Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Form **990**

AF	or th	e 2023 calendar year, or tax year beginning and	ending				
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number		
	Addre	BOULDER CREST FOUNDATION	OULDER CREST FOUNDATION				
	Name	pe Doing business as		27-3228310			
	Initial		Room/suite	E Telephone number			
	Final	33735 SNICKERSVILLE TURNPIKE		540-554-2			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	33,628,178.		
	Amen	BLOEMONI, VA 20135		H(a) Is this a group re			
	Appli tion pendi			for subordinates			
<u></u>		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions		
	Vebsi		L. v	H(c) Group exemption			
1	orm o	f organization: X Corporation Trust Association Other	L Year	of formation: ZUIUIN	State of legal domicile: VA		
	1	Briefly describe the organization's mission or most significant activities: BOULI	DER CR	EST FOIINDATT	ON'S		
ce		MISSION IS TO FACILITATE POSTTRAUMATIC GR					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	A				
ver		Number of voting members of the governing body (Part VI, line 1a)		3	21		
පී		Number of independent voting members of the governing body (Part VI, line 1b)		4	21		
ŝ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	60		
/itie	6	Total number of volunteers (estimate if necessary)		6	199		
ctiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		• 60		Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		29,324,312.	15,961,044.		
enu	9	Program service revenue (Part VIII, line 2g)		253,438.	95,895.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		75,639.	327,379.		
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	aanaa (414,929.	539,491.		
<u>.</u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,068,318.	16,923,809.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,474,074.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		3,098,158.	4,403,421.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		3,090,190.	4,405,421.		
ens		Total fundraising expenses (Part IX, column (A), line 17e)	51.				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,358,519.	8,710,842.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,930,751.	13,114,263.		
	19	Revenue less expenses. Subtract line 18 from line 12		4,137,567.	3,809,546.		
OL				ginning of Current Year	End of Year		
Assets (Balanc		Total assets (Part X, line 16)		44,393,929.	39,859,996.		
Ass	21	Total liabilities (Part X, line 26)		771,856.	650,405.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		43,622,073.	39,209,591.		
Pa	irt II	Signature Block					

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

		1/				
Sign	Signature of officer				Date	1 il sil
Here	KENNETH FALKE, CHAIRMAN	line	the k		9	. 11.24
	Type or print name and title				1	
	Print/Type preparer's name	Preparer's signature	U	Date	Check	PTIN
Paid	OLIVIA A. HUTTON, CPA	OLIVIA A.	HUTTON, (CP 04/03/	24 self-employed	P00964688
Preparer	Firm's name YOUNT, HYDE & BAR	BOUR, P.C.			Firm's EIN **-	-***9263
Use Only	Firm's address P.O. BOX 2560					
	WINCHESTER, VA 22	604-1760			Phone no. 540-	-662-3417
May the If	RS discuss this return with the preparer shown abo	ve? See instruction	S			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) BOULDER CREST FOUNDATION	**-**8310 Pa	ige 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: BOULDER CREST FOUNDATION'S MISSION IS TO FACILITATE P	OSTTRAUMATIC	
	GROWTH THROUGH TRANSFORMATIVE PROGRAMS, WORLD-CLASS T	-	
	EDUCATION INITIATIVES, RESEARCH, AND ADVOCACY EFFORTS	•	
2	Did the organization undertake any significant program services during the year which were not listed on t prior Form 990 or 990-EZ?		No
	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 serv If "Yes," describe these changes on Schedule O.	ices? Yes X] No
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and	
4a		(Revenue \$ 215,286	5.)
	BOULDER CREST FOUNDATION IS A 501(C)3 NON-PROFIT ORG		
	USES THE PROVEN SCIENCE OF POSTTRAUMATIC GROWTH TO HE	LP, TRAIN, AND	
	ADVOCATE FOR COMBAT VETERANS, FIRST RESPONDERS, AND T		
	HAVE EXPERIENCED TRAUMATIC STRESS. WE DEVELOP, DELIVE		
	TRANSFORMATIVE PROGRAMS TO ENSURE THESE REMARKABLE ME		
	TRANSFORM STRUGGLE INTO STRENGTH AND LIFELONG GROWTH,		
	THE GREAT LIVES THEY DESERVE. MORE BROADLY, WE ARE WO		
	OUTCOMES FOR VETERANS AND FIRST RESPONDERS THROUGH TR		
	TEACHES INDIVIDUALS HOW TO LIVE HEALTHY AND FULFILLIN	G LIVES.	
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4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 10,725,706.		
		Form 990 (ź	2023)
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			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
Ŀ.	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			- 23
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•		11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
2	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 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3 58		
u	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 94			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	990 (2023) BOULDER CREST FOUNDATION		**-***8	310	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	60			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	X	
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		. (
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	coun	ts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	Inization solicit	A -		v
L.	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		_X_
D	If "Yes," did the organization include with every solicitation an express statement that such contribution upon pattery deductible?	ons oi	gins	Ch		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the accompization require a payment in average of $$75$ mode partly as a contribution and partly for goods and part	i con r	rovidad to the pover?	70		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	Povided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uivad	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	sreq	uired	7.		х
لم	to file Form 8282?	74		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	7d	+2	70		х
-				7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
0	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organization have excess business holdings at any time during the year?			0		
	Did the energy of the section make any tayable distributions up for section 10662			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			50		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter.	100				
		11a				
	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	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		7 ?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5				
	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		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec						
		1.	21		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	21	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
2	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision	-		
-	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?	<u> </u>		8a	Х	
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 rea	ched at	t the			
				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	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 ch	napters,	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		- filing the formed	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	<u>11a</u>	~	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13			12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			120		
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	ith a			
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		'S			
Sac	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed $_AL$, AK , AZ , AR , C	'A C		GA	нт	TD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a					
10	for public inspection. Indicate how you made these available. Check all that apply.			3 Offiy)	avanar	
	X Own website Another's website X Upon request Other (explain	100.50	hedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
-	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
	<u>SUE HUBER - (540) 554-2727</u>					
	33735 SNICKERSVILLE TURNPIKE, BLUEMONT, VA 20135					
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	9 90	(2023)
	E E					

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

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week			uau		/ 1 43		from	from related	other
	(list any hours for	direct				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or i	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High emp	Former			
(1) JOSH GOLDBERG	40.00					1				44 - 6-
CHIEF EXECUTIVE OFFICER	10.00			Х				250,000.	0.	14,505.
(2) SARAH FEHRER	40.00					. (
VICE PRESIDENT				Х	C			208,555.	0.	8,290.
(3) JOSEPH WOOD	40.00					\mathcal{O}				
EXECUTIVE DIRECTOR (AZ)						Х		140,909.	0.	16,889.
(4) JANET REID	40.00							100.000		
DIRECTOR OF PHILANTHROPHY	10.00	•				Х		139,866.	0.	14,201.
(5) CARRIE NELSON	40.00							4.0.5 .0.0		40.050
EXECUTIVE DIRECTOR (VA)						Х		135,000.	0.	12,353.
(6) GREGORY MORIN	40.00							105 105		15 664
DIRECTOR OF TRAINING	40.00					Х		126,186.	0.	15,664.
(7) MARGARET MULDERRY	40.00							104 000	0	0 01 0
FORMER CONTROLLER (THROUGH 3/31/2023	10.00						Х	124,993.	0.	2,816.
(8) LAURIE JOHNSON	40.00								0	2 410
DIRECTOR OF LEARNING	20.00					X		117,000.	0.	3,410.
(9) KEN FALKE	30.00	37		37					0	0
CHAIRMAN	2 00	Х		Х				0.	0.	0.
(10) FRED MALEK	2.00	77		v				0.	0.	0
VICE CHAIRMAN	2.00	Х		Х				0.	0.	0.
(11) ROBERT ASSENMACHER DIRECTOR	2.00	х						0.	0.	0.
(12) JAMES BALL	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(13) JANE-SCOTT CANTUS	2.00	~						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(14) JOHN DUBIA	2.00	Δ							0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(15) BRADEN EDWARDS	2.00								0.	
SECRETARY	- 2.00	х		х				0.	0.	0.
(16) ROBERT GAINES	2.00			23					0.	
DIRECTOR		х						0.	0.	0.
(17) TONY GIACHINTA	2.00									<u> </u>
DIRECTOR		х						0.	0.	0.
332007 12-21-23	1								•	Form 990 (2023)
002007 12-21-20				-	-					(2023)

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Form 990 (2023) BOULDER (CREST FC	UN	DA	TIC	ON				**_***	8310	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	High	nest	Co	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box offic	not cl , unles	(C) Posit heck m ss perse d a dire	ion ore the	both a	n	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) timated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Hinhest compensated	employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr orga and	pensation om the anization d related anizations
(18) LESLEY KELLY TREASURER	2.00	x		x				0.	0		0.
(19) FRANK KILLORAN DIRECTOR	2.00	x						0.	0	•	0.
(20) FRANK LARKIN DIRECTOR	2.00	x						0.	0		0.
(21) PAUL LOMBARDI DIRECTOR	2.00	x						0.	0		0.
(22) MIKE MONROE DIRECTOR	2.00	x						0	0		0.
(23) BRIAN RATHJEN	2.00							0.			
DIRECTOR (24) WILL WALKER	2.00	X						G	0		0.
DIRECTOR (THROUGH 3/28/23) (25) RYAN MILLER	2.00	X			+			0.	0		0.
DIRECTOR (26) PINAKIN PATEL	2.00	X				ſ		0.	0		0.
DIRECTOR 1b Subtotal		X			0			0. 1,242,509.	0 0	. 88	0. 8,128.
c Total from continuation sheets to Part VII, Section A									0		0.
d Total (add lines 1b and 1c)2Total number of individuals (including but n				d abc	ove) v	who	re	1,242,509. ceived more than \$100,	000 of reportable	• 80	8,128.
compensation from the organization		-									11
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	yee,	or h	nigł	hest compensated emp	loyee on		Yes No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su										3	X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a			•							4	X
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors					-			-		5	X
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	sation fro	om
(A)		are	nun	ig wit	nor	WILI	T	(B)		(0	
Name and business BOUNDLESS LEADERSHIP CONS	ULTING,							Description of s	R	Comper	
<u>19811 NW 2 STREET, PEMBRC</u> RICHARD TEDESCHI	KE PINE	S,	F.	<u>ь з</u>	30	29		INITIATIVE/S	TRUGGLE	29	5,985.
PO BOX 1351, CONCORD, NC BRET MOORE	28026						E	PROGRAM SUPP	ORT	11:	2,000.
22426 ROAN FOREST, SAN AN	TONIO,	TX	7	825	9		E	PROGRAM SUPP	ORT	11:	1,500.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3											
SEE PART VII, SECTION	A CONT	ΤŊ	UA	TIC	N	SH	E	ETS		Form	990 (2023)

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Form 990 BOULDER	**-***8310									
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (, ,	
(A) Name and title	(B) Average hours	erage Position ours (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ROB DRISCOLL DIRECTOR	2.00	x						0.	0.	0.
(28) JULIE BOWEN DIRECTOR	2.00	x						0.	0.	0.
(29) MICHAEL BURNS DIRECTOR	2.00	x						0.	0.	0.
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								3		
		-						\mathbf{N}		
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Check if Schedule O contains a response or note to any line in the PdY VIII (0) (A) Total revenue (0) (C) Promise schedule Prom Sk vice Package (0) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Ра	rτ١	711			00000000	or noto to cov lie	o in this Dort VIII			
Instruction Participation During and business revealed business					contains a r	esponse	or note to any im		(B)	(C)	(D)
and Section 512 - 514 Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Construction 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building Section 512 - 514 Building								Total revenue	Related or exempt	Unrelated	
Building									function revenue	business revenue	
Building	ŝ	1	а	Federated campaigns		1a					
Building	ant										
Building	n G						890,347.				
Buildings Code Buildings Code 2 a SENTINR 459900 95,895. 95,995. a - - - - - a - - - - - a - - - - - - a Total. Add lines 2a-2f 95,895. -	ifts r A										
Building Code Building Code Building Code 0	i, G nila				ſ						
Building Code Building Code Building Code 0	Sir										
Buildings Code Buildings Code 4 59900 95,895. 95,995. 6 c	her					1f	15,070,697.				
Buildings Code Buildings Code 2 a SENTINR 459900 95,895. 95,995. a - - - - - a - - - - - a - - - - - - a Total. Add lines 2a-2f 95,895. -	Iot		q				163,345.				
Buildings Code Buildings Code 4 59900 95,895. 95,995. 6 c	Cor		h		•			15,961,044.			
Border Comparison Comparison<							Business Code				
9 Total. Add lines 2a21 95,895. 3 Investment income (including dividends, interest, and other similar arounds) 391,263. 4 income from investment of tax exempt bond proceeds 391,263. 5 Royatiles 6 6 6 6 7 Gross rents 6 6 0 6 7 Gross amount from sales of assets other than invemore (loss) 6 7 Gross anount from sales of assets other than invemore (loss) 6 7 It (loss) 6 7 It (loss) 16,134,616. 7 It (loss) 16,144,616. 7 It (loss) 16,144,616. 7 It (loss) 16,164,430. 8 Gross income from fundrasing events -34,007. 7 It (loss) 63,884. 8 Gross income from fundrasing events -402,547. 9 Gross income from gaming activities. 9 9 Gross soles of inventory. 123,113. 9 Gross soles of in	e	2	а	SEMINAR			459900	95,895.	95,895.		
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9 Total. Add lines 2a21 95,895. 3 Investment income (including dividends, interest, and other similar arounds) 391,263. 4 income from investment of tax exempt bond proceeds 391,263. 5 Royatiles 6 6 6 6 7 Gross rents 6 6 0 6 7 Gross amount from sales of assets other than invemore (loss) 6 7 Gross anount from sales of assets other than invemore (loss) 6 7 It (loss) 6 7 It (loss) 16,134,616. 7 It (loss) 16,144,616. 7 It (loss) 16,144,616. 7 It (loss) 16,164,430. 8 Gross income from fundrasing events -34,007. 7 It (loss) 63,884. 8 Gross income from fundrasing events -402,547. 9 Gross income from gaming activities. 9 9 Gross soles of inventory. 123,113. 9 Gross soles of in	Ser										
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b Less: rental expenses Gb Control Contro Control Control					(i)	Real	(ii) Personal				
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a Met rental income or (loss) Image: mail of the method in the method i			b	Less: rental expenses	6b						
7 a Gross amount from sales of assets other than inventory b (i) Securities (ii) Other Za (iii)			с	Rental income or (loss)	6c						
assets other than inventory Ta 16,134,616. Ta b Less: cost or other basis and sales expenses Ta 16,144,493 34,007. c Gain or (loss) Tz 16,164,493 34,007. d Net gain or (loss) Tz 29,37. -34,007. d Net gain or (loss) -63,884. -63,884. 8 a Gross income from fundraising events (not including \$ 190,477. 6402,547. b Less: direct expenses 8b 502,147. c Net income or (loss) from fundraising events 402,547. 9 a Gross income from gaming activities. See Part IV, line 18 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. 0a 10 a Gross sales of inventory, less returns and allowances 10a 123,113. b Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. b Less: cost of goods sold 10b 3,722.			d	Net rental income or (loss)		<u></u>					
b Less: cost or other basis and sales expenses 7b 16, 164, 433 34, 007. c Gain or (loss) 7c 22, 877. -34, 007. d Net gain or (loss) 7c 22, 877. -63, 884. 6-63, 884. 8 Gross income from fundraising events (not including \$890, 347. of contributions reported on the 1c). See Part IV, line 18 8a 904, 694. 9b 502, 147. 9 Gross income from gaming activities. See Part IV, line 19 9a 9b 502, 147. 402, 547. 402, 547. 9 Gross income from gaming activities. See Part IV, line 19 9a 9a 9b 502, 147. 402, 547. 9 Gross sales of inventory, less returns and allowances 10a 123, 113. 10b 37.22. 10 Gross sales of inventory, less returns and allowances 10a 123, 113. 119, 391. 119, 391. 10 Gross form sales of inventory 10b 3, 722. 119, 391. 119, 391. 10 Gross sales of inventory, less returns and allowances 10a 123, 113. 12 119, 391. 119,		7	a	Gross amount from sales of			(ii) Other				
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Sector Contributions reported on line 1c). See Part IV, line 18 Ba 904,694. Bb Sector Sect	her	8	а	Gross income from fundraisir	ng events (n	ot					
Part IV, line 18 Ba 904,694. b Less: direct expenses 8b 502,147. c Net income or (loss) from fundraising events 402,547. 402,547. 9 a Gross income from gaming activities. See Part IV, line 19 9a 402,547. 402,547. 9 a Gross income or (loss) from gaming activities. See Part IV, line 19 9a 9b 6 6 b Less: direct expenses 9b 6 6 6 6 c Net income or (loss) from gaming activities 6 <td< td=""><th>đ</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	đ										
b Less: direct expenses Bb 502,147. 402,547. 402,547. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 402,547. 402,547. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 402,547. 402,547. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 402,547. 402,547. 10 a Gross sales of inventory, less returns and allowances 10a 123,113. 10a 123,113. b Less: cost of goods sold 10b 3,722. 119,391. 119,391. 11 a MISCELLANEOUS Business Code 100 17,553. 17,553. c d All other revenue 117,553. 117,553. 117,553. 12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.				-							
c Net income or (loss) from fundraising events 402,547. 402,547. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a 123,113. b Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. gross MISCELLANEOUS 900099 17,553. 17,553. gross All other revenue 10 17,553. 12 gross Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.						<u>8a</u>					
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9a 9b 10 a Gross sales of inventory, less returns and allowances 10a 123,113. b Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. s Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. game 900099 17,553. 17,553. c d All other revenue 10 e Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.						······	502,147.				
Part IV, line 19 9a 9a 9b 9b<					-			402,547.			402,547.
b Less: direct expenses 9b Image: section of		9	а								
c Net income or (loss) from gaming activities and allowances 10a 123,113. b Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. 11 a MISCELLANEOUS 900099 17,553. 17,553. c All other revenue 117,553. 17,553. 12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.											
10 a Gross sales of inventory, less returns and allowances 10a 123,113. 10b 3,722. b Less: cost of goods sold 10b 3,722. 119,391. c Net income or (loss) from sales of inventory 119,391. 119,391. 11 a MISCELLANEOUS 900099 17,553. 17,553. b c						····· —					
and allowances 10a 123,113. b Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. 11 a MISCELLANEOUS 90099 17,553. 0 b					• •						
b Less: cost of goods sold 10b 3,722. c Net income or (loss) from sales of inventory 119,391. 119,391. solution Business Code 100 100 100 100 100 100 100 100 100 100 119,391. 119,391. 119,391. 100		10	а				102 112				
c Net income or (loss) from sales of inventory 119,391. 119,391. 11 a MISCELLANEOUS 900099 17,553. b			_								
Business Code Business Code 11 a MISCELLANEOUS 900099 17,553. 17,553. b							3,122.	110 201	110 201		
11 a MISCELLANEOUS 900099 17,553. 17,553. b			С	Net income or (loss) from	sales of inv	entory	Rucinosa Ord	113,331.	119,391.		
e Total. Add lines 11a-11d 17,553. 12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.	sn		-	MISCELLANFOUS				17 552			17 553
e Total. Add lines 11a-11d 17,553. 12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.	leo	11					500033	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>
e Total. Add lines 11a-11d 17,553. 12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.	ven										
e Total. Add lines 11a-11d 17,553. 12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.	sce Be										
12 Total revenue. See instructions 16,923,809. 215,286. 0. 747,479.	Σ						L	17 553			
		10						,	215 286	0	747 479
	33200					<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,200.		Form 990 (2023)

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Form 990 (2023)

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BOULDER CREST FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		410 052	224 500	140 040
_	trustees, and key employees	786,501.	410,953.	234,599.	140,949
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 021 625		254 246	252 264
7	Other salaries and wages	2,931,625.	2,325,115.	254,246.	352,264
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	403,074.	319,958.	23,707.	50 /00
9	Other employee benefits	282,221.	207,679.	37,105.	<u>59,409</u> 37,437
0	Payroll taxes	202,221.	207,079.	57,105.	5/,45/
1	Fees for services (nonemployees):				
а	Management	21,286.		21,286.	
b		29,800.		29,800.	
	Accounting	55,000.		55,000.	
d				55,000.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	117,070.		50,997.	66,073
	column (A), amount, list line 11g expenses on Sch 0.)				00,075
12	Advertising and promotion	348,180.	220,705.	25,850.	101,625
13 14	Office expenses	332,490.	160,994.	3,630.	167,866
4 5	Royalties	552,450	100,5540	5,050.	107,000
15 16		121,161.	121,161.		
6 7	Occupancy Travel	93,911.	121,101.	68,036.	25,875
18	Payments of travel or entertainment expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			237073
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	138,883.	59,870.	70,080.	8,933
20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	729,989.	729,989.		
23	Insurance	110,377.	101,854.	8,523.	
.5 24	Other expenses. Itemize expenses not covered		,	.,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM R&D	2,929,224.	2,929,224.		
b	MARKETING/PR OUTREACH	1,827,502.	1,446,998.		380,504
c	MOBILE PATHH TEAM	715,513.	715,513.		
d	PATHH EXPENSES	520,983.	520,983.		
	All other expenses	619,473.	454,710.	76,647.	88,116
5	Total functional expenses. Add lines 1 through 24e	13,114,263.	10,725,706.	959,506.	1,429,051
26	Joint costs. Complete this line only if the organization			,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,762,987.	1	3,582,398.
	2	Savings and temporary cash investments			5,840,886.	2	60,754.
	3	Pledges and grants receivable, net			5,299,880.	3	45,000.
	4	Accounts receivable, net			876,395.	4	390,328.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	500.
As	9				1,563,062.	9	447,541.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,123,282.			
	b	Less: accumulated depreciation	10b	5,548,462.	15,925,054.	10c	15,574,820.
	11	Investments - publicly traded securities			11,086,962.	11	19,733,818.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			24,837.	14	24,837.
	15	Other assets. See Part IV, line 11			13,866.	15	0.
	16	Total assets. Add lines 1 through 15 (must equ			44,393,929.	16	39,859,996.
	17	Accounts payable and accrued expenses			254,780.	17	650,405.
	18	Grants payable		18			
	19	Deferred revenue	500,000.	19	0.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		•			
dei.		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			17 076		0
		of Schedule D			17,076.		0. 650,405.
	26	Total liabilities. Add lines 17 through 25	<u></u>		771,856.	26	050,405.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33.			33,791,654.	07	38 805 601
alaı	27				9,830,419.	27	38,805,691. 403,900.
ар	28	Net assets with donor restrictions			9,030,419.	28	405,900.
'n		Organizations that do not follow FASB ASC 9	58, cne				
<u>د</u>	00	and complete lines 29 through 33.				29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30	
SSE	30 31	Retained earnings, endowment, accumulated in				30 31	
Net Assets or Fund Balances					43,622,073.	32	39,209,591.
ž	32	Total net assets or fund balances			44,393,929.	32	39,859,996.
	33	Total liabilities and net assets/fund balances			, , , , , , , , , , , , , , , , , ,	აა	

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

Form	BOULDER CREST FOUNDATION	**_**	*831	0	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			X
			1 0	<u></u>	~	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{16,9}{12,1}$			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,1			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,6			
5	Net unrealized gains (losses) on investments	5	6	01	, 79	93.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-8,8	23	, 82	21.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	39,2	09	, 59	<u>)1.</u>
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3			
	ojo,		FO			2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Nam	e of t	he organization							identification number
D -			DER CREST I						*-**8310
Par		Reason for Public (ee instruction	S.	
	organ	ization is not a private found							
1		A church, convention of ch				n 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_ 1		city, and state:							
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
•		section 170(b)(1)(A)(iv). (C							
6	v	A federal, state, or local gov	-						
7	X	An organization that norma	•	itial part of its support fr	om a gove	ernmental	unit or from tr	ie general j	public described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe				nd in coniu	notion with a	land grant	
9		An agricultural research org or university or a non-land-g						-	-
		university:	frank college of agrici			lame, city	and state of	the college	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Con				loop doqui			
11		An organization organized a		velv to test for public sat	etv. See	section 50)9(a)(4).		
12		An organization organized a						rrv out the	purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga							giving
		the supported organization	-		• • • •	-			
		organization. You must o							
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monoton	(vi) Amount of other
	(organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota							L		

<u>-*8310 Page 2</u>

 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4810817.	6639890.	7280998.	13630825.	16011044.	48373574.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	4810817.	6639890.	7280998.	13630825.	<u>16011044.</u>	48373574.
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)						21788054.
	Public support. Subtract line 5 from line 4.						26585520.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4810817.	6639890.	7280998.	13630825.	<u>16011044.</u>	<u>48373574.</u>
8	Gross income from interest,						
	dividends, payments received on		• (
	securities loans, rents, royalties,						
	and income from similar sources \dots	136,465.	63,724.	18,661.	92,764.	391,263.	702,877.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		\mathbf{O}				
	or loss from the sale of capital						
	assets (Explain in Part VI.)	50,500.	41,608.	22,228.	179,069.		310,958.
11	Total support. Add lines 7 through 10						49387409.
	Gross receipts from related activities,					12	522,633.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	53.83 %
	Public support percentage from 2022					15	51.41 %
16a	33 1/3% support test - 2023. If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				3		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons				5		
	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			20			
С	Add lines 7a and 7b		+ 6				_
	Public support. (Subtract line 7c from line 6.)						
		(-) 0010	(1) 0000	(-) 0001	(-1) 0000	(-) 0000	(0) Takal
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Ś	G				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	70.					
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	c Support Per	centage				
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves					<u>г г</u>	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						e 17 is not
	more than 33 1/3%, check this box a	-	•		•••••		
b	33 1/3% support tests - 2022. If the						
. .	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	on did not check a l	box on line 14, 19a	a, or 19b, check tł	his box and see ins		
33202	3 12-21-23		16			Schedu	le A (Form 990) 2023

^{2023.03030} BOULDER CREST FOUNDATION 11028801

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

332024 12-21-23

	Yes	No
1		
- 1		
2		
3a		
01		
3b		
3c		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
_		
6		
7		
8		
0-		
9a		
9b		
0-		
9c		
10a		
10h		

Schedule A (Form 990) 2023 BOULDER CREST FOUNDATION

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | Schedule A (Form 990) 2023

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1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income	Jinpier	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):		0.			
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors		2			
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally i	integra	ted Type III supporting orgar	nization (see		

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

n 990) 2023	BOULDER	CREST	FOUNDATION

a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

20

Pre-2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c.

BOULDER CREST FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

(i)

Excess Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

10 Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A (Form 990) 2023

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Current Year

(iii)

Distributable

Amount for 2023

8 Breakdown of line 7:

Schedule A (Form 990) 2023

Section D - Distributions

2

3

4

6

7

8

9

1

Schedule A	(Form 990) 2023	BOULDER	CREST	FOUNDATION		**-***8310	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	prmation. Provid 1, 2, 3b, 3c, 4b, 4d D, lines 2 and 3; Pa	le the expla c, 5a, 6, 9a, rt IV, Sectio	nations required by Part 9b, 9c, 11a, 11b, and 1 n E, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V lete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par	C,
	(See instructions.)			52, 0, and 0.7100 00m			
					.01		
					5		
)		
				I			
)`				
	•	\mathbf{O}					
						Sobodula A /Farra A	
332028 12-21-2	5			21		Schedule A (Form 9	30) 2023

If the organization answered	"Yes" on Form 99	90, Part IV, line 3, or Forr	n 990-EZ, Part V, line	46 (Political Campaign A	ctivities), then:
 Section 501(c)(3) organization 	•		•		
 Section 501(c) (other than 	()()/	0	arts I-A and C below. [Do not complete Part I-B.	
 Section 527 organizations 					
If the organization answered					
 Section 501(c)(3) organization 		,		•	•
 Section 501(c)(3) organization 		•	())	•	•
If the organization answered		90, Part IV, line 5 (Proxy 1	Гах) (see separate ins	tructions) or Form 990-E	Z, Part V, line 35c (Proxy
Tax) (see separate instructio					
• Section 501(c)(4), (5), or (6) organizations: Co	mplete Part III.		······	
Name of organization				Empl	oyer identification number
		ST FOUNDATION			**-**8310
Part I-A Complete if	f the organizat	ion is exempt under	r section 501(c) o	r is a section 527 or	ganization.
 Provide a description of t Political campaign activity Volunteer hours for political 	y expenditures			\$	
Part I-B Complete if	the organizat	ion is exempt under	section 501(c)(3		
	-				
•		, ,		۵	
2 Enter the amount of any e3 If the organization incurred				\$	
·					
4a Was a correction made?					Yes No
b If "Yes," describe in Part Part I-C Complete if		ion is exempt under	section 501(c)	except section 501(c)(3)
					<u>,,,,,</u>
1 Enter the amount directly					
2 Enter the amount of the f				•	
exempt function activities				\$	
3 Total exempt function exp					
5 Enter the names, address					
				tion's funds. Also enter the	
				ization, such as a separate	e segregated fund or a
political action committee	e (PAC). If additiona	al space is needed, provid	e information in Part IV	/.	1
(a) Name	X	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

LHA 332041 11-06-23

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990)

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

2023 Open to Public Inspection

Schedule C (Form 990) 2023 BOUI	DER CRE	ST FOUNDATI	ON	**_*	**8310 Page 2
Part II-A Complete if the organiza	tion is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organization be	ongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of ex-					
B Check if the filing organization ch	ecked box A a	nd "limited control" pro	ovisions apply.		
Limits on L	obbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditures"	' means amou	unts paid or incurred.)		totals	
1a Total lobbying expenditures to influence p	ublic opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a	legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
e Total exempt purpose expenditures (add I	ines 1c and 1c	(k			
f Lobbying nontaxable amount. Enter the a	mount from th				
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000,000,		00 plus 15% of the exc			
over \$1,000,000 but not over \$1,500,000,		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce		0	
over \$17,000,000,	\$1,000		<u>33 0vci φ1,000,000</u> .		
g Grassroots nontaxable amount (enter 25%		,000.			
h Subtract line 1g from line 1a. If zero or les	, ,			-	
i Subtract line 1f from line 1c. If zero or less					
	,	ling ti did the even in			
j If there is an amount other than zero on e			ation nie Form 4720		
reporting section 4911 tax for this year?		ana aina Dania d Undan	C		Yes No
(Some organizations that ma		eraging Period Under		of the five columns b	elow
		ate instructions for lin			elow.
		nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount		5			
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures	<u>}</u>				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
······································		•	•	Sched	ule C (Form 990) 2023

332042 11-06-23

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	obbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	Volunteers?	<u> </u>	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X	X			
	Mailings to members, legislators, or the public?		Х			
	Publications, or published or broadcast statements?		Х			
	Grants to other organizations for lobbying purposes?		Х			
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		55	5,000.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
	Other activities?	_	Х			
	Total. Add lines 1c through 1i	$\mathbf{O}_{\mathbf{A}}$		55	5,000.	
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR (b) Part I	II-A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2 a			
b	Carryover from last year		2 b			
С	Total		. 2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditures next year?					
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par						
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see		

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

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number

	BOULDER CREST FOUN		**-**8310
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds (I	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fund	s
Ū	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor o		
			•
Par		ganization answered "Ves" on Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		rically important land area
	Protection of natural habitat	Preservation of a certif	ned historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a cor	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during the tax
	year		
4	Number of states where property subject to conservation eas	*	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements that	t describes the
Dec	organization's accounting for conservation easements.		
Par			imilar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub		ce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain, p	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		•
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023
	09-28-23		

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2		~	~	~	~	~	_	

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Sche		CREST FOU					***8310	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other S	Similar Ass	sets _{(continue}	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	t make sign	ificant use of	its	
	collection items (check all that apply).							
а	Public exhibition	c	1 📃 Loan or ex	change progra	am			
b	Scholarly research	e	• Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organizatio	on's exemp	t purpose in I	Part XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	asures, or othe	er similar as	sets		
_	to be sold to raise funds rather than to be ma						Yes	No
Pa	rt IV Escrow and Custodial Arran		te if the organizatio	on answered "	Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	
С	Beginning balance							
d	Additions during the year					1d		
e	Distributions during the year					1e		
T	Ending balance					1f	Vaa	Na
	Did the organization include an amount on Fe					·	Yes	No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if							
		(a) Current year	(b) Prior year	(c) Two yea) Three years b	ack (e) Four ye	ears back
1a	Beginning of year balance		(2) 1 101 you		(u	,	(0) (0)	are such
h	Contributions							
c	Net investment earnings, gains, and losses							
b b	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
a	End of year balance							
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a. column (a)) held as:			I	
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administer	red for the			
	organization by:						Y	es No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?)			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI _ Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990), Part X, lin	e 10.	1	
	Description of property	(a) Cost or o basis (investr	.,	st or other s (other)		umulated eciation	(d) Book v	
1a	Land		1,0	98,018.			1,098,	
b	Buildings		15,5	87,544.	2,92	21,755.	12,665,	
с	Leasehold improvements							
d	Equipment			82,036.		90,014.	92,	,022.
е	Other		3,3	55,684.	1,63	36,693.	1,718,	,991.
Tota	I. Add lines 1a through 1e. (Column (d) must e	oual Form 990. Part	X. line 10c. columi	n (B))			15,574,	,820.

Schedule D (Form 990) 2023

(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of val	luation: Cost or end-of-year market value
	al derivatives			•
	held equity interests			
3) Other	· · · · · · · · · · · · · · · · · · ·			
, (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value		luation: Cost or end-of-year market value
(4)	(a) Description of investment	(b) DOOK Value		idation. Cost of end-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		5	
	Other Assets			
otal. (Col. (Other Assets Complete if the organization answered "Yes" o		2 11d. See Form 990, Pr	
otal. (Col. (Other Assets Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	e 11d. See Form 990, Pa	art X, line 15. (b) Book value
otal. (Col. (Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
ptal. (Col. (Part IX	Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
(1)	Other Assets Complete if the organization answered "Yes" o		9 11d. See Form 990, Pa	
(1) (2) (1)	Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
(1) (3) (3)	Other Assets Complete if the organization answered "Yes" o		2 11d. See Form 990, Pa	
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" o (a) D	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets Complete if the organization answered "Yes" o	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (2) (2) (2) (2) (2) (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fed (2) (3)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fee (2) (3) (4)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu (7) (8) (9) otal. (Colu (2) (3) (4) (5) (6) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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BOULDER CREST FOUNDATION

Schedule D (Form 990) 2023 - Other Securities

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	•		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)	<u> </u>		
(3)			
			1

Sche	dule D (Form 990) 2023 BOULDER CREST FOUNDATION	**-***8310 Page			
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	17,575,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	601,793.		
b	Donated services and use of facilities	2b	50,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	651,793.
3	Subtract line 2e from line 1			3	16,923,809.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,923,809.	
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	13,164,263.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		. 7		
а	Donated services and use of facilities	2a	50,000.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	50,000.
3	Subtract line 2e from line 1			3	13,114,263.
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	13,114,263.
Pa	t XIII Supplemental Information				
Drovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1h	and 2h: Part V line /	· Dart '	V line 2: Part VI

wide 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 γart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	g Fundraisi	ing or Gaming Act	ivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$	2023			
Department of the Treasury		Attach to Form 990	-	-		Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	uctions and t	he latest information.	<u> </u>	Inspection
Name of the organization		CREST FOUNDATION			Employer i **_**	dentification number
Part I Fundrais		Complete if the organization answ	vered "Yes" or	n Form 990, Part IV, line		
required to	complete this part					
		ed funds through any of the followi				
	email solicitations		-	overnment grants nment grants		
c 🔄 Phone solici	tations		al fundraising			
d In-person so			l (in altration of a	tion of the state to the state		
		r oral agreement with any individua art VII) or entity in connection with				es No
		viduals or entities (fundraisers) purs		•	fundraiser is to	be
compensated at le	ast \$5,000 by the	organization.				
(i) Name and addres	s of individual		(iii) Did fundraiser	(iv) Gross receipts	v) Amount paid (or retained by	
or entity (fund		(ii) Activity	have custody or control of contributions?	from activity	fundraiser listed in col. (i)	to (or retained by) organization
			Yes No			
				D		
		•				
Total						
	ich the organizatio	n is registered or licensed to solicit	contributions	or has been notified it i	s exempt from	registration
or licensing.						
For Paperwork Reducti	ion Act Notice, se	e the Instructions for Form 990 o	r 990-EZ.		Sched	ule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ 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
				2023		(add col. (a) through
			2023 BC GOLF	SEPTEMBER NY	3	col. (c)
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1 Gro	ss receipts	476,436.	628,867.	689,738.	1,795,041
	2 Less	s: Contributions	246,693.	393,605.	250,049.	890,347
	3 Gro	ss income (line 1 minus line 2)	229,743.	235,262.	439,689.	904,694
	4 Cas	h prizes				
	5 Non	cash prizes				
Direct Expenses	6 Ren	t/facility costs	102,377.	32,828.	38,651.	173,856
ect Ey	7 Foo	d and beverages	4,791.	158,297.	14,881.	177,969
ā	8 Ente	ertainment				
	9 Oth	er direct expenses	63,403.	65,780.	21,139.	150,322
	10 Dire	ct expense summary. Add lines 4 throug	gh 9 in column (d)			502,147
		income summary. Subtract line 10 from				402,547
a		Gaming. Complete if the organizatior \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
Т				(b) Pull tabs/instant		(d) Total gaming (ad
Hevenue			(a) Bingo 🔶	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
r	1 Gros	ss revenue				
es	2 Cas	h prizes				
ens	2 Non	cash prizes				
ЦЦ	3 1101	icash prizes				
티	4 Ren			1 1		
elle L		t/facility costs				
Direct Expenses		er direct expenses				
DIre	5 Oth	\sim	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
Dire	5 Othe 6 Volu	er direct expenses	No No		No	
	5 Other6 Volu7 Dire	er direct expenses	No	No	No	
DILE	5 Other6 Volu7 Dire	er direct expenses Inteer labor ct expense summary. Add lines 2 throug	h 5 in column (d)	No	No	
•	5 Other 6 Volu 7 Dire 8 Net	er direct expenses	h 5 in column (d) 7 from line 1, column (d)	<u> </u>	No	
) a	5 Other 6 Volu 7 Dire 8 Net Enter the or Is the or	er direct expenses	No gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	<u> </u>	No	Yes N
9 a	5 Other 6 Volu 7 Dire 8 Net Enter the or Is the or	er direct expenses	No gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	<u> </u>	No	Yes N
e e e	5 Other 6 Volu 7 Dire 8 Net Enter th Is the or If "No,"	er direct expenses	No gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	No No	□ No	
a b	5 Other 6 Volu 7 Dire 8 Net Enter th Is the or If "No," Were an	er direct expenses	No 2 from line 1, column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s revoked, suspended, or ter	states?	□ No	
a b	5 Other 6 Volu 7 Dire 8 Net Enter th Is the or If "No," Were an	er direct expenses	No 2 from line 1, column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s revoked, suspended, or ter	states?	□ No	

Sch	edule G (Form 990) 2023	BOULDER CREST	FOUNDATIC	DN	**-***8310 Page 3
-	Does the organization conduct ga				
	Is the organization a grantor, ben				
	to administer charitable gaming?				Yes No
13	Indicate the percentage of gamin				
	The organization's facility				13a %
	An outside facility				
	Enter the name and address of th				
	Name				
	Address				
15a	Does the organization have a con	tract with a third party from v	vhom the organizat	tion receives gaming revenue?	Yes No
		· · · · · · · · · · · · · · · · · · ·			
D	If "Yes," enter the amount of gam		organization \$	and the a	mount
	of gaming revenue retained by the				
С	If "Yes," enter name and address	of the third party:			
	Namo			C.	
	Name				
	Addroop				
	Address				
16	Gaming manager information:				
16	Gaming manager mormation.				
	Name				
				\mathbf{N}	
	Gaming manager compensation	\$	C		
	daming manager compensation	Ψ			
	Description of services provided				
			V		
	Director/officer	Employee	Independent	contractor	
			·		
17	Mandatory distributions:				
а	Is the organization required under	r state law to make charitable	distributions from	the gaming proceeds to	
	retain the state gaming license?				Yes No
b	Enter the amount of distributions				
	organization's own exempt activit	ties during the tax year \$			
Pa				r Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide any	additional informa	ation. See instructions.	
_					
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Schedule G	(Form	990

	Supplemental Information (continued)
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	Schedule G (Form 990
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SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	_	2023		
		Compensated Employees		2023		
Dene	demonst of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ection	
Nam	ne of the organizatior	1	Employer i	dentificati	on nu	mber
		BOULDER CREST FOUNDATION	**_*	**831	0	
Pa	rt I Question	s Regarding Compensation				
				_	Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	la dia ata udai ala lifar					
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	0	e payment or change-of-control payment?		4a	х	
b		eive payment from a supplemental nonqualified retirement plan?				X
c		eive payment from an equity-based compensation arrangement?		4c		x
		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the re					
а	The organization?			5a	Х	
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			<u>6a</u>		X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
	Regulations section					
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990) 2023

LHA 332111 11-06-23

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSH GOLDBERG	(i)	205,000.	45,000.	0.	7,552.	6,953.	264,505.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH FEHRER	(i)	198,555.	10,000.	0.	7,650.	640.	216,845.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSEPH WOOD	(i)	125,000.	15,909.	0.	4,050.	12,839.	157,798.	0.
EXECUTIVE DIRECTOR (AZ)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANET REID	(i)	129,866.	10,000.	0.	4,583.	9,618.	154,067.	0.
DIRECTOR OF PHILANTHROPHY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET MULDERRY	(i)	124,993.	0.	0.	1,094.	1,722.	127,809.	0.
FORMER CONTROLLER (THROUGH 3/31/2023	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)			+ 5				
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)		+ ()					
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

ERIC FOWLER RECEIVED A SEVERANCE PAYMENT OF \$17,500 AND MARGARET MULDERRY

RECEIVED A SEVERANCE PAYMENT OF \$93,750.

PART I, LINE 5:

THE VICE PRESIDENT IS AWARDED A BONUS IF THE ORGANIZATION ACHIEVES THE

REVENUE TARGET SET AT THE ANNUAL STRATEGIC PLANNING MEETING.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

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

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

Name of the organization

Inspection Employer identification number

						-	-		-
*	*	_	*	*	*	R	3	1	n

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BOULDER CREST FOUNDATION

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•		\$
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			(2.			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests	x	1	313.	FMV			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES AND MI)	X	47	55,763.				
26	Other (GIFT CARDS)	X	41	53,875.				
27	Other (<u>MEALS AND FOOD</u>)	X	27	34,898.				
28	Other (LANDSCAPING SER)	Х	1	32,019.	FMV			
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
						Y	es	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it	i		
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	·····				30a	_	<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				tions?	31	-+	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			_	
	contributions?					32a 2	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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Schedule M (Form 990) 2023	BOULDER	CREST	FOUNDATION
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	PART	I,	OTHER	TYPES	OF	PROPERTY:
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TICKETS, PASSES, AND COUPONS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 62

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 22207.

(D) METHOD OF DETERMINING REVENUE: FMV

OPERATION ITEMS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 4
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4726.
(D) METHOD OF DETERMINING REVENUE: FMV
RELAX AND RELAXATION ITEMS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 38
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4496.
(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT BROKER TO SELL STOCK GIFTS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

BOULDER CREST FOUNDATION

Employer identification number **-**8310

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

PROGRAMS, WORLD-CLASS TRAINING, EDUCATION INITIATIVES, RESEARCH, AND

ADVOCACY EFFORTS.

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

THE AUDIT COMMITTEE CHAIR, BOARD CHAIRMAN AND CONTROLLER REVIEW FORM 990

PRIOR TO FILING WITH THE IRS.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT THE

PERSON HAS RECEIVED, READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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

THE ORGANIZATION'S FINANCIAL DOCUMENTS, AUDITED FINANCIAL STATEMENTS AND

ANNUAL 990 TAX RETURN ARE AVAILABLE ON ITS WEBSITE. THEY CAN ALSO BE MAILED

OR EMAILED UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SEE SCHEDULE O

-8,823,821.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
BOULDER CREST FOUNDATION	**-***8310
AVALON ACTION ALLIANCE (FORMERLY KNOWN AS THE AVALON FUND) BECAME A
SEPARATE, STAND-ALONE 501C3 ENTITY IN 2022 AND THEIR PORT	ION OF THE NET
ASSETS AT DECEMBER 31, 2022 WERE \$8,823,821	
)
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S	
332212 11-14-23	Schedule O (Form 990) 2023
44 20403 781823 11028801.0 2023.03030 BOULDER CRES	