

# Return of Organization Exempt From Income Tax

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Boulder Valley Women's Health Center, Inc.</b>		<b>D</b> Employer identification number <b>84-0645786</b>	
		Doing Business As <b>Women's Health</b>		<b>E</b> Telephone number <b>303 440 9320</b>	
		Number and street (or P.O. box if mail is not delivered to street address) <b>2855 Valmont Road</b>	Room/suite	<b>G</b> Gross receipts \$ <b>1,922,986</b>	
		City or town, state or country, and ZIP + 4 <b>Boulder CO 80301-1309</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer: <b>Susan Levy 2855 Valmont Road, Boulder, CO 80301-1309</b>					
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ <b>www.bvwhc.org</b>					
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1973</b>	<b>M</b> State of legal domicile: <b>CO</b>	

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Boulder Valley Women's Health Center's purpose is to provide accessible, confidential and comprehensive gynecological and reproductive healthcare, including sexual health services and education.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	62
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	52
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	3,337,700	1,302,426
	<b>9</b> Program service revenue (Part VIII, line 2g)	503,366	518,035
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,024	-39,039
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,981	56,337
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,088,071	1,837,759
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,114,703	1,484,440
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>56,051</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		642,562	844,901
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,757,265	2,344,845
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,330,806	-507,086	
Net Assets or Fund Balances		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	3,095,487	2,583,379
	<b>21</b> Total liabilities (Part X, line 26)	269,343	264,321
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,826,144	2,319,058	

**Part II Signature Block**

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

**Sign Here** ▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer

▶ \_\_\_\_\_  
 Type or print name and title

<b>Paid Preparer's Use Only</b> Preparer's signature ▶ <b>Jon Blomberg CPA</b> Date <b>7/9/2009</b> Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00188093</b> EIN ▶ _____ Phone no. ▶ <b>303 443 8490</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>Jon Blomberg CPA 1630 30th Street #308, Boulder, CO 80302</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

Boulder Valley Women's Health Center's purpose is to provide accessible, confidential and comprehensive gynecological and reproductive healthcare, including sexual health services and education.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 849,199 including grants of \$ 0 ) (Revenue \$ 803,610 )

Family Planning Services: The subsidized family planning program at BVWHC provides accessible, confidential and comprehensive gynecological and reproductive healthcare to low income and uninsured women and their partners. No abortions are provided within Family Planning. All services are provided on a sliding fee scale that slides to \$0 for patients below 100% of the federal poverty level. With a focus on removing barriers to accessing care, Women's Health provides services that meet the needs of our monolingual Spanish speaking patients by having bilingual staff members. Older women receive free mammograms and cervical cancer screening services and if a diagnosis of cancer is revealed, treatment can be expedited. Specially trained Advanced Practice Nurses (APN) provide well-woman care, prescribe birth control that meets the needs of the patient and can diagnose and treat sexually transmitted infections. All methods of (continued on schedule "O")

4b (Code: ) (Expenses \$ 536,942 including grants of \$ 0 ) (Revenue \$ 482,624 )

The Youth Services Program at Women's Health combines comprehensive sexuality education in the community with health care services tailored to meet the needs of youth under the age of 20 in order to prevent unintended pregnancy and provide the tools necessary to reduce risks and promote health in this population. Community Health Educators from Women's Health are present in two local school districts to educate teachers about contraception, risk reduction and healthy behaviors. They are often invited into classrooms or to other youth-serving organizations to provide interactive presentations with middle through high school age students on issues related to sexual health. In 2008, the CHEs provided education to over 4,000 students in Boulder County. Students get the unbiased, scientifically accurate information they need to maintain their health. Women's Health also provides an opportunity for interested youth to volunteer through our peer education program SHAPE (Sexual Health and AIDS Awareness Peer Education). This program collaborates with the Boulder County AIDS Project and provides extensive education, team building and opportunities for service to their peers for high school aged (continued)

4c (Code: ) (Expenses \$ 481,805 including grants of \$ 0 ) (Revenue \$ 484,470 )

Abortion Care: For 35 years, Women's Health has provided first trimester abortion care to women with an unwanted pregnancy. Experienced medical staff maximize the options available to patients by providing ultrasounds, options for sedation and two methods of abortion. Both surgical and medication abortions are available. Masters-prepared counselors meet individually with each patient prior to the procedure. As a National Abortion Federation (NAF) member, Women's Health meets all the standards for high quality abortion care that NAF requires. Abortion care is provided on a fee for service basis; however, for patients with financial need, Women's Health has a Reproductive Equality Fund to help offset the cost. Also, long-term methods of contraception can be provided without charge to qualified patients at the time of their procedure, thus preventing a subsequent unwanted pregnancy. Long-term methods, such as IUDs or Implanon, are fully reversible if/when a woman desires a pregnancy.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 338,303 including grants of \$ 0 ) (Revenue \$ 299,208 )

4e Total program service expenses ▶ \$ 2,206,249 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
	<b>1a</b> 3		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b>	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 . . . . .		
	<b>2a</b> 62		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px dashed black; display: inline-block; width: 150px;"></span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows of questions (1a-11) and columns for Yes/No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions (12a-16b) and columns for Yes/No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.





<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 799,328				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 503,098				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 1,302,426				
	<b>Program Service Revenue</b>	<b>Business Code</b>				
<b>2a</b> Family Planning Clinic . . . . .		621110	142,818	142,818		
<b>b</b> Subsidized Gynological clinic . . . . .		621110	20,937	20,937		
<b>c</b> Non subsidized clinic . . . . .		621110	100,382	100,382		
<b>d</b> Abortion services . . . . .		621110	253,898	253,898		
<b>e</b> . . . . .			0			
<b>f</b> All other program service revenue . . . . .			0			
<b>g Total.</b> Add lines 2a-2f . . . . .		▶ 518,035				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	1,685		1,685	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	▶	0			
	<b>5</b> Royalties . . . . .	▶	0			
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .	0	0		
		<b>d</b> Net rental income or (loss) . . . . .	▶	0		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	40,724	0		
		<b>c</b> Gain or (loss) . . . . .	-40,724	0		
		<b>d</b> Net gain or (loss) . . . . .	▶	-40,724		-40,724
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	100,840			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	44,503		
		<b>c</b> Net income or (loss) from fundraising events . . . . .	▶	56,337		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0			
<b>b</b> Less: direct expenses . . . . .		<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		▶	0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	▶	0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> . . . . .		0				
<b>b</b> . . . . .		0				
<b>c</b> . . . . .		0				
<b>d</b> All other revenue . . . . .		0				
<b>e Total.</b> Add lines 11a-11d . . . . .	▶	0				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	▶	1,837,759	518,035	0	-39,039	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0			
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	15,504	15,504		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	143,449	85,198	39,012	19,239
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	1,181,123	1,148,853	4,659	27,611
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b>	Other employee benefits . . . . .	51,450	47,480	3,909	61
<b>10</b>	Payroll taxes . . . . .	108,418	100,562	4,308	3,548
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	0			
<b>c</b>	Accounting . . . . .	27,213	25,723	1,332	158
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	11,759	5,226	4,973	1,560
<b>12</b>	Advertising and promotion . . . . .	66,600	65,606	994	
<b>13</b>	Office expenses . . . . .	29,099	23,683	2,853	2,563
<b>14</b>	Information technology . . . . .	34,266	30,800	2,684	782
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	38,929	35,661	3,084	184
<b>17</b>	Travel . . . . .	10,834	10,532	214	88
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	10,720	9,469	1,143	108
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	38,174	35,151	3,023	0
<b>23</b>	Insurance . . . . .	65,635	61,374	4,261	
<b>24</b>	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b>	Medical Operations . . . . .	478,522	478,522		
<b>b</b>	Dues and Subscriptions . . . . .	8,416	8,166	250	
<b>c</b>	Bank and Credit Card Fees . . . . .	4,258	4,258		
<b>d</b>	Education . . . . .	15,401	14,481	771	149
<b>e</b>	Volunteer and staff recognition . . . . .	5,075		5,075	
<b>f</b>	All other expenses . . . . .	0			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	2,344,845	2,206,249	82,545	56,051
<b>26</b>	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	203,392	<b>1</b>	96,384
	<b>2</b> Savings and temporary cash investments . . . . .	673,530	<b>2</b>	721,095
	<b>3</b> Pledges and grants receivable, net . . . . .	771,847	<b>3</b>	1,238,198
	<b>4</b> Accounts receivable, net . . . . .	34,175	<b>4</b>	21,003
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	42,527	<b>8</b>	47,847
	<b>9</b> Prepaid expenses and deferred charges . . . . .	29,578	<b>9</b>	28,942
	<b>10a</b> Land, buildings, and equipment: cost basis	<b>10a</b> 966,776		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	<b>10b</b> 536,866	<b>10c</b>	429,910
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,003,821	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,095,487	<b>16</b>	2,583,379	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	94,619	<b>17</b>	99,090
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	174,724	<b>23</b>	165,231
	<b>24</b> Unsecured notes and loans payable . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	269,343	<b>26</b>	264,321	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	424,678	<b>27</b>	308,809
	<b>28</b> Temporarily restricted net assets . . . . .	2,401,466	<b>28</b>	2,010,249
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,826,144	<b>33</b>	2,319,058	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,095,487	<b>34</b>	2,583,379	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**Part III, Line 4d (990) - Program Service Accomplishments**

(Code: \_\_\_\_\_) (Expenses \$ 171,153 including grants of \$ 0.) (Revenue \$ 135,667.)

**Non-subsidized clinic**

The full range of family planning and gynecological services offered at BVWHC are available to insured patients. BVWHC accepts third-party insurance reimbursement from most major private carriers as well as Medicaid and Medicare.

(Code: \_\_\_\_\_) (Expenses \$ 147,703 including grants of \$ 0.) (Revenue \$ 143,611.)

**Subsidized Gynecology clinic**

A board-certified gynecologist is on staff to provide specialized medical services and consultation for women who are either self-referred, referred from the community or by the APNs within Women's Health. The doctor provides diagnosis and treatment for gynecological abnormalities and disorders beyond the APN's scope of practice. BVWHC strives to keep fees affordable, and provides a sliding fee scale based on income for these physician services.

(Code: \_\_\_\_\_) (Expenses \$ 19,447 including grants of \$ 0.) (Revenue \$ 19,930.)

**Special Needs**

The Special Needs program provides funds for indigent or low-income persons in Boulder County facing urgent, unexpected medical or other subsistence-related needs. Clients are referred to the program through local social service agencies and all payments are made directly to vendors.

(Code: \_\_\_\_\_) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0.)

(Code: \_\_\_\_\_) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0.)