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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

For c. eis	dar year 2009, d	or tax year begi	nning			, 2009	, and end	ing		, 20
G Check	all that apply	Initial retur	n		_	of a former p	oublic cha			Final return
		Amended r	eturn		Addre	ss change		<u> </u>	ame change	
	Name of fou	ndation						J	A Employer identif	fication number
Use the I		MARK GROSVE	NOD E	יח גרונניו יח	TON				2.0	-0741701
label. Otherwis							Do and for			
print	, indifficer and	street (or P O box	numberir	mail is not de	sivered to stree	(address)	Room/su	inte	B Telephone number (se	ee page 10 of the instructions)
or type	. 6355 WAF	RD ROAD, SU	TTE 3	.01				- 1	13	03) 996-6995
See Spec	City or town	state, and ZIP cod					L		C If exemption applic	
Instructio	ins.	01010, 0110 211 000						- 1	pending, check her	e · · · · ·
	ARVADA,	CO 80004							D 1. Foreign organization2. Foreign organization	
H Check	type of organiza		on 501(c)(3) exen	npt private f	foundation			85% test, check	here and attach
	ion 4947(a)(1) noi					vate founda	tion	j	·	
	arket value of all				thod X C		rual		•	on status was terminated b)(1)(A), check here
of year	(from Part II, col			ther (spec						s in a 60-month termination
16) ▶		36,409.				cash basis)				b)(1)(B), check here
Part I A	nalysis of Reve	nue and Expens	es (The	(a) Pov	enue and	,,,,,				(d) Disbursements
to m	ital of amounts in co ay not necessarily	olumns (b), (c), and equal the amounts	d (d)	expen	ises per	(b) Net inve	1	(0	c) Adjusted net income	for charitable purposes
CC	olumn (a) (see page	e 11 of the instructi	ons))	bc	oks					(cash basis only)
1 Cor	ntributions, gifts, grants,	etc , received (attach sch	edule)			- , ,			· · · · · · · · · · · · · · · · · · ·	1 2 2
2 Che	eck ▶ if the fi	oundation is not requ Sch B	ired to	·	<u>.</u>	<u>, </u>	<u>, </u>			
3 Inte	erest on savings and				2,677.		2,677.		·	ATCH 1
4 Div	vidends and intere	st from securities			18,134.	1	8,134.			ATCH 2
5 a Gro	oss rents	· · · · · · · · · · · ·			-6,413.					,
b Net	t rental income or (los	ss)		<u>-</u>	150 416	`			<u>·'</u>	
6 a Net	t gain or (loss) from soss sales price for all				150,416.		,			, ,
ass ass	sets on line 6a -	1,124	—— I			·	.'*	` .	<u> </u>	<u> </u>
oj 7 Ca L	ipital gain net inco		ne 2) .	1 .	,				99,390	<u> </u>
	t short-term capita	•				 -	<u>`</u>		99,390	•
	come modifications ess sales less retums	,		_ 、						
and	allowances • • • •		7	 -		,		- ,	·	
	ss Cost of goods sold oss profit of (loss)					<u></u> `	<u> </u>			, · · · · · · · · · · · · · · · · · · ·
1	her income (attach	and adula	າໄ∵ :		6,819		6,819.			ATCH 3
	tal. Add lines In N		$\mathfrak{R} \cdot \cdot$		129,199.	2	7,630.		99,390	
	mpensation of officer		(<u>\$</u>		12,000.	L	2,000.			
14 01										<u> </u>
20 15 Pe	her employee sala nsion plans, emplo	evee benefits								
16a Le	gal fees (attach scl	nedule)								
b Ac	counting fees (atta	ach schedule) ^{ATCI}	1 4		20,493.		0,493.		0	
⊉ c Otl	her professional fe	es (attach schedule).*.		32,483.		2,483.			
5 17 Int	erest				10,453.	1	0,453.			
15 Pe 16a Le 16a Le c Ott 17 Int 18 Tax 19 De 20 Oc	kes (attach schedule)	(see page 14 of the instr	vctions) *		6,161.		1,161.			
19 De	preciation (attach	schedule) and dep	letion.		4,932.		4,932.			
20 Oc	cupancy		Г							ļ
21 Tra	avel, conferences,	-								
	nting and publicat				10 016		0 016			
23 Ot	her expenses (atta	•			10,216.	<u> </u>	0,216.			
m l	tal operating and	=	i		06 720		1 720		^	
Ad Ad	d lines 13 through		- 1		96,738.		1,738.		0	
25 Co	ntributions, gifts, (-			420,021. 516,759.		1,738.		0	420,02
	al expenses and disburs		and 25		JIO, 139.		130.		<u> </u>	420,02
	btract line 26 from			= -	615 050					
1	ess of revenue over exp				645,958.	<u> </u>	-0-			
l l	t investment inco		' h				-0-		99,390	
C Ad	justed net income	(ii negative, enter	<u>-∪-)</u>	<u> </u>		L			22, 230	<u>-L</u>

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.* ATCH 5 JSA ** ATCH 6 9E1410 2 0000 4184AJ 4409 11/11/2010 2:05:54 PM V 09-8.5

Form 990-PF (2009) Co

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Part	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ነ ካ	Cash)- non-interest-bearing	69,523.	48,462.	48,462
2	· Savings and temporary cash investments			
3	Accounts receivable ►	1000	400 (300)	
	Less allowance for doubtful accounts ▶]		•
4	Pledges receivable	1. 3 (1) 3		
ł	Less allowance for doubtful accounts		·	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
i	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)			, , , ,
'	Less allowance for doubtful accounts		· / /	· · · · · · · · · · · · · · · · · · ·
" 8				
#			·	
988	Prepaid expenses and deferred charges			
71	I Investments - U S and state government obligations (attach schedule)		702 226	7.60 025
	Investments - corporate stock (attach schedule)		703,336.	768,035
11 °	Investments - corporate bonds (attach schedule)			·
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13	Investments - mortgage loans Investments - other (attach schedule) ATCH 8	3,361,049.	3,432,495.	3,019,912
14	Land, buildings, and equipment, basis		, /	
-	Less accumulated depreciation			
15	(attach schedule) Other assets (describe			
16	Total assets (to be completed by all filers - see the			
1.0	instructions Also, see page 1, item I)	4,486,458.	4,184,293.	3,836,409
17	Accounts payable and accrued expenses		17,135.	3,030,403
18		l t		· · ·
	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 0 21	Mortgages and other notes payable (attach schedule)	04.067	210 057	,
22	Other liabilities (describe ► ATCH_9)	94,967.	319,957.	
23	Total liabilities (add lance 17 through 22)	94,967.	337,092.	
- 23	Total liabilities (add lines 17 through 22)	34,301.	337,092.	× ×
	Foundations that follow SFAS 117, check here			, , , , , , , , , , , , , , , , , , , ,
စ	and complete lines 24 through 26 and lines 30 and 31.			
24 25 26 27 27 27 27 27 27 27 27 27 27 27 27 27	Unrestricted			
25	Temporarily restricted			, ,
ഥ്26	Permanently restricted			,
밀	Foundations that do not follow SFAS 117,	İ		
라[check here and complete lines 27 through 31. $\blacktriangleright X$			
ට 27	Capital stock, trust principal, or current funds			
Net Assets 30 30	Paid-in or capital surplus, or land, bldg, and equipment fund	5,045,719.	5,147,387.	
8 29	Retained earnings, accumulated income, endowment, or other funds	-654,228.	-1,300,186.	,
≦ 30	Total net assets or fund balances (see page 17 of the			× ×
2	instructions)	4,391,491.	3,847,201.	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	4,486,458.	4,184,293.	`
Part I	Analysis of Changes in Net Assets or Fund		1,101,233.	
	Il net assets or fund balances at beginning of year - Part II.		- 1 1	4 201 425
ena-	of-year figure reported on prior year's return)			4,391,491
z Ente	er amount from Part I, line 27a er increases not included in line 2 (itemize) ▶ATTACH	<u> </u>	2	-645,958
3 Othe	er increases not included in line 2 (itemize) ATTACH	MENT 10	3	101,668
4 Add	lines 1, 2, and 3			3,847,201
5 Deci	reases not included in line 2 (itemize) >		1 - 1	
3 Tota	I net assets or fund balances at end of year (line 4 minus l	line 5) - Part II, column (b).	line 30 6	3,847,201

(a) List an 2-story b	s and Losses for Tax on I and describe the kind(s) of property so prick warehouse, or common stock, 2	old (e g , real estate,	(b) How acquired P-Purchase D-Donation		(d) Date sold (mo , day, yr)
1a SEE PART IV SCH	3DULE		ļ		
			ļ	<u> </u>	ļ
<u> </u>			<u> </u>	 	<u> </u>
<u>d</u>			ļ	ļ	
<u>e</u>	<u> </u>		 	<u> </u>	<u>l</u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (le (e) plus (f) min	
<u>a</u>			 -		
<u>b</u>			ļ	·	
С					
_d			ļ		
<u>e</u>					
Complete only for assets s	showing gain in column (h) and	owned by the foundation on 12/31/69	<u> </u>	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from c	
a					
b					
c					
d					
e				·	
		If gain, also enter in Part I, line 7			
2 Capital gain net income or	r (net capital loss)	If (loss), enter -0- in Part I, line 7	2	_	-150,416.
3 Net short-term capital gail	n or (loss) as defined in sections	s 1222(5) and (6)			
, -	l, line 8, column (c) (see pages				
= · · ·		<u> </u>	3		99,390.
Part V Qualification U	nder Section 4940(e) for R	educed Tax on Net Investment In	come		
	the section 4942 tax on the dis	stributable amount of any year in the b	oase peno	od? [Yes X No
	not qualify under section 4940	<u> </u>		·	·
	ount in each column for each y	rear, see page 18 of the instructions b	efore ma		·
(a) Base penod years	(b)	(c)		(d) Distribution i	
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	 _	(col (b) divided b	
2008	520,189				0.125491
2007	20,000	9,850.	ļ . <u> </u>		2.030457
2006					·=··
2005			 _		
2004	<u> </u>		 		
					0 155010
2 Total of line 1, column (d			2		2.155948
3 Average distribution ratio	for the 5-year base period - di	vide the total on line 2 by 5, or by the	1 1		
number of years the four	ndation has been in existence if	less than 5 years	3		1.077974
4 Enter the net value of no	ncharitable-use assets for 2009	from Part X, line 5	4	3,	837,787.
5 Multiply line 4 by line 3			5	4 ,	137,035.
. ,					
6 Enter 1% of net investme	ent income (1% of Part I, line 27h	o)	6		
		/			
7 Add lines 5 and 6			7	4.	137,035.
8 Enter qualifying distribute	ons from Part XII line 4		8		420,021.
If line 8 is equal to or gi Part VI instructions on page	reater than line 7, check the b	ox in Part VI, line 1b, and complete		using a 1% ta	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			,
1,	Date of fuling or determination letter(attach copy of ruling letter if necessary - see instructions)	4-	. ′′	7 .
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here and enter 1% of Part I, line 27b	`, ^	v.	, · ·
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% \mathcal{I} of Part I, line 12, col. (b)	` ,	> *, `` . '	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments		•	
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	•	, , ` \	` /
ь	Exempt foreign organizations-tax withheld at source 6b 0.	,		
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.		`	`,
d	Backup withholding erroneously withheld	· *		
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 - Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			Х
	of the instructions for definition)?	1 b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			-
	published or distributed by the foundation in connection with the activities	4		Х
C	Did the foundation file Form 1120-POL for this year?	1 c	-	
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers (3)	``		
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
e	on foundation managers \$	-	,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities	_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			,
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b	Χ	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
-	If "Yes," attach the statement required by General Instruction T			,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	-		· ·
	By language in the governing instrument, or		• `	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		`	
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > WY,		, \	,
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATTACHMENT . 11	8 b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	'		
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,,
	names and addresses	10		Х

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3 b

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Х

	rt VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requi	red (continued)	
'	During the year did the foundation pay or incur any amount (1) Cality on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public election	nt to ce legislation (section (see section 4955), o er similar purposes? table, etc., organization see page 22 of the insole, scientific, literary, or animals?	4945(e))? r to carry on, n described in structions)	Yes X No	
	Regulations section 53 4945 or in a current notice regards	-		F-7	5b X
	Organizations relying on a current notice regarding disasti				
	If the answer is "Yes" to question 5a(4), does the foundath because it maintained expenditure responsibility for the graft "Yes," attach the statement required by Regulations section.	ant? uon 53 4945-5(d).		Yes No	
6 a	Did the foundation, during the year, receive any funds, d	-		Yes X No	
b	on a personal benefit contract? Did the foundation, during the year, pay premiums, direct				6b
	If "Yes" to 6b, file Form 8870	try or manectry, on a p	sersonal benefit contract	······································	
7 a	At any time during the tax year, was the foundation a par	ty to a prohibited tax	shelter transaction?	Yes X No	· · · · · ·
	If yes, did the foundation receive any proceeds or have a				7b
Par	rt VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,
1	List all officers, directors, trustees, foundation m				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ĀŢ	TACHMENT 12	•	12,000.	0.	0
	Compensation of five highest-paid employees (otl	ner than those inc	luded on line 1 - se	e page 23 of the inst	tructions).
	Compensation of five highest-paid employees (other	ner than those inc (b) Title, and average hours per week devoted to position	luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	tructions). (e) Expense account, other allowances
	Compensation of five highest-paid employees (other Indiana, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account,
	Compensation of five highest-paid employees (other Indiana, enter "NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account,
	Compensation of five highest-paid employees (other Indiana, enter "NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account,
	Compensation of five highest-paid employees (other Indiana, enter "NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account,
	Compensation of five highest-paid employees (other Indiana, enter "NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account,

Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Employ	rees,
3 Five highest-paid independent contractors for professional services (see page 23 o	the instructions). If none.	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
~		
*		
	· · · · · · · · · · · · · · · · · · ·	
		·
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	j	
·		
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ NONE
Part IX-A Summary of Direct Charitable Activities		
Summary of Direct Chantable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform.	ation such as the number	Expenses
of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
***************************************		
2		
3	<del>-</del>	
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instri	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE		
2		<del></del>
*		
All other program-related investments. See page 24 of the instructions		
3 NONE		
Total, Add lines 1 through 3		

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions)	eign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	742,018.
b	Average of monthly cash balances	1b	58,993.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	3,095,219.
ď	Total (add lines 1a, b, and c)	1 d	3,896,230.
е		7.	
	1c (attach detailed explanation)	1.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,896,230.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	58,443.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,837,787.
6	Minimum investment return. Enter 5% of line 5	6	191,889.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privalent XI  Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privalent XI  foundations and certain foreign organizations check here ▶ □ and do not complete this	vate operating part.)	J
1	Minimum investment return from Part X, line 6	. 1	191,889.
2a	Tax on investment income for 2009 from Part VI, line 5 2a0		
b		7,	
С		7 2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	191,889.
4	Recoveries of amounts treated as qualifying distributions		
5			191,889.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		<del></del>
	line 1	.   7	191,889.
		<del></del>	<del></del>
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T . T	<del></del>
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	420,021.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		<del></del>
_	DUIDOGGG	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	-	
a	Contability to the form of IDC and a small and small and	3a	0.
b			0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	420,021.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	•	
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	420,021.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		<del></del>
	qualifies for the section 4940(e) reduction of tax in those years	Muchiel ale	เบนเนสแบก

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Pa	rt XIII - Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	<b>(d)</b> 2009
•	line 7	, ,		., ' ,	191,889.
2	Undistributed income, if any, as of the end of 2009	, , , , , , , , , , , , , , , , , , ,	N 3, N 1	(s) (s)	11 12 1
_	Enter amount for 2008 only				2,4
	Total for pnor years 20 07 ,20 06 ,20 05	344,73			A 5 3 ms
3	Excess distributions carryover, if any, to 2009	· 3 / 4	, , ,	5 / / / / / /	
а	From 2004				
Ь	From 2005		-(*)		
С	From 2006			8127	
d	From 2007 19,811.	, ,	, , , , , , , , , , , , , , , , , , , ,	, ,	5. 73
е	From 2008 312,927.	`s (`, ,	**/		
f	Total of lines 3a through e	332,738.	, w [*]		* * * * * * * * * * * * * * * * * * * *
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 420,021.		`		
а	Applied to 2008, but not more than line 2a	, ,			` ` `
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)			, , ,	*
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)		, <u>, , , , , , , , , , , , , , , , , , </u>		- \\ \
d	Applied to 2009 distributable amount	` `		, , ,	191,889.
е	Remaining amount distributed out of corpus	228,132.		*	``
5	Excess distributions carryover applied to 2009			· · · · · ·	
	(If an amount appears in column (d), the same	/ · · ·	*	, ', ', ', '	
6	amount must be shown in column (a) ) Enter the net total of each column as	``````````````````````````````````````		,	
	indicated below:	<u> </u>	` ',		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	560,870.		, , , , , , , , , , , , , , , , , , ,	***
b	Prior years' undistributed income Subtract	, , ,			
_	line 4b from line 2b  Enter the amount of prior years' undistributed	<u> </u>		7.5	, , ,
Ŭ	income for which a notice of deficiency has been	,			,
	issued, or on which the section 4942(a) tax has			, , ,	, , ,
	been previously assessed			, , , , , , , , , , , , , , , , , , , ,	. 3
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions	,		,	* * * * * * * * * * * * * * * * * * * *
е	Undistributed income for 2008 Subtract line	` ` ` .	/、		
	4a from line 2a Taxable amount - see page 27 of the instructions				`
		` ` `			
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be	`	,	ì	
	distributed in 2010	,		(N)	
7	Amounts treated as distributions out of corpus		1	· ·	
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the		,	\(\frac{1}{2}\)	
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the			,	
_	instructions)			,	
9	Excess distributions carryover to 2010.	560,870.	<b>1</b> .		
4.0	Subtract lines 7 and 8 from line 6a				, ,,
	Analysis of line 9 Excess from 2005	, -	,	`	-
	Excess from 2005	<b>,</b>	,	· · · · ·	`
	Excess from 2007 19,811.	1			
Ч	Excess from 2008	1.	<b> </b>		
	Excess from 2009	1 / (	1	, ,	
		<del></del>	<del></del>		

Pa	rt XIV Private Oper	rating Foundations (	see page 27 of the	instructions and Pa	art VII-A, question 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling					<del></del>
þ	Check box to indicate wh	ether the foundation is a	private operating found		1 4942(	j)(3) or 4942(j)(5)
2 a		Tax year		Prior 3 years	T	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	
	return from Part X for each					
	year listed					<del> </del>
b	85% of line 2a					<del> </del>
C	Qualifying distributions from Part					
	XII, line 4 for each year listed					
a	Amounts included in line 2c not used directly for active conduct of exempt activities				l	
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed	}				
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment incomé (interest, dividends, rents,					
	payments on secunties					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(III)					
	(3) Largest amount of sup-					
	Port from an exempt organization					
_	(4) Gross investment income				<u>                                     </u>	
Pa		ary Information (C during the year - se			lation had \$5,000	or more in assets
1	Information Regardin				<del></del>	
а	List any managers of	the foundation who h	nave contributed more	e than 2% of the tot	al contributions receiv	ved by the foundation
	before the close of any	y tax year (but only if th	ney have contributed n	nore than \$5,000) (S	See section 507(d)(2))	·
	N/A					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corp	oration (or an equally	y large portion of the
	ownership of a partner					
	N/A Information Regardin	a Contribution Count	Cift Loan Cabalanah	in eta Brograma		
2		•		-		
	Uneck here   Line olicited requests to	the foundation only i	makes contributions dation makes diffe d	to preselected char	itable organizations a	and does not accept ons) to individuals or
	organizations under of				c 20 or the mondott	ons, to marriagas or
	The name, address, a			·····	be addressed	
				<u>.                                    </u>		
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
	Any submission deadli	ines				
·	any submission dedui					
d	Any restrictions or li factors	imitations on awards	, such as by geogra	aphical areas, charit	able fields, kinds of	institutions, or other
	.55.0,5					

Supplementary Information (continued)   3- Grants and Contributions Pall During the Year or Approved for Future Payment   Recipient   Trapping is privated.   Trapping is privated to the status of status o	Form 990-PF (2009)			26-0741701	Page 11
ATTACHMENT 13  Total.  Total.  Approved for fulure payment  Total.  Approved for fulure payment  Approved for fulure payment  Total.  Total.	Part XV Supplementary Information (co	ontinued)			
Recipent Name and address (home or business)  a Pard during the year  ATTACHMENT 13  Total.  b Approved for future psyment  If the part of	3. Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
a Pad during the year ATTACHMENT 13  Total.  Total.  b Approved for future payment  1 3 420,021.		If recipient is an individual, show any relationship to	Foundation	l l	Amount
Total.  Total.  Approved for future payment  A 20,021.		any foundation manager or substantial contributor	recipient	contribution	Amount
Total.  b Approved for future payment  420,021.					
Total.  b Approved for future payment  420,021.					
b Approved for future payment	ATTACHMENT 13	•			
b Approved for future payment		{	ĺ		
b Approved for future payment					
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b Approved for future payment		<u></u>	<u> </u>	<b>.</b>	420.021
		` · · · · · · · · · · · · · · · · · · ·	<del></del>	3a	420,021.
Total.	6 Approved for luture payment				,
Total. P 3b					
Total					•
Total					1
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Total					
Total				1	
Total					ļ
Total▶ 3b					
Total▶ 3b				İ	
Total					
Total					
Total					
Total▶ 3b					
Total			1		
Total				1	
Total					
	Total				

	A Analysis of Income-Produ amounts unless otherwise indicated	Linrela	ated business income	Eveluded by	y section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a a	service revenue					the instructions )
. —				· · · · · · · ·		* *******
_						
е						
f		<u> </u>				
•	and contracts from government agencies	<u></u>		-		
	ship dues and assessments	<u> </u>		14	2,677.	
	n savings and temporary cash investments	<u> </u>		14	18,134.	
	s and interest from securities	100°	):,,	+	10,134.	
	al income or (loss) from real estate	531110	-6,413		· · · · · · · · · · · · · · · · · · ·	<del></del>
	-financed property debt-financed property	001110	3,113	<u> </u>		
	income or (loss) from personal property	l ———		<del></del>		
	vestment income					
	oss) from sales of assets other than inventory			18	-170,310.	
•	me or (loss) from special events					
	ofit or (loss) from sales of inventory.					
Other rev	, ,					
	ALTY INCOME			15	175.	
c OTH	ER INCOME			25	6,518.	<del> </del>
		1 1				
d						
d e				<u> </u>		
e 2 Subtotal	Add columns (b), (d), and (e) ,		-6,413		-142,806.	
e 2 Subtotal 3 Total. Ad	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				<del></del>	-149,219
e2 Subtotal 3 Total. Ad See worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcusto to the Ac	ulations )	xempt Purp		
e Subtotal Total. Ad ee worksh	Add columns (b), (d), and (e) id line 12, columns (b), (d), and (e) leet in line 13 instructions on page 28	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal Total. Ad ee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly
e Subtotal  Total. Addee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcusto the Acusty for which	ulations) complishment of E ch income is reporte exempt purposes (i	xempt Purped in columi	ooses  (e) of Part XVI-A con	tributed importantly

Form	990-PF	(2009)				26-0741	701		Pa	age <b>13</b>
Pa	rt XVII	Information Exempt Orga		ansfers To and	Fransaction	s and Rela	tionships With	Nonc	harit	able
1 '	ın sed	net organization direct ction 501(c) of the C zations?	ly or indirectly e Code (other than	ngage in any of the section 501(c)(3) orga	following with inizations) or in	any other on section 527	rganization described , relating to political		Yes	No
а	Trănsi	ers from the reporting		ncharitable exempt organi				<u> </u> `		X
										X
h		transactions						1a(2)		<u> </u>
J			charitable exempt or	ganization				16(1)		Х
				empt organization						X
										X
								1		X
								1		X
	(6) Pe	erformance of services	or membership or fo	undraising solicitations .				1b(6)		X
		= : :	=	er assets, or paid employ					L	X
d		•		es," complete the fol	=					
		-	•	es given by the rep	-					
	value	in any transaction of	or sharing arrange	ement, show in colum	in (d) the vali	ue of the go	ods, other assets, or	service	es rec	ceived
(a)	Line no	(b) Amount involved	(c) Name of no	ncharitable exempt organiza	ation (d) [	Description of train	sfers, transactions, and sha	ппа апа	ngeme	nts
		N/A	(c) italic of its		N/A		,,			
-									_	
			<b></b>							
			<del> </del>							
—							. 144,00			
			<del> </del>	<del></del>	<del></del>		<del></del> .			
			<u> </u>	<del></del>			<del></del>			
			<del>                                     </del>	<del></del>						
			<del>                                     </del>					•••		
2 a		•		ed with, or related to,		ix-exempt orga	nizations described in		es 🗀	No
b	If "Yes	s," complete the followi	ng schedule			·				
		(a) Name of organization	on	(b) Type of organ	nization	<u> </u>	(c) Description of relation	ship	_	
						<del> </del>				
						ļ			~	
		<del></del>				<del></del>	<del></del>			
		· · · · · · · · · · · · · · · · · · ·				<del>                                     </del>	<del></del>			
	Under belief,	penalties of perjury, I dec	clare that I have examplete Declaration of	nined this return, including preparer (other than taxpa	accompanying so	chedules and sta s based on all inf	tements, and to the best ormation of which prepar	of my k er has a	nowled ny kno	ige and wledge
		the second	uen		111-12	ω ı	Vice Presiden	L		
ည	S	gnature of officer or trustee	, 1		Date	<del></del>	Title			
Sign Here	\$		_		Date	Check if	Preparer' number (S	ee Sign	ature o	
Sig	d rer: >nly	Preparer's signature	on I Dun	relucke CPA	11-11-10	self-empl	oyed <b>P</b>   page 30 of   P00233		uctions	•)
ر ن	Paid Preparer's Use Only	Firm's name (or yours		ASSOCIATES LL	<del></del>		EIN ▶ 84-0749			
	ďΣ	self-employed), addres	"	TH STREET, 16T	H FLOOR	<del></del>	1			
		and ZIP code	DENVER	, co	{	80202	Phone no 303-2	<u> 98-</u> 9	600	
								Form 99	0-PF	(2009)

THE J. MARK GROSVENOR FOUNDATION
FORM 990-PF - PART IV

Kind of Property Description			or D	Date acquired	Date sold			
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL SHORT PARTNERSHIP ESTATES OR	-TERM COMMO	ON TRUST FU ATION, AND	ND AND		-7,524.	
		TOTAL LONG- PARTNERSHIP ESTATES OR	, S CORPOR	ATION, AND			-34,181.	
509,720.		CRESTONE SE PROPERTY TY 745,239.		ries		P	VAR -235,519.	V.A.
467,410.		CRESTONE SE	CURITIES				VAR 106,914.	VA
107,410.		FLATIRONS S	360,496.  FLATIRONS SMALL/MID CAP GROWTH FUND		P		12/29/200	
147,800.		PROPERTY TYPE: SECURITIES 127,906.			19,894.			
OTAL GAIN(LO	SS)						-150,416.	
							•	

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INVESTMENTS
CASH
TEMPORARY (
ON
INTEREST
1
PART I
990PF,
FORM

NET INVESTMENT INCOME	2,676.	2,677.
REVENUE AND EXPENSES PER BOOKS	2,676.	2,677.
DESCRIPTION	INTEREST INCOME FROM PASS-THROUGHS TAX-EXEMPT INTEREST INCOME	TOTAL

NET INVESTMENT	INCOME	18,134.	18,134.
REVENUE AND EXPENSES	PER BOOKS	18,134.	18,134.
			TOTAL
	DESCRIPTION	DIVIDENDS FROM PASS-THROUGH	

ATTACHMENT 3

INCOME
OTHER
ı H
PART
990PF,
FORM

TOTALS

NET	INVESTMENT	INCOME	175	88	567	-36	4,701	492	308	6,819
AND	XPENSES	ER BOOKS	175.	$\infty$	294.	-36.	4,701.		309.	6,819.

THE J. MARK GROSVENOR FOUNDATION

1 41	`			
NT 4	`s	CHARITABLE <u>PURPOSES</u>		0
ATTACHMENT 4		ADJUSTED NET INCOME		0
		NET INVESTMENT INCOME	20,493.	20,493.
		REVENUE AND EXPENSES PER BOOKS	20,493.	20,493.
	FORM 990PF, PART I - ACCOUNTING FEES			TOTALS
	FORM 990PF, PART I	DESCRIPTION	ACCOUNTING FEES	

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	32,483.	32,483.
REVENUE AND EXPENSES PER BOOKS	32,483.	32,483.
		TOTALS
DESCRIPTION	MANAGEMENT FEES	

NET INVESTMENT INCOME	1,161.	1,161.
REVENUE AND EXPENSES PER BOOKS	1,161. 5,000.	6,161.
		TOTALS
DESCRIPTION	FOREIGN TAXES PAID FEDERAL TAXES	

EXPENSES	
I - OTHER	
PART	
990PE,	
FORM	

	NET	INVESTMENT	INCOME	25.	54.	7,444.	· o	13,064.	94.	4,135.	-14,609.	10,216.
REVENUE	AND	EXPENSES	PER BOOKS	25.	54.	7,444.	· თ	13,064.	94.	4,135.	-14,609.	10,216.
			DESCRIPTION	ANNUAL REPORTS	SECTION 179 DEDUCTIONS	SECTIONS 59(E)(2) EXPENDITURES	ROYALTY DEDUCTIONS	2% FLOOR DEDUCTIONS	OTHER PORTFOLIO DEDUCTIONS	OTHER DEDUCTIONS	NON-DEDUCTIBLE EXPENSES	TOTALS

INVESTMENTS
- OTHER
H
PART
990PF, ]

ω

FORM 990PF, PART II - OTHER LIABILITIES

ATTACHMENT 9

DESCRIPTION

ENDING BOOK VALUE

BANK OVERDRAFT

319,957.

TOTALS

319,957.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

**b** '•

AMOUNT

CONTIRBUTIONS TO PARTNERSHIPS

101,668.

TOTAL

101,668.

4

ATTACHMENT 11

## FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE STATE OF WY DOES NOT LEVY INCOME TAX ON FOUNDATIONS, AND THUS DOES NOT REQUIRE ANY COPIES OF FILINGS.

	•
	<b>S</b>
TTACHMENT 12	EXPENSE ACCT AND OTHER ALLOWANCES
ATTACE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
	COMPENSATION
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
J. MARK GROSVENOR 6355 WARD ROAD, SUITE 301 ARVADA, CO 80004	PRESIDENT 1.00	12,000.	.0	.0
STEPHEN JAMES 6355 WARD ROAD, SUITE 301 ARVADA, CO 80004	VICE PRESIDENT 1.00		·o	Ö
DAVID YEAGER 6355 WARD ROAD, SUITE 301 ARVADA, CO 80004	SECRETARY 2.00	Ö	·	0
	GRAND TOTALS	12,000.	0.	0

YEAR	
THE	
IS PAID DURING	
PAID	
ANTS AND CONTRIBUTIONS	
AND	
GRANTS	
- 1	į
⋩	
PART	
ORM 990PF,	
ы	1

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		`*,
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INTERNATIONAL SEAKEEPERS SOCIETY	MEMBER	PROTECTING AND CONSERVING ENDANGERED MARINE	.000,09
401 RAVENSWOOD ROAD, STE 128	501(C)(3)	RESOUCRES	
FT LAUDERDALE, FL 33312			
. THE CHARITABLE FUND GRACIOUS GENEROSITY	NONE	THE JIM BALLER MISSION FUND	10,000.
7343 S ALTON WAY	501(C)(3)		
CENTENNIAL, CO 80112			
MAGDALENA ECKE FAMILY YMCA	NONE	TO SUPPORT FINACIAL ASSISITANCE PROGRAM TO	8,500
200 SAXONY ROAD	501(C)(3)	PROVIDE SCHOLARSHIPS TO LOW INCOME YOUTH,	
ENCINITAS, CA 92024		FAMILIES, AND SENIORS	
PRESBYTERIAN CHURCH OF JACKSON HOLE	NONE	TO SUPPORT THE EFFORTS OF THE CHURCH	20,000
1251 SOUTH PARK LOOP ROAD	501(C)(3)		
JACKSON, WY 83002			
UNITED WAY OF SAN DIEGO	NONE	SUPPORT FOR THE JACKSON HOLE CENTER FOR ARTS	100,000
4699 MURPHY CANYON ROAD	501(C)(3)		
SAN DIEGO, CA 92123			
UNITED WAY OF SAN DIEGO	NONE	SUPPORT FOR COLORADO UPLIFT	30,000
4699 MURPHY CANYON ROAD	501(C)(3)		
SAN DIEGO, CA 82123			

26-0741701

CON TOUR LAND.	בכנית המנימות יווד זינטון	ATTACHME	ATTACHMENT 13 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		*
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OLD WILSON SCHOOLHOUSE COMMUNITY CENTER	NONE	TO BUILD NEW COMMUNITY CENTER	25,000
5655 W MAIN STREET	501(C)(3)		
WILSON, WY 83014			
THE GROVSNOR FOUNDATION	COMMON BOARD MEMBERS	SUPPORT FOR THE SAN DIEGO SYMPHONY, COLORADO	175,000
6355 WARD ROAD	501(C)(3)	UPLIFT, AND OTHER NON-POFIT ENTITIES	
ARVADA, CO 80004			
MISCELLANEOUS DONATIONS	NONE	FROM PASS-THROUGHS, TO USO, TETON COUNTY	1,521
		SHERIFF'S AUXILLARY, AND COMMUNITY FOUNDATION FOR	~

TOTAL CONTRIBUTIONS PAID 420,021.

JACKSON HOLE

### SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

THE J. MARK GROSVENOR FOUNDATION

Employer identification number 26-0741701

Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (see page 4 of the the entire year (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a 106,914. b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 -7,524. Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 99,390. column (3) on the back. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) the entire year (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, vr) Subtract (e) from (d) 6a 6b -215,625. 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 -34,181.8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

column (3) on the back.

Schedule D (Form 1041) 2009

9

10

11

10

Gain from Form 4797, Part I

Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,

	•		
Schedule	D (Form	1041)	2009

Dage	2
race	-

Sche	dule D (Form 1041) 2009					Page 2
Pai	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Esta	te's	(2) Total
	Caution: Read the instructions before completing this partial	art	(see page 5)	or trus	t's_	(3) Total
13	Net short-term gain or (loss)	13				99,390.
14	Net long-term gain or (loss):					
а	Total for year	14a				-249,806.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b				
C		14c				
15	• • • • • • • • • • • • • • • • • • • •	15				-150,416.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form					
	ort V, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete Par	rt IV a	nd the Capital Loss Car	ryover Works	heet,	as necessary
Pai	t IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa		•		1	
а	The loss on line 15, column (3) or b \$3,000			<u>L</u>	16	( 3,000)
Note	e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page rover Worksheet on page 7 of the instructions to figure your capital loss carryover	1, lin	e 22 (or Form 990-T, II	ne 34), is a lo	iss, co	omplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates					<del></del>
	n 1041 filers. Complete this part only if both lines 14a and 15 in colum		) are gaine or an an	anunt ie ente	arad	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			iount is ente	sieu	III Fait I OI Fait II and
	tion: Skip this part and complete the worksheet on page 8 of the instruct					
	other line 14b, col (2) or line 14c, col (2) is more than zero, or					
<ul> <li>B</li> </ul>	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	n 990-T trusts. Complete this part only if both lines 14a and 15 are					
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and	complete the works	sheet on pa	ge 8	of the instructions if
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero					
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	)	17		3	
18	Enter the smaller of line 14a or 15 in column (2)				٠. ا	
	but not less than zero		\.\frac{1}{2}		- 1	
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified		`		<u>.                                    </u>	
	dividends included in income in Part I of Form 990-T)					
20	Add lines 18 and 19			ŀ	0	
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21		\	į	, l	
22	Subtract line 21 from line 20 If zero or less, enter -0		22		ł	
23	Subtract line 22 from line 17 If zero or less, enter -0		23		`	
					` `	
24	Enter the smaller of the amount on line 17 or \$2,300		24		<u> </u>	
25	is the amount on line 23 equal to or more than the amount on line 24?	>		×	`	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.				``	
	No. Enter the amount from line 23		25		`	
26	Subtract line 25 from line 24		26		_,	
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	22	27		1 ;	
	<del>_</del>					
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		' "	
					`	
29	Subtract line 28 from line 27		29			
30	Multiply line 29 by 15% ( 15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate					
	(see the Schedule Ginstructions in the instructions for Form 1041)			,	31	
				· · · · · ·		
32	Add lines 30 and 31	_			32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate	Sch	edule for Estates ar	–		
=	(see the Schedule Ginstructions in the instructions for Form 1041)				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 he					<del></del>
	G, line 1a (or Form 990-T, line 36)		•	4	34	

### SCHEDULE D-1 (Form 1041)

**Continuation Sheet for Schedule D** (Form 1041)
► See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

> THE J. MARK GROSVENOR FOUNDATION

Employer identification number 26-0741701

THE J. MARK GROSVENOR FOL	DNDATION			26-0741701	
rt I Short-Term Capital Gains a	ind Losses - Asset	ts Held One Yea	r or Less		<u>.</u> .
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
CRESTONE SECURITIES			467,410.	360,496.	106,914
					,
***************************************			<u>-</u>		
	_				
					*****
	-				

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

106,914. Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . .

CRESTONE SECURITIES 509,720. 745,2392 FLATIRONS SMALL/MID CAP	
CRESTONE SECURITIES 509,720. 745,2392 FLATIRONS SMALL/MID CAP	nin or (los
FLATIRONS SMALL/MID CAP	
	235,5
	19,8
	<del></del>
	<del>_</del> _

### FEDERAL FOOTNOTES

# FORM 990PF, PART VIII, LINE 1

GROSVENOR INDUSTRIES, LLC PROVIDES ACCOUNTING AND ADMINISTRATIVE SUPPORT SERVICES FOR FOUNDATION. THE LLC IS A SINGLE MEMBER LLC OF J. MARK GROSVENOR WHO IS AN OFFICER AND DIRECTOR OF THE FOUNDATION. DURING 2009 THE FOUNDATION PAID \$12,000 TO GROSVENOR INDUSTRIES FOR THE ACCOUNTING AND ADMINISTRATIVE SUPPORT SERVICES PERFORMED BY ITS PERSONNEL ON BEHALF OF THE FOUNDATION. BECAUSE GROSVENOR INDUSTRIES LLC IS A DIREGARDED ENTITY FOR INCOME TAX PURPOSES, THE PAYMENTS ARE REPORTED AS PAID TO MR. GROSVENOR PERSONALLY. PURSUANT TO IRC SEC. 4941(D)(2)(E) AND RELATED TREASURY REGULATIONS, SUCH PAYMENTS ARE ALLOWABLE WHEN THEY ARE FOR THE PERFORMANCE OF PERSONAL SERVICES THAT ARE NOT EXCESSIVE, AND ARE REASONABLE AND NECESSARY TO CARRYING OUT THE CHARITABLE PURPOSE OF THE FOUNDATION.

## Form **8'868**

(Rev April 2009)

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

Department of the Treasury Internal Revenue Service  File a separate application for each return							
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
<ul> <li>If you are find the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of t</li></ul>	ling for an ete Part II	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page unlessou have already been granted an automatic 3-month extension on a previou	2 of this sly filed F	form) orm 8868			
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed)					
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
•				▶ □			
All other corporatime to file inco	orations ( ome tax re	including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 turns	04 to re	quest an extension of			
one of the re- electronically returns, or a co	turns note if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autored below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile. and click on e-file for C.	er, you ca 990-BL, 6 I signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form			
Туре ог	Name of	Exempt Organization	Employer	identification number			
print	THE	J. MARK GROSVENOR FOUNDATION	26-0	741701			
File by the	Number,	street, and room or suite no If a P O box, see instructions					
due date for filing your		5 WARD ROAD, SUITE 301					
return See instructions		n or post office, state, and ZIP code. For a foreign address, see instructions.  VADA, CO 80004					
Check type of		be filed (file a separate application for each return)					
Form 990			m 4720				
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust) Form	m 5227				
<del></del>	Form 990-EZ Form 990-T (trust other than above) Form 6069						
X Form 990	-PF	Form 1041-A Form	m 8870				
The books							
Telephone	No ►_	FAX No ▶	<del></del>				
If the organ	ization do	es not have an office or place of business in the United States, check this box		▶ □			
		Return, enter the organization's four digit Group Exemption Number (GEN)		If this is			
for the whole	group, che		d attach :	a list with the			
		itomatic 3-month (6 months for a corporation required to file Form	n 990-T)	extension of time			
until		$\frac{08/15}{1}$ , $\frac{2010}{1}$ , to file the exempt organization return for the organization is return for					
► X	tax year i	year 2009 or					
	lax year i	peginning, and ending		· ·			
2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period							
3a If this ap	plication	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	TT			
nonrefundable credits See instructions  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments				3a \$			
made Inc	3b \$						
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See							
instructions.							
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO							
for payment instructions							
For Privacy Ac	t and Pap	erwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2009)			

	ı					
	868 (Rev					Page 2
• 117	you are	e filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II a	nd check this box		▶ X
Note	. Only	complete Part II if you have already been granted an automatic 3-month ext	ension o	n a previously filed	d For	m 8868.
		e filing for an Automatic 3-Month Extension, complete only Part I (on page 1		· · · · · · · · · · · · · · · · · · ·		
Par	t W L Z	Additional (Not Automatic) 3-Month Extension of Time. Only f	ile the d			
Туре	or	Name of Exempt Organization	Employer identification number			
print		THE J. MARK GROSVENOR FOUNDATION		26-07417	01	
File by		Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only		
extend due da		6355 WARD ROAD, SUITE 301				
filing t	he	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	类型形态			
retum instruc		ARVADA, CO 80004				
Chec	k type	of return to be filed (File a separate application for each return)				
$\Box$		990 X Form 990-PF		Form 1041-A	Γ	Form 6069
	Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720	_	Form 8870
		990-EZ Form 990-T (trust other than above)		Form 5227	L	
STO		not complete Part II if you were not already granted an automatic 3-mon	th exter		uisk	filed Form 8868
		s are in the care of		iolon on a provid	uoiy	
_		ne No. ► FAX No. ►				
		anization does not have an office or place of business in the United States, c	hack this	hav		
• If I	this is	for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Number	or (GENI)	DOX	···	· · · · · · <b>P</b> L
		ble group, check this box				•
		names and EINs of all members the extension is for.	юх	. ► and attach	una	
		est an additional 3-month extension of time until 11/15/2010	<del></del>			<del></del>
		alendar year 2009, or other tax year beginning		-11		
6			_,and en Final retu			accounting period
7		,	-mai rett	imChang	e in	accounting period
-		IN detail why you need the extension	CECCA	פע אט פונפ		
		MPLETE AND ACCURATE RETURN BY THE REQUIRED DUE DAT		TO FILE		
		THE REQUIRED DOE DAT	D.			
	H Abia	and licetion in for Form 1000 Pt. 1000 PF. 1000 T. 47000 and 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000 Pt. 1000				
вa		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative	e tax, less any		
		fundable credits. See instructions.	<del></del>		8a	\$
D		application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable				
		ayments made. Include any prior year overpayment allowed as a credit	and any	amount paid	36	ı
		ously with Form 8868			8b	\$
C		ce Due. Subtract line 8b from line 8a. Include your payment with this form,				
	with f	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S		ee instructions.	8c	\$
Under	nensitu	Signature and Verification so of perjury, I declare that I have examined this form, including accompanying schedules and		to and to the best of		handan on the
		ct, and complete, and that I am authorized to prepare this form.	॰ अवस्थात	no, and to the DeSt C	ıı ıny	MICHIEUGH BRID DEBEI,
Signat	ture 🌬	Mision T. Durudecker Tille > CPA	2	Date	<b>&gt;</b>	8/13/10
	H	EIN & ASSOCIATES LLP			Form	/8868 (Rev. 4-2009)
	7	ור ורים אים ביים ורים ווים ווים ווים ווים ווים ווים ו				. ,

JSA

DENVER, CO 80202