RETREAT FOUNDATION			
	Name chang	Doing Business As		27-3	228310
	Initial return		Room/suite	E Telephone numbe	r
	Termii ated	33735 SNICKERSVILLE TURNPIKE	201	540-	554-2727
LX:	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,651,568.
L	Applic tion pendi			H(a) Is this a group re	
	pendi	F Name and address of principal officer: KEN FALKE		for subordinates	
		18490 BLUERIDGE MOUNTAIN ROAD, BLUEMON		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		te: > WWW.BOULDERCRESTRETREAT.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	State of legal domicile: VA
P	art I	Summary	מט מפּס		TAMBADO MO
çe	1	Briefly describe the organization's mission or most significant activities: BOUL OFFER FACILITIES AND SERVICES TO WOUNDED	DEK CK	CDC AND MILE	TNIENDS TO
Activities & Governance					
/eri	1	Check this box if the organization discontinued its operations or dispo			ssets.
Ĝ				3	20
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			3
ţį		Total number of individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if necessary)			260
ξį		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
_	—	Net unrelated business taxable income from 1 orm 330-1, line 54		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		3,213,583.	3,651,497.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-408.	-1,325.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-84,727.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,213,175.	3,565,445.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,833.	13,521.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		127,785.	162,417.
ж	b	Total fundraising expenses (Part IX, column (D), line 25) 314,4	84.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,021.	495,673.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		240,639.	671,611.
	19	Revenue less expenses. Subtract line 18 from line 12		2,972,536.	2,893,834.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,581,820.	7,686,696.
et A	21	Total liabilities (Part X, line 26)		90,337.	1,046,614.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,491,483.	6,640,082.
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule	o and atatam	anta and to the heat of m	uknowledge and bolief it is
		thes of perjury, i declare that i have examined this return, including accompanying schedule at, and complete. Declaration of preparer (other than officer) is based on all information of wl			y Kilowieuge allu bellet, it is
liue	, correc	is, and complete. Decial ation of preparer (other than officer) is based on all information of wi	ilicii preparei	las any knowledge.	
ei.	_	Signature of officer		Date	
Sig He		KEN FALKE, CHAIRMAN			
116	-	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	MIKE KENNISON MIKE KENNISON	lo	6/12/14 if self-employed	P01034564
	parer	Firm's name PBMARES, LLP		Firm's EIN	54-0737372
	Only	Firm's address 725 JACKSON STREET, SUITE 210		5 Em	
	•	FREDERICKSBURG, VA 22401		Phone no.54	0-371-3566
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$ 295.760.) (Revenue \$

Form **990** (2013)

332002 10-29-13

4e

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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-21
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
46	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 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,	14a		
b	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	17	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form **990** (2013)

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		v	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0-	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	37		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- 22
30	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			_	

Form **990** (2013)

Form 990 (2013) BOULDER CREST RETREAT FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	260			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			ĺ
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	author	ity over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
	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			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are statement than the statement that such contributions are statement than the statement that such contributions are statement than the statement that such contributions are statement to the stat		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	ruiooo r	royidad to the payor?			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.0		
·	to file Form 8282?	-	ulleu	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	le a Form 1098-C?	7h		
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ D$	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ا مدا				
а	Gross income from members or shareholders	11a				
р	Gross income from other sources (Do not net amounts due or paid to other sources against	441				
12-	amounts due or received from them.)	11b)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			.oa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
			· · · · · · · · · · · · · · · · · · ·		990	(2013)

Form 990 (2013) BOULDER CREST RETREAT FOUNDATION 27-3228310 Page
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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	Х	
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		21	
3		,		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		37
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
···u	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sac	exempt status with respect to such arrangements?	100		
	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CA, CT, FL, GA, IL, KS	ΚV	MF.	MΔ
17	•			, 1111
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section landing to be used the security and these experiences are section.	avaliäD	ıe	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	THE ORGANIZATION - 540-554-2727			
	33735 SNICKERSVILLE TURNPIKE , NO. 201, BLUEMONT, VA 20135		265	
33200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per		not cl		more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	Itrust		99/	mpens		(W-2/1099-WISC)		organization and related
	below	idual t	Institutional trustee	Je.	Key employee	Highest compensated employee	-B			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) KEN FALKE	10.00							_	_	_
CHAIRMAN		Х		Х				0.	0.	0.
(2) FRED MALEK	5.00								_	_
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) JOHN COSTER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) CHRIS FERGUSON	2.00									•
DIRECTOR	0.00	Х				_		0.	0.	0.
(5) STEVE KUPKA	2.00	,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(6) SEAN HAYNES	2.00	٠,,							_	0
DIRECTOR	2 00	Х				_		0.	0.	0.
(7) ROB VELTRE	2.00	х						0.	0.	0.
DIRECTOR (8) KATHLEEN KEIRNAN	2.00	Δ				<u> </u>		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(9) ROB KLINGENSMITH	2.00	Λ				<u> </u>		0.	0.	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(10) TRACEY ELLIS	2.00	22							0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(11) MICHAEL WESTPHAL	2.00									
DIRECTOR		х						0.	0.	0.
(12) ANNA BIRCH	2.00							-	_	
DIRECTOR		х						0.	0.	0.
(13) HENRY STOEVER	2.00									
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL DIGNAM	2.00									
DIRECTOR		Х						0.	0.	0.
(15) BRIAN SOMMERS	2.00									
DIRECTOR		Х				L	L	0.	0.	0.
(16) BRUCE GATES	2.00									
DIRECTOR		Х						0.	0.	0.
(17) TONY GIACHINTA	2.00									
DIRECTOR		Х						0.	0.	0.

332007 10-29-13 Form **990** (2013)

Part VII Section A. Officers, Directors, Trus (A)	(C)						(D)				(E)	_	
(A) Name and title	(B) Average	D. atti						Reportable	(E) Reportable		(F) timated		
Name and title	hours per	(do not check more than one box, unless person is both an						I .	compensation			ount of	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organizations			pensation	n
	hours for	or director				ted		organization	(W-2/1099-MISC	C)	fro	om the	
	related	æ	rustee			oensa		(W-2/1099-MISC)			_	anization	
	organizations below	lal tru	onalt		oloyee	luos a						l related	
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	nizations	į
(18) ROB WILKINS	2.00	<u> </u>	<u> </u>	0	×	工	ш						_
DIRECTOR		x						0.		0.		C) .
(19) TIMOTHY YOST	2.00							_					
DIRECTOR	0.00	X						0.		0.		C) .
(20) SHANE MOORE	2.00	↓								Λ		_	١
DIRECTOR		X				-		0.		0.		·) .
		┨											
													_
		┨											
													_
		-											
1b Sub-total		<u> </u>						0.		0.		C) .
c Total from continuation sheets to Part V								0.		0.) .
d Total (add lines 1b and 1c)								0.		0.) .
Total number of individuals (including but including								received more than \$100	,000 of reportable				
compensation from the organization													C
0 5:11												Yes N	<u> </u>
3 Did the organization list any former officer												X	,
line 1a? If "Yes," complete Schedule J for											3		_
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4	X	7
5 Did any person listed on line 1a receive or									idual for services		4	-	Ì
rendered to the organization? If "Yes," con	-				-			_			5	X	2
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	•	•							•	ens	ation fi	rom	
the organization. Report compensation for	the calendar y	/ear	endi	ng v	vith	or w	ithii		year.				_
(A) Name and business	address	N	INC	E				(B) Description of s	ervices	С	(C omper		
								<u> </u>					_
													_
2 Total number of independent contractors	including but r	not li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					0						200	
											Form \$	990 (201	Ω١

Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 3,	129,252. 522,245. 283,225.	3,651,497.			
				Business Code				
Program Service Revenue	2 a b c d							
۱ ۵		All other program service reve						
	3	Investment income (including other similar amounts) Income from investment of ta	dividends, intere	est, and roceeds	71.			71.
	5	Royalties						
		Gross rents Less: rental expenses		(ii) Personal				
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses Gain or (loss)	1,396. -1,396.					
	d	Net gain or (loss)			-1,396.	-1,396.		
Other Revenue		Gross income from fundraisin including \$ 129,2 contributions reported on line Part IV, line 18	252 • of 1c). See a	0.				
盲		Less: direct expenses			04 727			04 727
		Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	ctivities. See	>	-84,727.			-84,727.
		Less: direct expenses						
		Net income or (loss) from gam Gross sales of inventory, less						
		and allowancesLess: cost of goods sold	а					
	С	Net income or (loss) from sale	s of inventory	>				
	4.4	Miscellaneous Revenu		Business Code				
	11 a b							-
	C							
		All other revenue						
		Total. Add lines 11a-11d			2 5 6 5 4 5	1 000		0.4.555
33200 10-29-	12	Total revenue. See instructions.		>	3,565,445.	-1,396.	0.	-84,656. Form 990 (2013)
10-29-	.13							ruiii 330 (20 13)

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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) Other salaries and wages 12,609. 3,782. 1,261 7,566. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 912. 274. 91. 547. Payroll taxes 10 Fees for services (non-employees): 114,996. 88,336. 11,806. 14,854. Management Legal 25,890. 25,890. С Accounting 162,417. 162,417. Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 83,150. 83,150. Advertising and promotion 12 10,105. 3,368. 3,368. 3,369. 13 Office expenses 2,196.4,392. 2,196. Information technology 14 15 Royalties 24,481. 20,481. 2,000. 2,000. 16 Occupancy 2,939. 5,406. 2,467. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,786. 7,786. 20 Payments to affiliates 21 66,363. 67,035. 672. 22 Depreciation, depletion, and amortization 10,355. 10,626. 271. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 52,254. 52,254. RETREAT EXPENSES PRINTING AND COPYING 22,655. 7,552. 7,552. 7,551. 20,208. 20,208. **MAINTENANCE FUNDRAISING** 14,673. 14,673. 32,016. 15,001. 3,992. 13,023. All other expenses 314,484. 671,611. 295,760. 61,367. 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 (2013)

Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			778,346.	1	380,391
	2	Savings and temporary cash investments			500.	2	10,039
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	1,802
	5	Loans and other receivables from current and for				•	, -
		trustees, key employees, and highest compens.		· · · · · · · · · · · · · · · · · · ·			
						5	
	6	Part II of Schedule L Loans and other receivables from other disqual					
	·	section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sec					
ω.		employees' beneficiary organizations (see instr)				6	
Assets	7					7	
As	7	Notes and loans receivable, net					
	8	Inventories for sale or use			3,120.	<u>8</u> 9	8,976
	9		 I I		3,120.	9	0,510
	iua	Land, buildings, and equipment: cost or other	10-	5 618 879			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	63 1/18	2,459,556.	40-	5,555,431
					2,433,330.	10c	3,333,431
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		240 200	14	1 720 057	
	15	Other assets. See Part IV, line 11			340,298. 3,581,820.	15	1,730,057
	16	Total assets. Add lines 1 through 15 (must equ			90,337.	16	7,686,696
	17	Accounts payable and accrued expenses			90,337.	17	246,614
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and forme					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	000 000
_	23	Secured mortgages and notes payable to unrela				23	800,000
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			00 000	25	4 0 4 5 6 4 4
	26	Total liabilities. Add lines 17 through 25			90,337.	26	1,046,614
		Organizations that follow SFAS 117 (ASC 958		there LX and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 ar			2 150 005		4 000 554
anc	27	Unrestricted net assets			3,150,827.	27	4,908,774
Bal	28	Temporarily restricted net assets			340,656.	28	1,731,308
pu	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶└─			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
et /	32	Retained earnings, endowment, accumulated in	icome, o	r other funds		32	
Z	33	Total net assets or fund balances			3,491,483.	33	6,640,082
	34	Total liabilities and net assets/fund balances			3,581,820.	34	7,686,696

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				
	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	3,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,89		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,49	1,4	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	25	4,7	65.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,64	0,0	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Cother				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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 reviewe	d 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 separar	e basis,			
	consolidated basis, or both:				
	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	e 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 in Sch	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 Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOULDER CREST RETREAT FOUNDATION

Employer identification number 27 - 3228310

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.					
Γhe	organi	zation is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)						
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3				tal service organization of		in section	170(b)(1)	A)(iii).						
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hos	oital's nar	ne,	
		city, and state	-			•				•				
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governr	mental uni	t describ	ed in			
		-	(b)(1)(A)(iv). (Comple	-	,	•	,	Ü						
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).						
7	X								or from the	general	nublic c	lescribed	in	
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
8														
9	一													
Ŭ				nctions - subject to certa										
			•	axable income (less sect	•	•	•				•			
			509(a)(2). (Complete			x, nom ba	01110000000	loquilou b	y the orga	mzation	arter ou	110 00, 10	70.	
10				perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(4	1)					
11	一	-	-	perated exclusively for the	=	-			-	, out the	nurnos	es of one	or	
••		Ü		ations described in section		′ '		,		•			, 01	
				organization and comple				.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4)(0). On	con the	DOX triat		
		a Type I				nctionally		d	Type	e III - No	n-functio	onally inte	egrated	
е			•	at the organization is not		•	-		• • •			•	-	
·				han one or more publicly										
f				ten determination from t						/(α)(1) ΟΙ	50011011	000(4)(2)	•	
•			rganization, check th	to to an										
g				nis box organization accepted ar									—	
9				irectly controls, either al							,	Yes	No	
				upported organization?									+	
				n described in (i) above?									+-	
				person described in (i) of									+-	
h				about the supported org							[118	,,,,,		
		Trovide the it	onowing imormation	about the supported of	garnzation	(0).								
/:\	Nama	of ourported	/::\	(!!!) Type of organization	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(w!!) Am	ount of me		
(1)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis		organizat		(vi) Is organizatio (i) organiz	n in col.		ount of mo support	nietary	
	orgu	mzation		`above or IRC section	governing	document?	(i) of your	support?	U.S.	?		oupport		
				(see instructions))	Yes	No	Yes	No	Yes	No				
Гotа	ıl													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	·
	membership fees received. (Do not						
	include any "unusual grants.")			264,047.	3,213,583.	3,651,497.	7,129,127.
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			264,047.	3,213,583.	3,651,497.	7,129,127.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,342,545.
6	Public support. Subtract line 5 from line 4.						3,786,582.
	etion B. Total Support						-,,
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2009	(b) 2010	264,047.	3,213,583.	3,651,497.	7,129,127.
	Gross income from interest,			20270270	-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,
0	•						
	dividends, payments received on						
	securities loans, rents, royalties					71.	71.
_	and income from similar sources					/ 1 •	/ 1 •
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						7 120 100
	Total support. Add lines 7 through 10		,				7,129,198.
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	-			-		. 🔻
50	organization, check this box and storection C. Computation of Publ	here	roontago				<u> </u>
						1	
	Public support percentage for 2013 (•	* ***		14	%
	Public support percentage from 2012					15	<u>%</u>
16a	6a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	7a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances"	-	=		-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b			
					Cobo	dule A (Form 990	~ 000 E7\ 0042

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed below, please complete Part II.) Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(u) 2003	(6) 2010	(6) 2011	(a) 2012	(6) 2010	(i) rotai
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(4) 2000	(2) 2010	(6) 2311	(4) 2312	(6) 2010	(1) 10141
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
Section C. Computation of Publi		<u>-</u>			1 1	
15 Public support percentage for 2013 (lin			column (f))		15	<u>%</u>
16 Public support percentage from 2012					16	<u>%</u>
Section D. Computation of Inves			10 1 (0)		1.5	
				<u>%</u>		
Investment income percentage from 2012 Schedule A, Part III, line 17				% 17 in 124		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV	(Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION 27-3228310 Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).
	. and complete that part for any additional information (coo mondonorio).

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

ВС	OULDER CREST RETREAT FOUNDATION	27-3228310				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.					
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization th	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B	(Form 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BOULDER CREST RETREAT FOUNDATION

27-3228310

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$114,740.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$163,332.	Person X Payroll

Name of organization

Employer identification number

BOULDER CREST RETREAT FOUNDATION

27-3228310

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person Payroll Noncash X Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll Noncash Complete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	4.19	no	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 29,277.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$0,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 23,245.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 50,000.	Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
47		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
48		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54			Person X Payroll

Employer identification number

BOULDER CREST RETREAT FOUNDATION

\$ 10,300 P P P N	(d) Type of contribution Person X Payroll
(a) No. Name, address, and ZIP + 4 Total contributions Ty	Payroll Noncash Complete Part II for concash contributions.) (d) Type of contribution Person Payroll Noncash Complete Part II for
No. Name, address, and ZIP + 4 Total contributions Ty 56	Person X Payroll Noncash Complete Part II for
	Payroll Noncash Complete Part II for
\$ \$ N (Con	oncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Ty	(d) Type of contribution
\$ 30,000 · N	Person X Payroll
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Ty	(d) Type of contribution
\$ 50,000 · N	Person X Payroll
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Ty	(d) Type of contribution
\$ 50,000 · N	Person X Payroll
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Ty	(d) Type of contribution
\$ 12,800. P	Person Payroll Noncash X Complete Part II for concash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	1.12	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$8,077.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$37,225.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$ <u>11,150.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$9,580.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$16,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$37,181.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

BOULDER CREST RETREAT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,426.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202452 10 2		\$Schodule B / Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

BOULDER CREST RETREAT FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	CONSTRUCTION MATERIALS	_	
5		_	
		\$112,500.	12/31/13
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	CONSTRUCTION MATERIALS	_	
60		_	
			12/31/13
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	VEHICLE		
66		_	
			12/31/13
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Faiti	FURNISHINGS		
67		_	
			12/31/13
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	ADDI TANGEG	(see instructions)	
68	APPLIANCES	_	
		_ _{\$} 37,225.	12/31/13
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	CONSTRUCTION MATERIALS	_	
69		_	
		_ \$11,150.	12/31/13
323453 10-24	4-13	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2013

Name of organization **Employer identification number**

BOULDER CREST RETREAT FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
70	CONSTRUCTION MATERIALS	_	
			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VEHICLE		
71			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
72	VEHICLE	_	
12			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
73	EQUIPMENT	_	
75			12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
323453 10-24	4-13		90, 990-EZ, or 990-PF) (2013)

BOULD:	ER CREST RETREAT FOUNDA	TION		27-3228310						
Part III	Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	vidual contributions to section 501(on the following line entry. For organizations, contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations completing Part III, enter r the year. (Enter this information once	ons that total more than \$1,000 for the						
	Use duplicate copies of Part III if addition	al space is needed.	(2110) 4110 1110 1110 1110							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held						
		(e) Transfer of git	ft							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held						
		(e) Transfer of git	ft							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held						
		(e) Transfer of git	ft							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

BOULDER CREST RETREAT FOUNDATION

Employer identification number 27-3228310

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	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 of		
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	-	<u> </u>
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	22, 2, 22		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >	, 3 ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	·	,
	conservation easements.		3
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а			> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

סיווו חדים	CD ECM	$D \square P D \square X P$	FOUNDATION
חטטוווטפה	CRESI	RCIRCAI	rioninio a i i com

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Othe	r Similar	Asse	ts (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant us	e of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	ion's exer	npt purpose	e in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	·	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai										
		(a) Current year		rior year	(c) Two yea		d) Three yea	rs back	(e) Four v	vears back
1 a	Beginning of year balance	(a) carrerie year	(2):	nor your	(6)	,	, u,		(0)	,
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·										
	Administrative expenses									
	End of year balance					+				
_	Provide the estimated percentage of the curr	ront voor and balanc	o (lino 1	a column (a)) hold oo:					
2	· · · · · · · · · · · · · · · · · · ·	•	%	g, coluitii (ajj Heiu as.					
	Board designated or quasi-endowment Permanent endowment	%								
	· · · · · · · · · · · · · · · · · · ·									
C	The percentages in lines 2s, 2h, and 2s show	%								
0-	The percentages in lines 2a, 2b, and 2c should be the second and the second sec	•	-4:	ملماموا مسمام				.:		
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	and administe	erea for tr	ie organizai	lon	Г	Van Na
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			-ll- D0					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations								3b	
Bar	Describe in Part XIII the intended uses of the t VI Land. Buildings, and Equipm		owment	tunas.						
Pai			D-4 N	/ U 44 - C) F 000	. D+ V .I	: 1 0			
	Complete if the organization answered									
	Description of property	(a) Cost or o		. , ,	t or other		cumulated		(d) Book	value
		basis (investr	nent)		(other)	aep	reciation		270	000
	Land				70,000.		26 00	1		,000.
	Buildings			4,23	35,245.		36,90	<u> </u>	4 ,198	,344.
	Leasehold improvements			1 11	2 (24		26 54	, —	^^-	000
	Equipment			1,01	3,634.		26,54	/ •	987	,087.
	Other									424
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)			▶	5,555	,431.

Schedule D (Form 990) 2013 BOULDER CRES	ST RETREAT	FOUNDATION	27-3228310 Page
Part VII Investments - Other Securities.			: - <u>.g</u> -
Complete if the organization answered "Yes" t	to Form 990, Part IV, li	ne 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or 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.			
Complete if the organization answered "Yes" t	to Form 990, Part IV, li	ne 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	to Form 990, Part IV, li	ne 11d. See Form 990, Part X,	line 15.
	Description		(b) Book value
(1) LOAN FEES			3,749
(2) PLEDGES RECEIVABLE			1,726,308
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		1,730,057

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D	(Form 990) 2013	BOULDER	CREST	RETREAT	FOUND	ATIO	N	27-	3228310	Page '
Pai	rt XI	Reconciliation of	of Revenue pe	r Audited	d Financial S	Statemen	ts Wit	h Revenue per R	eturr	١.	
		Complete if the organ	nization answered	"Yes" to Fo	orm 990, Part IV,	line 12a.					
1	Total	revenue, gains, and ot	her support per au	idited financ	cial statements				1	3,961	,559
2	Amou	ints included on line 1	but not on Form 9	90, Part VIII	, line 12:						
а	Net u	nrealized gains on inve	estments				2a				
b	Donat	ted services and use o	f facilities				2b	309,991.			
		veries of prior year gran					2c				
d	Other	(Describe in Part XIII.)					2d	84,727.			
е	Add li	nes 2a through 2d							2e	394	,718
3	Subtr	act line 2e from line 1							3	3,566	,841
4	Amou	ints included on Form	990, Part VIII, line	12, but not	on line 1:						
а	Invest	tment expenses not in	cluded on Form 99	0, Part VIII,	, line 7b		4a				
b	Other	(Describe in Part XIII.)					4b	-1,396.			
С	Add li	nes 4a and 4b							4c		,396
5	Total	revenue. Add lines 3 a	nd 4c. (This must e	equal Form	990, Part I, line	12.)			5	3,565	445
Pa	rt XII	Reconciliation of	of Expenses no	ar Audite	d Financial	Stateme	nts Wi	th Expenses per	Retu	rn	

	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	812,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	55,226.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	86,123.		
	Add lines 2a through 2d			2e	141,349.
3	Subtract line 2e from line 1			3	671,611.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	671,611.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS THE FOUNDATION FILES FORM 990, RETURN OF ORGANIZATION CODIFICATION. EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. THE FOUNDATION'S INCOME TAX RETURNS FOR THE YEARS 2011 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

Open To Public

Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Inspection

Employer identification number

BOULDER	CREST RETREAT FOU	NDA	TIO	N	27-3228	310
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e X Solicitating Solicitating Solicitating Special Special Special Part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SUSAN SMITH - PO BOX 1264, MIDDLEBURG, VA 20118	GRANT WRITING	Yes	No X	0.	21,770.	-21,770.
SARAH FEHRER - PO BOX 8947, FAIRFAX, VA 22931	PROFESSIONAL FUNDRAISER		х	0.	70,452.	-70,452.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit			s or has been notified	92,222. d it is exempt from re	-92,222. egistration
VA						

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

Schedule G (Form 990 or 990-EZ) 2013

27-3228310 Page 2 Schedule G (Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GRAND (add col. (a) through OPENING BA 5K col. (c)) (event type) (total number) (event type) Revenue 33,000. 30,258. 65,994. 129,252. 1 Gross receipts 33,000 30,258. 65,994 129,252. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 7,983. 3,070. 11,053. Rent/facility costs 2,002. 4,195. 17,331. 23,528. 7 Food and beverages 8 Entertainment 7,602. 36,990 5.554. 50,146. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) -84,727.11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) _____**>** Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION 27-3	3228	3 <u>T</u> U	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	′ es	└─ 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?	\	′ es	☐ No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	′ es	□ No
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party > \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	\	′ es	O No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	ines 9. §	9b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
_				
		-		

Schedule G	G (Form 990 or 990-EZ)	BOULDER	CREST	RETREAT	FOUNDATION	27-3228310	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)				
	• • • • • • • • • • • • • • • • • • • •	,	,				
					<u> </u>		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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Name of the average at

name o			CREST RET									283		on nu	mber
Part	_		tions (section 5 swered "Yes" on							ort V	lino 40	nh.			
1	•	(h)	Relationship bet				IIIE ZJA UI ZJI	J, U	11 01111 990-LZ, F	ait v,	11116 40	JD.	(4)	Corre	cted?
(a) Name of disqualified person			person and organization				(c) Description of trans			sactio	saction			(d) Correct Yes N	
			<u></u>											-	No
se	ter the amount of tax,	if any, on line 2		sed by	the or						▶ \$ ▶ \$				
	Complete if the	•	swered "Yes" on			, Part	V, line 38a or F	Forr	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
in	reported an amount of (a) Name of interested person (b)		(c) Purpose	(d) Loan to or from the			e) Original		f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) W	ritten ment?
"	iterested person	with organizatio	Orioan	organ To	From	principal amount				Yes	No	Yes	No	Yes	
Total							> \$	<u> </u>							
Part			enefiting Inte												
Complete if the organization (a) Name of interested person			(b) Relationship between interested person and the organization				c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance			
											-+				
											+				
									-		-+				
									-						

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

Schedule L (Form 990 or 990-EZ) 2013

27-3228310 Page 2 Schedule L (Form 990 or 990-EZ) 2013 BOULDER CREST RETREAT FOUNDATION Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of **(b)** Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No MICHAEL DIGNAM DIGNAM IS A BOARD M 81,470.THE ORGANIZ X 57,832.CONTRACTED SHOULDER 2 SHOULDER INC SHAREHOLDERS OF SHO X Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MICHAEL DIGNAM (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIGNAM IS A BOARD MEMBER OF THE ORGANIZATION AND WORKS FOR PAE (D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION CONTRACTED WITH PAE FOR SERVICES INCLUDING THE EXECUTIVE DIRECTOR AND STAFF. (A) NAME OF PERSON: SHOULDER 2 SHOULDER INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SHAREHOLDERS OF SHOULDER 2SHOULDER INCLUDE BOARD MEMBERS (D) DESCRIPTION OF TRANSACTION: CONTRACTED WITH SHOULDER 2SHOULDER INC FOR SHARED EMPLOYEES AND SERVICES.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number BOULDER CREST RETREAT FOUNDATION 27-3228310

Par	t I Types of Property						
		(a) Check if	(b)	(c)	(d)		
			Number of Noncash contributions or amounts reported o		Method of de noncash contribu		
		applicable		Form 990, Part VIII, line 1g	Tioricasi Contrib		
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						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
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 (FIXED ASSETS)	X	16		COMPARABLE		
26	Other (OTHER GOODS)	X	2	1,614.	COMPARABLE	SALES	
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization		-				
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29			
						Yes No	
30a	During the year, did the organization receive by						
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for exen	npt purposes for		
	• • • • • • • • • • • • • • • • • • • •					30a X	
	If "Yes," describe the arrangement in Part II.					31 X	
31							
32a	Does the organization hire or use third parties		-	· ·			
						32a X	
	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,		
	describe in Part II.						

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization

BOULDER CREST RETREAT FOUNDATION

Employer identification number 27-3228310

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

WHO COME TO REST AND HEAL.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: KEN FALKE, CHRIS FERGUSON AND JOHN COSTER ARE ALL

OWNERS/EMPLOYEES OF SHOULDER2SHOULDER, INC.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE BOARD AND BOOKKEEPER REVIEWS FORM 990 PRIOR TO FILING.

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

EXPLANATION: 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, AR, CA, CT, FL, GA, IL, KS, KY, ME, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI

SC, TN, UT, VA, WA, WV, WI

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

EXPLANATION: PROCESS SAME AS LAST YEAR.

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Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization BOULDER CREST RETREAT FOUNDATION	Employer identification number 27-3228310
AMENDED RETURN	
EXPLANATION: AMENDED RETURN REASON:	
THE ONLY CHANGE TO THE AMENDED RETURN WAS TO UPDATE, PART	VI, SECTION
C, LINE 17 TO INCLUDE ALL OF THE STATES THAT RECEIVE A CO	PY OF THE 990.
LISTED APPLICABLE STATES.	
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