PUBLIC DISCLOSURE COPY

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Form	3	3	U

Department of the Treasury Internal Revenue Service

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.



AF	or the	e 2021 calendar year, or tax year beginning a	nd ending		
		C Name of organization		D Employer iden	tification number
BCH	leck if a	pphicable: BOULDER COMMUNITY HEALTH FOUNDATION			
	Addre	Deing husinger appoint DED. CONSUMPTION HOOD THAT TON		84-0772	664
	Name		oom/suite	E Telephone num	Contract of the local division of the local
	Initial	return PO BOX 19320		(303)41	5-5205
	Final termi	return/ City or town, state or province, country, and ZIP or foreign postal code			
	Amen	nded BOILT DEB CO 90309		G Gross receipts	\$ 7,790,160.
		cation F Name and address of principal officer CDANE DDCCDD		H(a) Is this a group	p return for Yes X No
	a pondi	PO BOX 19320, BOULDER, CO 80308		subordinates? H(b) Are all subordin	
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		tach a list. See instructions
J	Nebsi	ite: NWW.BCH.ORG/DONATE		H(c) Group exemp	
K	Form	of organization: X Corporation Trust Association Other	L Year of form		State of legal domicile: CO
1000	rt I	Summary		anon. 1970 m c	rate of legal dofinicile. CO
	1	Briefly describe the organization's mission or most significant activities: PARTNE	RING TO CI	FATE AND C	ADE FOR
e		THE HEALTHIEST COMMUNITY IN THE NATION.	MING 10 CI	MATE AND C	ARE FOR
and		The manual of the manual of the manual of the second of th			
ern	2	Check this box Check	of more than 25	% of its not assots	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3 19
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 19
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
tivi	6	Total number of volunteers (estimate if necessary)		••••••	5 NONE 6 21
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		•••••	
	h	Net unrelated business taxable income from Form 990-T, Part I, line 11	••••••		7a NONE 7b
			· · · · · · · · · ·		
	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
nue	9	Program service revenue (Part VIII, line 2g)	· · · · · -	4,083,82	and the second se
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).	· · · · · -		DNE NONE
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	· · · · ·	6,646,78	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			ONE NONE
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,730,61	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	· · · · ·	4,603,72	
5	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).	· · · · ·		ONE NONE
ISe		Professional fundraising fees (Part IX, column (A), line 11e)	· · · · ·	483,23	
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) ► 351, 901.		NC	ONE NONE
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		100.00	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · -	493,39	
	19	Revenue less expenses. Subtract line 18 from line 12.	· · · · ·	5,580,35	
Net Assets or Fund Balances		Revenue less expenses. Subtract line to nonnine 12		5,150,25	-1 1
lanc	20	Total assets (Part X, line 16)	Beg	inning of Current Y	
Ass Ba	21	Total liabilities (Part X, line 26)	· · · · · -	51,671,11	
Net	22	Net assets or fund balances. Subtract line 21 from line 20.	· · · · · ·	1,197,21	
Pa	rt II	Signature Block		50,473,90	3. 57,681,187.
Und	ler pe	nalties of periury. I declare that I have examined this return including accompanying extendula	e and statements	and to the heat of	and here de des and de la service
true	, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.	my knowledge and belief, it is
		N Allein		10	-31-22
Sig		Signature of officer		Date	-21-22
Hei	re	GRANT BESSER DRES	IDENT	Dato	
	- 1	Type or print name and title	IDENT		
		Print/Type preparer's name Preparer's signature	Date		if PTIN
Paid		ADAM R SMITH CPA	OLEXAND.	Check	
1.1.1.1.1.1.1	Darer	Fimia name EODUTO TED	10/26/20		120000000
use	Only	Firm's address > 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903		Firm's EIN	44-0160260
May	the	IRS discuss this return with the preparer shown above? See instructions .	-9848	Phone no.	719-471-4290
For	Pape	erwork Reduction Act Notice, see the separate instructions.			X Yes No
		the separate mound definition actions.			Form 990 (2021)

JSA 1E1010 2.000 (Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)										
print	BOULDER COMMUNITY HEALTH FOUNDATION 84-0772664									
File by the	Number, street, and room or suite no. If a P.O. b		ctions.							
due date for filing your PO BOX 19320										
return. See	City, town or post office, state, and ZIP code. For	or a foreign ad	dress, see instructions.							
instructions.	BOULDER, CO 80308									
Enter the R	eturn Code for the return that this application	n is for (file	a separate application fo	or each return)			01			
Application	1	Return	Application				Return			
Is For Code Is For							Code			
Form 990 c	r Form 990-EZ	01	Form 1041-A				08			
Form 4720 (individual) 03 Form 4720 (other than individual)							09			
Form 990-PF 04 Form 5227										
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069										
Form 990-T (trust other than above) 06 Form 8870										
Form 990-T (corporation) 07										
 If this is for the who a list with the unit of the un	anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶	our digit Gro If it is for pa sion is for. until	bup Exemption Number (art of the group, check t 	GEN)		If th and att	iis is ach			
2 If the	calendar year 2021 or tax year beginning tax year entered in line 1 is for less than 12 r									
	Change in accounting period					1				
	application is for Forms 990-PF, 990-T, fundable credits. See instructions.	, 4720, or	6069, enter the ten	tative tax, less any	3a	\$	NONE			
	application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior ye				3b	¢				
	ce due. Subtract line 3b from line 3a. I				30	φ	NONE			
	EFTPS (Electronic Federal Tax Payment Syste	•		,	3c	\$	NONE			
		•				Ψ	1,0111			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

Cumulative e-File History 2021

FED

Tax Return 4778KU		Return Type 990				
Taxpayer BOULDER COMMUNITY H FOUNDATION	IEALTH	Account 5974				
Submitted Date	2022-04-28 15:09:50					
Acknowledgement Date	2022-04-28 15:39:26					
Status	Accepted					
Submission ID	840227202211850	00026				

For	990 (2021)	Page 2
Pa	t III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	•
1	riefly describe the organization's mission:	
	THE BCH FOUNDATION INSPIRES GIVING IN SUPPORT OF BCH TO ENHANCE THE QUALITY AND AVAILABILITY OF HEALTH CARE IN OUR COMMUNITY.	
	QUALITI AND AVAILADIDITI OF MEADIN CARE IN OUR COMMONITY.	
2		X No
	"Yes," describe these new services on Schedule O.	
3		X No
4	"Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured hv
	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ne total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$	
	FOR OVER FOUR DECADES THE GENEROSITY OF OUR COMMUNITY HAS LED TO	
	MORE THAN \$70 MILLION RAISED IN SUPPORT OF BCH. DURING THIS TIME	
	OVER \$60 MILLION HAS BEEN DIRECTLY CONTRIBUTED TO BCH AND A TOTAL PORTFOLIO VALUE OF NEARLY \$50 MILLION HAS BEEN ESTABLISHED. ON	
	AVERAGE, THE FOUNDATION HAS GRANTED OVER \$3 MILLION ANNUALLY TO BC	
	IN RECENT YEARS IN SUPPORT OF VARIOUS CAPITAL AND PROGRAMMATIC	
	PRIORITIES.	
<u>4</u> h	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40		
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
4-	Expenses \$ including grants of \$) (Revenue \$) otal program service expenses > 2,891,679.	
JSA		0 (2021)
	4778KU 5974 11/01/2022 11:08:40 7073 4	• (2021)
	1/10K0 55/17 11/01/2022 11·00·10 /0/5 4	

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 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 1 2 X 2 Is the organization required to complete Schedule C, Part I. 2 X 3 Did the organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I. 4 5 Is the organization maintian any doonr advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 5 6 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 9 Did the organization directy or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 9 10 X 11	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, Schedule C, Cart I. 1 2 is the organization required to complete Schedule B, Schedule C, Part I. 2 3 Did the organization agenization office? If "Yes," complete Schedule C, Part I. 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 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 II. 5 6 Did the organization adefined in Rev. Proc. 98-19? If "Yes," complete Schedule D, Part II. 5 7 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 II. 6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 8 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, ine 21, for escrow or custodial account liability. Serve as a custodian for amounts for whethe dorganization, hold assets in donor-restricted endowments? <	No
complete Schedule A. 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 1 X 2 X X X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 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 yea? If "Yes," complete Schedule C, Part II 4 5 Is the organization maintain any door advice 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 II. 5 6 6 6 7 7 8 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 8 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, ior provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI. 9 10 Lid the organization report an amount for land, buildings, and equipment in Part X, line	<u> </u>
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candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501((c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 II 5 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 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 8 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; ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 <td><u> </u></td>	<u> </u>
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? <i>II</i> "Yes," <i>complete Schedule C, Part II</i>. 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? <i>II</i> "yes," <i>complete Schedule C, Part III</i>. 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> "Yes," <i>complete Schedule D, Part I</i>. 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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part VI</i>. Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>comple</i>	
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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>II</i> "Yes," <i>complete Schedule D, Part II</i>	37
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 2 Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a 2 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b 2 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c 4 Did the organization report an amount for other assets in Part	X
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X
	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	
fundraising, business, investment, and program service activities outside the United States, or aggregate	
	х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	
	х
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	
	х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	
	Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	
	х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
	х
	Х
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	

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Done	4
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	BOULDER COMMUNITY HEALTH FOUNDATION 84-0772	664	_	
Form 9 Part	90 (2021) V Checklist of Required Schedules (continued)		F	Page 4
			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5 -		37
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		X
20	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	20		- 21
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	2		
25 -	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	v
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	558		<u>X</u>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550		
55	related organization? 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			- 22
	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	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	
JSA 1E1030	1.000	Form	9 90	(2021)

BOULDER	COMMUNITY	HEALTH	FOUNDATION

Form 990 (2021)

Page 5

7

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b								
				<u> </u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		v						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).	_								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X						
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
-	and services provided to the payor?	7a		х						
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
U	required to file Form 8282?	7c		x						
Ы		10								
		7e		x						
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.									
h	Enter the amount of reserves the organization is required to maintain by the states in which									
U U	the organization is licensed to issue qualified health plans									
-										
		14a		x						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 5		v						
	excess parachute payment(s) during the year?	15		X						
	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 income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
JSA		Form	990	(2021)						

Form 9	90 (202 ⁻	BOULDER COMMUNITY HEALTH FOUNDATION84-0772	2664	F	Page 6
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.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A.	Governing Body and Management			
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 1a 19	4		
	If ther	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar			
	comm	ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent 1b 19	-		
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
		her officer, director, trustee, or key employee?	2		X
3		e organization delegate control over management duties customarily performed by or under the direct			v
	-	vision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4		e organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5		e organization become aware during the year of a significant diversion of the organization's assets?	6	x	
6 7a		e organization have members or stockholders?	–		
'a		more members of the governing body?	7a		Х
h		iny governance decisions of the organization reserved to (or subject to approval by) members,			
		nolders, or persons other than the governing body?	7b	x	
8		e organization contemporaneously document the meetings held or written actions undertaken during			
		ar by the following:			
а	-	overning body?	8a	X	
b		committee with authority to act on behalf of the governing body?	8b	X	
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B.	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	· ´	N
			40	Yes	No
		e organization have local chapters, branches, or affiliates?	10a		X
b		s," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.0		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	x	
-		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . ibe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tu		
b 12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
		officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~		conflicts?	12b	x	
с		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		be on Schedule O how this was done	12c	Х	
13	Did th	e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	X	
15	Did th	e process for determining compensation of the following persons include a review and approval by			
	indepe	endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		rganization's CEO, Executive Director, or top management official	15a		X
b		officers or key employees of the organization	15b		X
		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0		37
-		taxable entity during the year?	16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	organi	pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ization's exempt status with respect to such arrangements?	16b		
Secti		Disclosure	100		
17		e states with which a copy of this Form 990 is required to be filed ▶			
18		in 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that apply.	. (000		01(0)
		Dwn website Another's website X Upon request Other (explain on Schedule O)			
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict c	of inte	rest n	olicv.
-		nancial statements available to the public during the tax year.		- • ۴	- , ,
20	State	the name, address, and telephone number of the person who possesses the organization's books and record	ls 🕨		
	GRAN	T BESSER PO BOX 19320 BOULDER, CO 80308			
JSA	303-	415-5205	Form	990	(2021)
1E1042				~	
	4778	KU 5974 11/01/2022 11:08:40 7073		8	

84-0772664 Highest Componented Employees Page 7

Part VII	Compensation Independent C			Directors,	Trustees,	Кеу	Employees,	Highest	Compensated	Employees,	and
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• 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.

		(C)								
(A)	(B)	(do r			ition	e than c		(D)	(E)	(F)
Name and title	Average hours	`				is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					or/trust		from the	from related	compensation
	(list any	9 .	П	Q	2	역 표	F	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	dual	Ition	-	nplc	st cc yee	Ť	1099-NEC)	1099-NEC)	related organizations
	below	frus	al tri		yee	omp				
	dotted line)	fee	uste			ensa				
			Ű			ted				
(1) GRANT BESSER - BCH FND PRES.	40.00	-								
VP OF PUBLIC AFFAIRS FOR BCH	NONE			Х				NONE	243,872.	75,951.
(2) ONA WIGGINTON	NONE	-								
FOUNDATION DIRECTOR	40.00			Х				NONE	105,575.	20,203.
(3) AMY BATCHELOR	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(4) ANDREW MORLEY	2.00	-								
CHAIR	NONE	X		Х				NONE	NONE	NONE
(5) DAVID DRACH	2.00	-								
TRUSTEE (PAST CHAIR)	NONE	X						NONE	NONE	NONE
(6) JOHN WYATT	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(7) LORI JENSEN, M.D.	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(8) SAM INMAN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(9) SUZANNE HOOVER	2.00	37						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
(10) MICHAEL REPUCCI	2.00			37				NONT	NONE	NONT
TRUSTEE (VICE CHAIR)	NONE 2.00	X		Χ				NONE	NONE	NONE
(11) VIKAS REDDY TRUSTEE	NONE	x						NONE	NONE	NONE
(12) VIRGINIA CARDUCCI	2.00	Λ						NONE	NONE	NONE
TRUSTEE	NONE	x						NONE	NONE	NONE
(13) SCOTT FILION	2.00							NONE	INCINE	NONE
TRUSTEE - THRU 1/26/2021	NONE	x						NONE	NONE	NONE
(14) JANET MARTIN	2.00				-			INCINE	INOINE	INCINE
TREASURER AND FINANCE CHAIR	NONE	х		Х				NONE	NONE	NONE
										000

Name and title	Average hours per week (list any hours for related organizations	box, office	unles	heck				Reportable	Reportable	Estimated
	below dotted line)	Individual trustee or director	(C) Position (do not check more than on box, unless person is both a officer and a director/truster officer institutional truster or director r director			is both or/trust	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
						ed				
15) CATHERINE MOLL TRUSTEE	2.00_ NONE	х		x				NONE	NONE	NONE
16) LISA GRANAT	2.00			21				NONE	10111	
	NONE	х						NONE	NONE	NONE
17) CLARISSA KING	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
18) LESLIE BURNS TRUSTEE	2.00_ NONE	х						NONE	NONE	NONE
19) ANDY FRANKLIN TRUSTEE	2.00	Х						NONE	NONE	NONE
20) DEE PERRY	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
21) ANIE K. ROCHE TRUSTEE	2.00_ NONE	Х						NONE	NONE	NONE
22) CARLOS SALA	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

1b Sub-total								NONE	349,447.	96,154.
c Total from continuation sheets to Part VII,								NONE	NONE	NONE
d Total (add lines 1b and 1c)								NONE	349,447.	96,154.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of										

bove) who received more than \$100,000 of ponention from the organization anartahla aa NONE

reportable compensation from the organ	ization

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those	listed above) who received	
2	more than \$100,000 in compensation from the organization	NONE	

Form 990 (2021)

BOULDER COMMUNITY HEALTH FOUNDATION

Par	rt VII	t VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b								
۵, č	c	Fundraising events								
ifts ar A	d	Related organizations								
Dig Dig	е	Government grants (contributions) . 1e								
Sin	f	All other contributions, gifts, grants,								
eric		and similar amounts not included above 1f	4,791,301.							
jå	g	Noncash contributions included in								
d d	9	lines 1a-1f	5 36,978.							
ãС	h	Total. Add lines 1a-1f		4,791,301.						
			Business Code	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ė										
Program Service Revenue	2a									
Ser	b									
ЕŻ	c									
gra Re	d									
õ	e									
₽.	f	All other program service revenue	L							
	g	Total. Add lines 2a-2f		NONE						
	3	Investment income (including dividends,								
		other similar amounts)	►	1,220,572.			1,220,572.			
	4	Income from investment of tax-exempt bond	proceeds . 🕨	NONE						
	5	Royalties		NONE						
		(i) Real	(ii) Personal							
	6a	Gross rents 6a								
	b	Less: rental expenses 6b								
	c	Rental income or (loss) 6c NONE	NONE							
	d	Net rental income or (loss)	<u></u> ▶	NONE						
	7a	Gross amount from (i) Securities	(ii) Other							
		sales of assets								
		other than inventory 7a 1,778,287.								
e	b	Less: cost or other basis								
enue		and sales expenses 7b 1,551,578.								
	c	Gain or (loss) 7c 226,709.								
Ľ	d	Net gain or (loss)		226,709.			226,709.			
Other Rev	8a									
ō		events (not including \$								
		of contributions reported on line								
		1c). See Part IV, line 18	NONE							
	ь	Less: direct expenses	NONE							
	c D	Net income or (loss) from fundraising events		NONE						
		Gross income from gaming								
	9a	activities. See Part IV, line 19 9a	NONE							
			NONE							
		Less: direct expenses		NONE						
	C			110112						
	10a	Gross sales of inventory, less	NONE							
		returns and allowances 10a	NONE							
		Less: cost of goods sold <u>10b</u> Net income or (loss) from sales of inventory		NONE						
	C	Net income of (loss) from sales of inventory		NONE						
sno			Business Code							
Dec	11a									
llar /en	b									
Se Se	c									
Miscellaneous Revenue	d	All other revenue	L							
	-	Total. Add lines 11a-11d		NONE						
	12	Total revenue. See instructions	🕨	6,238,582.	NONE	NONE	1,447,281.			

Form 990 (2021) BOULDER Part IX Statement of Functional Exper	<u>COMMUNITY HEALTH</u> ISES	T. OONDATTON	04-07	72664 Page 10
Section 501(c)(3) and 501(c)(4) organizations		. All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a r	esponse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21		2,608,668.		
2 Grants and other assistance to domest individuals. See Part IV, line 22		90,500.		
3 Grants and other assistance to foreig organizations, foreign governments, ar foreign individuals. See Part IV, lines 15 and 1	6 NONE			
4 Benefits paid to or for members	. NONE			
5 Compensation of current officers, director				
trustees, and key employees				
6 Compensation not included above to disqualific persons (as defined under section 4958(f)(1)) ar persons described in section 4958(c)(3)(B)	nd			
7 Other salaries and wages		36,662.	18,331.	36,662
 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contribution 	de 23,339.	9,336.	4,667.	9,336
	,			
9 Other employee benefits				
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal				
c Accounting			37,026.	
d Lobbying				
e Professional fundraising services. See Part IV, line 1	7. NONE			
f Investment management fees	52,669.		52,669.	
g Other. (If line 11g amount exceeds 10% of line 25, colu	umn			
(A), amount, list line 11g expenses on Schedule O.)	163,927.	46,909.	32,443.	84,575
12 Advertising and promotion				
13 Office expenses		53,429.	9,749.	31,735
14 Information technology				
15 Royalties		00.640	14.000	00.640
16 Occupancy		29,640.	14,820.	29,640
17 Travel				
18 Payments of travel or entertainment expense for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings		676.	957.	2,603
20 Interest				27003
21 Payments to affiliates				
22 Depreciation, depletion, and amortization		1,292.	969.	1,431
23 Insurance				
24 Other expenses. Itemize expenses not covere above. (List miscellaneous expenses on line 24e. line 24e amount exceeds 10% of line 25, colum (A), amount, list line 24e expenses on Schedule C	ed If			
a CHANGE IN VALUE GIFT ANNUITY			17,699.	
b PUBLIC RELATIONS	72,833.	14,567.	14,567.	43,699
c CATERING	209.		209.	· · ·
d FUNDRAISING EXPENSE	3,930.			3,930
e All other expenses	110,264.		1,974.	108,290
25 Total functional expenses. Add lines 1 through 24		2,891,679.	206,080.	351,901
26 Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign and fundraising solicitation. Check here ►	sts			

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following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Page	1	1	

	Check if Schedule O contains a response or note to any line in this Pa		••••	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	978,201.	1	861,917
2	Savings and temporary cash investments	35,380.	2	NON
3	Pledges and grants receivable, net	1,096,047.	3	3,672,780
4	Accounts receivable, net	NONE	4	NON
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
7 It	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NON
₹ 9	Prepaid expenses and deferred charges	30,988.	9	35,823
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
1	b Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	45,534,717.	11	50,025,955
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	3,995,786.	15	4,341,557
16	Total assets. Add lines 1 through 15 (must equal line 33)	51,671,119.		58,938,032
17	Accounts payable and accrued expenses	NONE	17	NON
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ທ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,197,216.	25	1,256,845
26	Total liabilities. Add lines 17 through 25	1,197,216.	26	1,256,845
ces	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	36,558,375.	27	41,289,204
n 28	Net assets with donor restrictions.	13,915,528.	28	16,391,983
Net Assets of Fund balances 0 2 2 2 2 2 2 2 2 2 2 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 1 1 2 1 1 2 1<	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30 ets	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	50,473,903.	32	57,681,187
ž 33	Total liabilities and net assets/fund balances	51,671,119.	33	58,938,032
- 55		51,071,119.	55	Form 990 (2021

סיזת זוזהס	$C \cap MMIINITTV$	UUVVIU	FOUNDATION
BOODDER	COMMUNICITI	шыяцтп	FOUNDATION

Form 9	90 (2021)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>582</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>660</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>922</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				903
5	Net unrealized gains (losses) on investments	5		4,0	69,	<u>607</u> .
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		3	48,	755
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_		~ 1	
	32, column (B))	10	5	7,6	81,	187
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			•••		
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	n la in	_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	on			
-				0-		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			2b	v	
b	Were the organization's financial statements audited by an independent accountant?			20	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ea on	a			
	Separate basis, consolidated basis, or both.					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	cpiain (on			
0.5	Schedule O.	4 ha 1 ha 1 l				
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMP Circular A 1992	in in t	ne	3a		Х
L	Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not und	••••	••• ho	Ju		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		

Form **990** (2021)

7073

SCHEDULE	A
(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.

OMB No. 1545-0047 20 2

	artment of the Treasury nal Revenue Service		► Go to www.irs.go	ov/Form990 for instruct			information.	Open to Public Inspection
Nam	e of the organization						Employer identif	fication number
BOI	JLDER COMMUNI	TY HEALTH	FOUNDATION				84-0	772664
Ра	rt I Reason for	[·] Public Cha	arity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
The	organization is not	a private fou	Indation because it	t is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1				tion of churches desc			70(b)(1)(A)(i).	
2				. (Attach Schedule E	-			
3		-		organization described				
4	A medical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A	.)(iii). Enter the
	hospital's nam							
5			for the benefit of Complete Part II.)	a college or universi	ty ownee	d or ope	rated by a governme	ental unit described ir
6	A federal, stat	te, or local go	overnment or gove	rnmental unit describe	ed in sect	ion 170(b)(1)(A)(v).	
7	X An organization	on that norm	ally receives a sub	ostantial part of its su	upport fr	om a go	vernmental unit or fr	om the general public
)(1)(A)(vi). (Compl					
8			-	b)(1)(A)(vi). (Complete				
9			-	ed in section 170(b)(1		-	-	
		r a non-land-	grant college of a	griculture (see instruc	tions). E	nter the i	name, city, and state c	of the college or
	university:							
10	receipts from support from	activities rela gross investn	ated to its exempt f nent income and u	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its
11	An organizatio	on organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12	An organizatio	on organized a	and operated exclu	isively for the benefit of	of, to per	form the	functions of, or to ca	rry out the purposes of
			-					ction 509(a)(3). Check
	the box on line	es 12a throug	gh 12d that describ	pes the type of support	rting orga	anization	and complete lines 1	12e, 12f, and 12g.
а				l, supervised, or contr	-			
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
	supporting c	organization.	You must complet	te Part IV, Sections A	and B.			
b	Type II. A su	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizat	ion(s), by having
	control or m	anagement o	of the supporting c	organization vested in	the sam	e persor	is that control or mai	hage the supported
			-	, Sections A and C.				
С		-		ing organization opera				Illy integrated with,
		-		ns). You must comple				
d		-		porting organization of	-			
		•	• •	nization generally mus			•	d an attentiveness
			,	omplete Part IV, Sect				
е		-		a written determinatio				II, Type III
		•	••	tionally integrated sup		•	ion.	
f			-					•••••
g	(i) Name of supported of	-	(ii) EIN	orted organization(s). (iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported (Jiganization		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								-
(5)								
(C)								
(D)								
(E)								
Tota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

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Schedule A (Form 990) 2021

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,990,947.	2,621,127.	3,169,594.	3,601,790.	4,821,033.	18,204,491.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	3,990,947.	2,621,127.	3,169,594.	3,601,790.	4,821,033.	18,204,491.
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)						2,010,059.
6	Public support. Subtract line 5 from line 4						16,194,432.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,990,947. 819,938.	2,621,127.	3,169,594.	3,601,790.	4,821,033.	18,204,491. 5,390,827.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	13,586.	66,036.	70,364.	NONE	NONE	149,986.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						23,745,304.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	NONE
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	68.20 %
15	Public support percentage from 2020						58.84 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu			-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-			
	organization						· · · · ► 🗀
18	Private foundation. If the organizatio						
	instructions						<u> ► ∟</u>

Schedule A (Form 990) 2021

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Schedule	А	(Form	990)	202
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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secor	d third fourth	or fifth tax ve	l var as a section	501(c)(3)
14	organization, check this box and stop here .	•					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020					18	%
	331/3% support tests - 2021. If the or					ore than 331/3%	6, and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	anization did not	check a box or	n line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and st	t op here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 📃
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b,	, check this bo	x and see instr	uctions 🕨
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

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Page	5
I aye	-

1

2

Part	V 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		
Secti	on 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			

•	Did the gevenning bedy, membere of the gevenning bedy, enteere detring in their ented equality, of memberering et ente
	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.

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.

Section 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

Section 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?	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? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).	
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 ir	struction	ns).
		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		
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.
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If

"Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

JSA 1E1230 1.000 4778KU 5974 11/01/2022 11:08:40 Schedule A (Form 990) 2021

2a

2b

3a

3b

BOULDER COMMUNITY HEALTH FOUNDATION 84-0772664 Schedule A (Form 990) 2021 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1

 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$ Applied to underdistributions of prior years				
a b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
 5	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
				_	

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

BOULDER COMMUNITY HEAI	84-0772664					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

7073

BOULDER COMMUNITY HEALTH FOUNDATION 84-0772664 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х N/A Person Payroll \$ 150,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Х N/A Person Payroll 126,712. \$ Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 N/A Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х N/A Person Payroll 149,5<u>04</u>. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

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JSA

Page 2 Employer identification number

Schedule B	(Form 99	90) (2021)

Name of organization

SCHEE	DULE	D
(Form	990)	

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

Attach to Form 990.

20 21 Open to Public

OMB No. 1545-0047

	artment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service e of the organization		<i>Form990</i> for instructions and t		on. Employer identificat	Inspection
	-					
-		<u>TY HEALTH FOUNDATION</u> tions Maintaining Donor Advi	ised Funds or Other Simil	ar Funds or Ac	84-07726	04
Гс		e if the organization answered			counts.	
			(a) Donor advised fun		(b) Funds and	other accounts
1	Total number at e	nd of year			. ,	
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor	advisors in writing that the	assets held in o	donor advised	
	-	nization's property, subject to the	-			Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing	that grant funds	s can be used	
		e purposes and not for the bene				
		issible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the			historically imm	artant land area
		n of land for public use (for example of natural habitat		Preservation of a Preservation of a		
		n of open space				
2		through 2d if the organization he	eld a qualified conservation c	contribution in the	form of a cons	ervation
-		ast day of the tax year.				End of the Tax Year
а		onservation easements		28	a	
b		tricted by conservation easements			o	
с	-	vation easements on a certified			c	
d		rvation easements included in (c				
	historic structure l	isted in the National Register			t l	
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguish	hed, or terminat	ed by the orga	nization during the
	tax year 🕨					
4		where property subject to conse				
5		ation have a written policy reg				
		orcement of the conservation ea				Ves No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, a	and enforcing con	servation easeme	ents during the year
-	►		en la collección de la la decisión de	1 (and the standard states and
7		es incurred in monitoring, inspec	ting, handling of violations, an	a enforcing cons	ervation easeme	ents during the year
8	►\$	vation easement reported on line 2	2(d) above satisfy the requirer	nants of saction 1	170(b)(4)(B)(i)	
0)(4)(B)(ii)?				
9		be how the organization reports				
•		d include, if applicable, the text of				
		ounting for conservation easeme				
Pa		tions Maintaining Collections			imilar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Part I	V, line 8.		
1a	If the organization	n elected, as permitted under FA reasures, or other similar asse	SB ASC 958, not to report	in its revenue st	tatement and b	alance sheet works
	service, provide in	Part XIII the text of the footnote	to its financial statements that	, education, or at describes these	researcn in fur e items.	therance of public
b		n elected, as permitted under FA				nce sheet works of
-	art, historical treas	sures, or other similar assets he	ld for public exhibition, educ			
		ing amounts relating to these iter			x .	
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			· · · · · ▶ \$_	
		d in Form 990, Part X				
2	-	n received or held works of a			ets for financia	i gain, provide the
-		s required to be reported under F.			•	
a b		on Form 990, Part VIII, line 1. Form 990, Part X				
		Act Notice, see the Instructions for				dule D (Form 990) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990.						
JSA						
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21110 Organizations decinision, Accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No 20110 Escrow and Custodial Arrangements. Complete If the organization any other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is is the organization any other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is a set organization any other assets not include any other arrangement in Part XIII. Is a set organization account liability? Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Is a different funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Is a find any other assets in the sore aschessing and the ses	Sche		LDER COMMUNIT				84-0772664	
collection items (check all that apply): d Loan or exchange program a	Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical 1	Freasures, or	Other Similar A	ssets (continue	d)
a Public exhibition d Clean or exchange program b Choldrary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be old to raise tunds rather than to be maintained as part of the organization collection? Yes No 7 Provide a description of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization angument in Part XIII and complete the following table: Image: Clean of the organization angument in Part XIII and complete the following table: Image: Clean of the organization angument in Part XIII and complete the following table: Image: Clean of the organization angument in Part XIII. Check here if the explanation has been provided account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. No If 'Yes,' explain the arrangement in Part XII. Check here if the explanati	3	Using the organization's acquisition	on, accession, and o	other records, che	eck any of the	e following that m	nake significant u	se of its
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's event purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XI Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Imount Imount<			ly):					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be old to raise funds rather than to be maintained as part of the organization collection? Yes No 7 Part W Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form '90, Part IV, line 9, or reported an amount on Form '90, Part X, line 21. Ite and the organization answered 'Yes' on Form '90, Part IV, line 9, or reported an amount on Form '90, Part X, line 21. Ite and the organization answered 'Yes' on Form '90, Part IV, line 9, or reported an amount on Form '90, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Ite and the organization and gene ment in Part XIII and complete the following table: Ite and the organization and gene ment in Part XIII Check here if the explanation has been provided on Part XIII. No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No c If 'Yes' explain the arrangement in Part XIII. Check here if the explanation hase mayes havk (e) Fouryeans back of Part yeans	а	Public exhibition		d Loa	n or exchange	program		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	b			e Oth	er			
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartW Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Included on Form 990, Part X? No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Included on Form 990, Part X? No 0 If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount Ic Ic Amount Ic	С	Preservation for future gener	rations					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartIV Excrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Include an amount on Form 990, Part X? b If "Yes", "explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1d Amount Id d Additions during the year. 1d Include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If Yes, "splain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII No b If "Sign 74, 'splain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Interview 4(9) Fouryeer back 4(9) Three yeers back 4(9) Fouryeers ba	4	Provide a description of the organ	nization's collections	s and explain how	w they further	the organization's	s exempt purpose	e in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization anagenent in Part XIII. Check here if the esplanation has been provided on Part XIII No b If 'Yes,' explain the arrangement in Part XIII. Check here if the esplanation has been provided on Part XIII No b If 'Yes,' explain the arrangement in Part XIII. Check here if the esplanation has been provided on Part XIII No b Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization and part gains, and losses		XIII.						
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Included on Form 930, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 5,712,127, 7,701,232, 6,676,394, 6,972,927, 4,994,512, 1,494,732, 6,676,394, 6,972,927, 4,994,512, 1,092,169, 1,103,169, -314,334, 670,808, d Grants or scholarships 10,029,443, 8,715,127, 7,701,232, 6,676,394, 6,676,394, 6,672,827, 2,97, 112, 267,225, 1,000,96, 1,000,29,443, 8,715,127, 7,701,232, 6,676,594, 6,872,827, 2,97, 12,226,97, 229,122,269, 229,122, 269, 229,122, 267,225, 1,000,96								
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1 d Additions during the year 1 d Additions during the year 1 f Ending balance 1 f Stributions during the year 1 f Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C No 6.727, 51, 127. 7, 70, 122.2 6. 676, 584. 6. 672, 427. 4, 984, 512. c No ther expanditures for facilities and programs 1, 030, 137. 230, 590. 172, 748. 337, 227. 1, 484, 732. c Net investment earnings, gains, and losses 1, 030, 165. 1, 103, 169. -314, 354. 60, 808. G Grants or scholarships 1 0. 629, 843. 8, 715, 127. 7, 701, 232.	1a						ets not	
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d Additions during the year							Amount	
e Distributions during the year	С							
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (d) Three years back (a) Forrent year 1 Beginning of year balance (a) Current year (b) Prior year (d) Three years back (e) Four years back 1 Contributions 1,030,374. 250,590. 172,748. 337,227. 1,4984,512. b Contributions	d							
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		-					•	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance			n Part XIII. Check h	ere if the explanat	ion has been pi	rovided on Part XIII		<u>- </u>
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1a Beginning of year balance		Complete if the organiza						
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c Net investment earnings, gains, and losses	1a	Beginning of year balance						
and losses	b	Contributions	1,030,374.	250,590.	172,7	748. 33	7,227. 1,4	84,732.
G Grants or scholarships	С	Net investment earnings, gains,						
e Other expenditures for facilities and programs		and losses	645,181.	1,095,165.	1,103,1	.6931	4,358. 6	70,808.
and programs 360,839. 331,860. 251,269. 219,112. 267,225. f Administrative expenses 10,029,843. 8,715,127. 7,701,232. 6,676,584. 6,872,827. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26.5400.% b Permanent endowment ▶ _73.4600.% % c Term endowment ▶ _73.4600.% c Term endowment ▶ _% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by: (i) Unrelated organizations (i) Unrelated organizations. 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation I a Land . (investment) (b) Cost or other basis (c) Accumulated depreciation I a Land . IIII (i	d	Grants or scholarships						
f Administrative expenses 10,029,843. 8,715,127. 7,701,232. 6,676,584. 6,872,827. g End of year balance. 10,029,843. 8,715,127. 7,701,232. 6,676,584. 6,872,827. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities						
g End of year balance 10,029,843. 8,715,127. 7,701,232. 6,676,584. 6,872,827. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26.5400 % b Permanent endowment ▶% 73.4600 % c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		and programs	360,839.	331,860.	251,2	269. 21	9,112. 2	67,225.
g End of year balance :	f	Administrative expenses						
a Board designated or quasi-endowment ▶ _26.5400 % b Permanent endowment ▶ _73.4600 % c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Unrelated organizations itsted as required on Schedule R? (iii) Related organization are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) (d) Book value (other) (d) Book value (d) Equipment. (other) (other) (d) Book value 	g	End of year balance	10,029,843.	8,715,127.	7,701,2	232. 6,67	6,584. 6,8	72,827.
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R? 3a(ii) x 3a(ii) x 3a(ii) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (cher) (c) Accumulated depreciation (d) Book value 1a Land	2	Provide the estimated percentage	of the current year	end balance (line '	1g, column (a))	held as:		
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) x 3a(ii) x 3a(ii) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land, .				_%				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. Image: Cost or other basis (other) Image: Cost or	С			4000/				
organization by: Yes No (i) Unrelated organizations 3a(i) x (ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land <t< th=""><th>2-</th><th></th><th></th><th></th><th>at are hold an</th><th>d a drainiatara d far</th><th>the</th><th></th></t<>	2-				at are hold an	d a drainiatara d far	the	
(i) Unrelated organizations. 3a(i) x (ii) Related organizations. 3a(i) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land. b Buildings c Leasehold improvements. e Other	3a		the possession of the	ne organization in	at are neid an	a administered for		
(ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	h	.,						A
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			•	•			55	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Гa	Complete if the organiza	ation answered "Y	es" on Form 990), Part IV, line	e 11a. See Form	990, Part X, line	÷10.
1a Land 1a Land b Buildings 1a Land c Leasehold improvements 1a Land d Equipment 1a Land e Other 1a Land		Description of property	(a) Cost or	other basis (b) Co	st or other basis	(c) Accumulated		
b Buildings	10	Land			(other)	depreciation		
c Leasehold improvements	_							
d Equipment		-						
e Other		-						
lotal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B) line 10c 1		L Add lines 1a through 1e (Column	(d) must equal For	n 990, Part X. coli	Imn (R) line 10)(,)		

Schedule D (Form 990) 2021

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)BENEFICIAL INTEREST IN 1,091,762 (2)CHARITABLE REMAINDER TRUST (3) BENEFICIAL INTEREST IN 3,249,793. (4)PERPETUAL TRUST (5) DUE FROM TRUST ACCOUNT 2 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 4,341,557 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) RELATED PARTY PAYABLE 263,777 (3)LIABILITY UNDER CHARITABLE 795,751 (4)REMAINDER TRUSTS (5)DUE TO RELATED ORGANIZATION 197,317 (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 1,256,845 ►

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

Schedu	IN BOULDER COMMUNITY HEALTH FOUNDATION	84-	-0772664 Page 4
Part		n.	
	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	11,156,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,970,797.
3	Subtract line 2e from line 1	3	6,185,913.
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 52,669.		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	52,669.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,238,582.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,949,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с			
d	Other losses	-	
-	Other losses 2c Other (Describe in Part XIII.) 2d	2e	552,435.
d	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d	2e 3	<u>552,435.</u> 3,396,991.
d e	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 2d		-
d e 3	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1		·
d e 3 4	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a		·
d e 3 4 a	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	3	·
d e 3 4 a b	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	3 4c	3,396,991.

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4

THE FOUNDATION ENDOWMENT CONSISTS OF APPROXIMATELY 35 INDIVIDUAL ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES WHICH INCLUDE: CANCER CARE TREATMENT, CANCER CARE PATIENT SUPPORT, MEDICAL SCHOLARSHIPS, AND PEDIATRIC REHAB.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

REVENUE ON BOOKS, NOT ON RETURN: (31,720) CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST 380,475 NET CHANGE IN INVESTMENTS HELD IN PERPETUAL TRUSTS 348,755 TOTAL

SCHEDULE I (Form 990)									
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury			-	ttach to Form 990				Open to Public	
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection	
Name of the organization							Employer identificat		
	TY HEALTH FOUNDAT						84-0772664		
	nformation on Grants a								
the selection crit 2 Describe in Part	zation maintain records to eria used to award the gra IV the organization's prod	ants or assistanc cedures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No	
	nd Other Assistance to ne 21, for any recipien		-					'es" on Form 990,	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) BOULDER COUNTY AI	DS PROJECT								
2118 14TH ST BOULDER,	CO 80302	74-2442032	501(C)(3)	35,400.				TO SUPPORT PROGRAMS	
(2) BOULDER COMMUNITY	HEALTH								
PO BOX 9019 BOULDER, (CO 80301	84-0175870	501(C)(3)	2,620,938.				TO SUPPORT OPERATION	
(3) BOULDER SHELTER FO	OR THE HOMELESS							TO SUPPORT THE	
4869 NORTH BROADWAY BO	OULDER, CO 80304	84-1041149	501(C)(3)	10,000.				PROGRAMS	
_(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
	per of section 501(c)(3) ar per of other organizations	•	•					3_	

Schedule I (Form 990) 2021

84-0772664

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RED LIPSTICK FUND	152	90,500.			
2					
3					
1					
-					
)					
3					
art IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, d	 column (b); and any c	bther additional

information.

SCHEDULE I, PART I, LINE 2

THE BOULDER COMMUNITY HEALTH FOUNDATION'S PROCEDURE FOR MONITORING THE

USE OF GRANT FUNDS:

FOR GRANTS TO BOULDER COMMUNITY HEALTH AND COMMUNITY PARTNERS, THE BCH

FOUNDATION RECEIVES GRANT APPLICATIONS FROM BCH AND/OR COMMUNITY PARTNER.

THE GRANT APPLICATION IS SIGNED BY THE VICE PRESIDENT OF THE BCH

DEPARTMENT REQUESTING FUNDS OR THE HEAD OF THE COMMUNITY PARTNER AGENCY

TO ENSURE THAT IT HAS BEEN REVIEWED BY A SUPERIOR AND THE PROGRAM HAS

BEEN APPROVED INTERNALLY AT BCH. EACH APPLICATION IS THEN REVIEWED BY THE

84-0772664

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
1									
2									
3									
4									
5									
6									
7									
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional									

information.

BCH FOUNDATION GRANTS COMMITTEE. ONCE GRANT APPLICATIONS ARE APPROVED BY

COMMITTEE, THE FINAL APPLICATION IS SENT VIA EMAIL ATTACHMENT TO BOTH THE

APPLICANT AND BCH ACCOUNTING TO NOTIFY BOTH PARTIES OF THE GRANT AWARD.

BCH ACCOUNTING THEN CONNECTS DIRECTLY WITH THE APPLICANT TO DISCUSS THE

PROCESS OF ACCESSING THEIR FUNDS. THE MAJORITY OF GRANT ACTIVITY IS PAID

DIRECTLY THROUGH BCH. BCHF STAFF AND BCH ACCOUNTING MEET ON A QUARTERLY

BASIS TO RECONCILE ALL GRANT FUNDS USED AND BCH FOUNDATION THEN

REIMBURSES BCH FOR ALL GRANT AWARDS USED. THE BCH FOUNDATION MEETS WITH

ALL APPLICANTS EVERY SIX MONTHS TO CHECK IN REGARDING HOW THEIR PROGRAM

IS PROGRESSING. ALL AWARDEES ARE REQUIRED TO FILLING OUT A GRANT REPORT

84-0772664

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
1							
2							
3							
4							
5							
6							
7							
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional		
AFTER THEIR GRANT AWARD HAS BEEN EXPEND	DED OR THE	IR FUNDING PH	ERIOD HAS				
COME TO AN END. IF AN AWARDEE WANTS TO CONTINUE TO REQUEST FUNDING FOR A							
SPECIFIC ON-GOING PROGRAM, THEY ARE ALSO REQUIRED TO FILL OUT A GRANT							
REPORT BEFORE SUBMITTING A NEW APPLICATION. FOR GRANTS TO RED LIPSTICK							

FUND RECIPIENTS, BCH ONCOLOGY STAFF SUBMITS AN APPLICATION TO THE BCH

FOUNDATION ON BEHALF OF CANCER PATIENTS IN NEED OF FINANCIAL ASSISTANCE.

THE BCH FOUNDATION COORDINATOR PREPARES A GRANT CHECK AND SUBMITS THIS

WITH THE APPROPRIATE GRANT REQUEST MATERIALS TO THE BCH FOUNDATION

PRESIDENT FOR APPROVAL. ONCE APPROVED, A CHECK OR A GIFT CARD IS SENT TO

THE PATIENT IN NEED. THE BCH FOUNDATION PROGRAM MANAGER SUBMITS TWO

84-0772664

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
4					
5					
6					
7					

REPORTS A YEAR OF RED LIPSTICK FUND DISBURSEMENTS TO THE RED LIPSTICK

FUND COMMITTEE.

Schedule I (Form 990) (2021)

SCHI	EDULE J	Compen	sation Information	c	MB No. 1	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	91	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	<u>Z</u> U,		
	nent of the Treasury	· · · · •	Attach to Form 990. 990 for instructions and the latest information.		Open to		
	Revenue Service of the organization	Go to www.irs.gov/Porms		Employer identification	Inspe n numbe		1
		NITY HEALTH FOUNDATION		84-077266	4		
Part		s Regarding Compensation		01 077200	-		
						Yes	No
1a			ovided any of the following to or for a pers				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	mnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to			
-	explain				1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
		tees, and officers, including the CEC		checked on line			
					2		
3			on used to establish the compensation of t at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in Pa				
		sation committee	Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
		0 of other organizations	Approval by the board or compensa	tion committee			
4		•	Part VII, Section A, line 1a, with respect to				
-		or a related organization:		o the ming			
а	Receive a ser	verance payment or change-of-control pa	ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
	.						
_	•		rganizations must complete lines 5-9.				
5			on A, line 1a, did the organization pa	y or accrue any			
	•	contingent on the revenues of:			Fo		v
					5a 5b	X	X
b		e 5a or 5b, describe in Part III.			50	Λ	
6			on A, line 1a, did the organization pa	v or accrue any			
-	-	contingent on the net earnings of:	,, and the organization po	,			
а	-				6a		х
					6b	Х	
	-	e 6a or 6b, describe in Part III.		-			
7	For persons	listed on Form 990, Part VII. Sectio	n A, line 1a, did the organization prov	ide any nonfixed			
			escribe in Part III		7		
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that	at was subject			
	to the initia	contract exception described in I	Regulations section 53.4958-4(a)(3)? If	"Yes," describe			
					8		X
9			low the rebuttable presumption proced				
					9		
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Fo	orm 990.	Scheo	lule J (Fo	orm 990	D) 2021

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

Schedule J (Form 990) 2021

Page 2

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) Breakdov	vn of W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Ba compen	se sation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	i)							
1 VP OF PUBLIC AFFAIRS (ii) 22	8,668.		15,204.	44,321.	31,630.	319,823.	
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
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	ii)							
	i)							
	ii)							
	i)							
14 (ii)							
	i)							
15 (ii)							
	i)							
16 (ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

84-0772664

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.

SCHEDULE J, PART I, LINE 5B

AS PART OF ACHIEVING HOSPITAL PERFORMANCE METRICS, BOTH THE PRESIDENT

OF FOUNDATION AND DIRECTOR OF FOUNDATION ARE ELIGIBLE FOR INCENTIVE

PAY

SCHEDULE J, PART I, LINE 6B

AS PART OF ACHIEVING HOSPITAL PERFORMANCE METRICS, BOTH THE PRESIDENT OF

FOUNDATION AND DIRECTOR OF FOUNDATION ARE ELIGIBLE FOR INCENTIVE PAY

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

2021 Open to Public Inspection

Name of the organization

BOULDER COMMUNITY HEALTH FOUNDATION

Employer identification number 84-0772664

Par	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 determining noncash contribution amounts
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		4	35,959.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	12,811	1,019.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ▶()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received		• •		
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29
					Yes No
30a	During the year, did the organizat		• • • • •	• •	•
	28, that it must hold for at least t	-			
	to be used for exempt purposes for		olding period?		30a X
	If "Yes," describe the arrangement				
31	Does the organization have a			-	
	contributions?				
32a	Does the organization hire or use		-	-	
	contributions?				32a X
	If "Yes," describe in Part II.				
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,

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

Schedule M (Form 990) 2021

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.

SCHEDULE M, PART I, COLUMN B

THE NUMBER IN COLUMN B REPRESENTS THE TOTAL ITEMS CONTRIBUTED.

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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



Name of the organization BOULDER COMMUNITY HEALTH FOUNDATION

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS:

BOULDER COMMUNITY HEALTH IS A MEMBER OF THE BOULDER COMMUNITY HEALTH

FOUNDATION (BCH FOUNDATION).

FORM 990, PART VI, SECTION A, LINE 7B

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS:

ANY CHANGE TO THE PURPOSE OF THE BCH FOUNDATION REQUIRES THE APPROVAL OF THE MEMBER.

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

PROCESS TO REVIEW THE FORM 990:

A DRAFT COPY OF FORM 990 IS REVIEWED AND APPROVED FOR PRESENTATION TO FULL BOARD BY THE FINANCE COMMITTEE. THE DRAFT 990 IS INCLUDED IN THE BOARD OF TRUSTEES PACKET BEFORE THE FALL BOARD MEETING TAKES PLACE. THE 990 WILL BE LISTED AS A DISCUSSION/REVIEW/APPROVAL ITEM. THE 990 IS REVIEWED AND APPROVED BY THE FULL BOARD BEFORE IT IS SIGNED AND FILED WITH THE IRS.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: EACH BOARD MEMBER IS REQUIRED, ANNUALLY, TO FILL OUT, SIGN AND SUBMIT THEIR COPY OF THE STATEMENT. THE BOARD REVIEWS ANY ACTUAL OR POTENTIAL CONFLICTS AND WILL FOLLOW UP TO RESOLVE ANY CONFLICTS THAT EXIST. IF AN ACTUAL CONFLICT OF INTEREST EXISTS, THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DELIBERATIONS AND SHALL REFRAIN FROM VOTING ON THE MATTER.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

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

REVIEW OF CEO OR TOP MANAGEMENT COMPENSATION: THE PRESIDENT/CEO OF BCH FOUNDATION IS COMPENSATED BY AN AFFILIATED ORGANIZATION, BOULDER COMMUNITY HOSPITAL, FOR SERVICES RENDERED TO THE FOUNDATION AND TO BCH. THE COMPENSATION AMOUNTS REPORTED ON PART VII, SECTION A, LINE 1A FOR THE PRESIDENT/CEO ARE THE AMOUNTS PAID BY THE AFFILIATED ORGANIZATION. IN 2020, A FORMAL REVIEW WAS ALSO CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BCH FOUNDATION BOARD.

FORM 990, PART VI, SECTION C, LINE 19

EXPLAIN HOW GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC: BOULDER COMMUNITY HEALTH FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS: (31,720) CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST 380,475 NET CHANGE IN INVESTMENTS HELD IN PERPETUAL TRUSTS 348,755 TOTAL

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

BOULDER COMMUNITY HEALTH FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	-
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)	-				
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

Name, address, a	(a) and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
							Yes	No
(1) BOULDER COMMUNITY HEALTH	84-0175870							
PO BOX 9019	BOULDER, CO 80301	HOSPITAL	CO	501(C)(3)	LINE 3	N/A		х
(2)								
_(3)								
(4)								
(5)								
(6)								
		1						
(7)								
		1						

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number 84-0772664

JSA

Schedule R (Form 990) 2021

BOULDER COMMUNITY HEALTH FOUNDATION

84-0772664

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

because it had one of more related organizations treated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s).	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s).	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses.	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q		X
•				
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s).	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
	(a)(b)(c)Name of related organizationTransactionAmount involvedMethod	(d)		
		of dete unt inv		ng
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
JSA	Schedule R (I	Form	990)	2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	amount in box 20 managing of Schedule K-1 partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	<u> </u>
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(10)													
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(14)													
(15)													
(16)													<u> </u>

Schedule R (Form 990) 2021