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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organizationCOMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 7057City or town, state or country, and ZIP + 4
GUNNISON, CO 81230**F** Name and address of principal officer. PAMELA MONTGOMERY
PO BOX 935, GUNNISON, CO 81230**D** Employer identification number

31-1650658

E Telephone number

970-641-8837

G Gross receipts \$

2,761,062.

H(a) Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

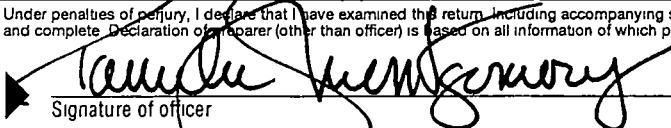
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ CFGV.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1997**M** State of legal domicile CO**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	PROVIDE A CHARITABLE CONDUIT TO IMPROVE THE GUNNISON AREA AS A PLACE TO LIVE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	40
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2a)	3,383,904.	1,521,518.
	10	Investment income (Part VIII, column (A), lines 3-4, and 7d)	21,826.	
	11	Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	-483,210.	-3,890.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,473.	600,475.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,958,993.	2,118,103.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	483,217.	544,470.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	54,490.	60,245.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	113,391.	129,669.
Expenses	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	651,098.	734,384.
	19	Revenue less expenses - Subtract line 18 from line 12	2,307,895.	1,383,719.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,961,876.	5,350,193.
	22	Net assets or fund balances - Subtract line 21 from line 20	5,443.	10,041.
			3,956,433.	5,340,152.


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 October 14, 2010

PAMELA MONTGOMERY, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 9/30/2010 Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 **MCNURLIN & ASSOCIATES, P.C.**
2535 S WADSWORTH BLVD.
LAKEWOOD, CO 80227

EIN ▶ **303-988-5648**

Phone no ▶ **303-988-5648**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

TO PROVIDE A PERMANENT ENTITY TO MANAGE RESOURCES TO HELP BUILD
COMMUNITY FOR THE BENEFIT OF ALL RESIDENTS OF THE GUNNISON WATERSHED.

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 \$ 467,874. including grants of \$ 467,874.) (Revenue \$ 0.)
FACILITATE CONTRIBUTIONS AND FUNDING FOR VARIOUS COMMUNITY PROJECTS

4b (Code:) (Expenses \$ 76,596. including grants of \$ 76,596.) (Revenue \$ 0.)
FACILITATE CONTRIBUTIONS FOR SCHOLARSHIPS AND GRANTS

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 544,470.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		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 United States?		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 United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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
35 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
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	21	
b Enter the number of voting members that are independent	21	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

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 **THE FOUNDATION - 970-641-8837**
805 W. TOMICHI, GUNNISON, CO 81230

COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Form 990 (2009)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,521,518.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,521,518.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		91,569.	91,569.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
				90,500.457,000.			
	b	Less. cost or other basis and sales expenses		94,827.548,132.			
	c	Gain or (loss)		-4,327.-91,132.			
	d	Net gain or (loss)		-95,459.	-95,459.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less. direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less. direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a	UNREALIZED GAIN	900099	527,192.	527,192.			
b	OTHER INCOME	900099	73,283.	73,283.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		600,475.				
12	Total revenue. See instructions		2,118,103.	596,585.	0.	0.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	537,934.	537,934.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,536.	6,536.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	55,633.		55,633.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,612.		4,612.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,356.		12,356.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38.		38.	
g Other				
12 Advertising and promotion	6,065.			6,065.
13 Office expenses	3,384.		3,384.	
14 Information technology	4,073.		4,073.	
15 Royalties				
16 Occupancy	4,000.		4,000.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	532.		532.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,097.		5,097.	
23 Insurance	3,083.		3,083.	
24 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.)				
a EXEC DIRECTOR EXPENSE	61,000.		61,000.	
b DONOR RECOGNITION	5,464.			5,464.
c FIMMS SUPPORT & UPDATES	3,880.		3,880.	
d EQUIPMENT MAINTENANCE	3,268.		3,268.	
e EQUIPMENT PURCHASE	3,091.		3,091.	
f All other expenses	14,338.		13,890.	448.
25 Total functional expenses. Add lines 1 through 24f	734,384.	544,470.	177,937.	11,977.
26 Joint costs. 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,628,496.	2	2,348,693.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,180.		
	b Less: accumulated depreciation	10b 32,931.	7,192.	10c 11,249.
	11 Investments - publicly traded securities	1,293,788.	11	2,501,851.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,032,400.	15	488,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,961,876.	16	5,350,193.	
Liabilities	17 Accounts payable and accrued expenses	2,130.	17	1,631.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,313.	25	8,410.
	26 Total liabilities. Add lines 17 through 25	5,443.	26	10,041.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		142,409.	27	219,891.
28 Temporarily restricted net assets		1,406,941.	28	2,115,011.
29 Permanently restricted net assets		2,407,083.	29	3,005,250.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		3,956,433.	33	5,340,152.
34 Total liabilities and net assets/fund balances		3,961,876.	34	5,350,193.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN** Employer identification number **31-1650658**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

COMMUNITY FOUNDATION OF THE GUNNISON

Schedule A (Form 990 or 990-EZ) 2009 **VALLEY FORMERLY GUNNISON AREA COMM. FOUN31-1650658** Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	469,576.	346,848.	1342407.	3383904.	1521518.	7064253.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	469,576.	346,848.	1342407.	3383904.	1521518.	7064253.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7064253.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	469,576.	346,848.	1342407.	3383904.	1521518.	7064253.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,400.	23,972.	38,357.	83,445.	91,569.	256,743.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	14,724.	63,708.	39,167.	-530,182.	505,016.	92,433.
11 Total support. Add lines 7 through 10						7413429.
12 Gross receipts from related activities, etc. (see instructions)					12	64,384.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.29	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	103.79	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN**

Employer identification number
31-1650658

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	25	
2 Aggregate contributions to (during year)	942,546.	
3 Aggregate grants from (during year)	190,946.	
4 Aggregate value at end of year	3,574,643.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3* Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,091,339.	1,048,358.			
b Contributions	461,360.	2,448,190.			
c Net investment earnings, gains, and losses	455,719.	-372,439.			
d Grants or scholarships	72,358.	13,761.			
e Other expenditures for facilities and programs					
f Administrative expenses	43,203.	19,009.			
g End of year balance	3,892,857.	3,091,339.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 20.38 %

b Permanent endowment ▶ 79.62 %

c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		44,180.	32,931.	11,249.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,249.

Schedule D (Form 990) 2009

COMMUNITY FOUNDATION OF THE GUNNISON

Schedule D (Form 990) 2009

VALLEY FORMERLY GUNNISON AREA COMM. FOUN 31-1650658 Page **4**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,118,103.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	734,384.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,383,719.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,383,719.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,118,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,118,103.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,118,103.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	734,384.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	734,384.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	734,384.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

CHARTER ENDOWMENT: WHEN THE FUND REACHES \$1,000,000, THE EARNINGS WILL BE

SUBJECT TO THE FOUNDATION'S SPENDING POLICY AND USED FOR GENERAL

GRANTMAKING BY THE FOUNDATION

CORNERSTONE ENDOWMENT: FOR USE FOR OPERATIONS OF THE FOUNDATION-A QUASI

ENDOWMENT WITH NO POLICIES AGAINST INVADING PRINCIPAL

KIDS KOUNT ENDOWMENT: WHEN THE CORPUS REACHES \$100,000, THE EARNINGS WILL

Part XIV Supplemental Information (continued)

BE SUBJECT TO THE FOUNDATION'S SPENDING POLICY AND USED FOR GRANT MAKING
TO THE RELJ SCHOOL SYSTEM

HOSPICE ENDOWMENT: WHEN THE CORPUS REACHES \$100,000, THE EARNINGS WILL BE
SUBJECT TO THE FOUNDATION'S SPENDING POLICY AND USED FOR SUPPORT OF
HOSPICE AND PALLIATIVE CARE OF THE GUNNISON VALLEY

4-H FOREVER ENDOWMENT: SUBJECT TO THE AMOUNT AVAILABLE EACH YEAR AS
DETERMINED BY THE FOUNDATION'S SPENDING POLICY, USED FOR SUPPORT OF 4-H
PROGRAMMING

SLATE RIVER ENDOWMENT FOR ALTERNATIVE EDUCATION AND ARTS PROGRAMS:
SUBJECT TO THE AMOUNT AVAILABLE EACH YEAR AS DETERMINED BY THE
FOUNDATION'S SPENDING POLICY, FOR USE BY THE FOUNDATION TO FUND PROGRAMS
CLASSIFIED AS ALTERNATIVE EDUCATION AND ARTS PROGRAMS FOR CHILDREN

DAN TREDWAY MEMORIAL EXCELLENCE IN TEACHING AWARD: \$2000 PER YEAR AWARD
TO A TEACHER IN THE GUNNISON PUBLIC SCHOOLS MEETING SPECIFIC CRITERIA IN
THE DOCUMENTS CREATING THE AWARD

ACORN FUND 1: WHEN THE CORPUS REACHES \$10,000, THE ANONYMOUS DONOR
ADVISOR WILL BE ABLE TO RECOMMEND GRANTS BASED ON THE AMOUNT AVAILABLE
EACH YEAR AS DETERMINED BY THE FOUNDATION'S SPENDING POLICY

WILLIAM B. ENDNER ENDOWMENT: SUBJECT TO THE FOUNDATION'S SPENDING POLICY,
THE AMOUNT AVAILABLE EACH YEAR MAY BE RECOMMENDED BY ADVISORS FOR USE BY
NONPROFITS THAT BENEFIT THE CITIZENS OF THE CITY OF GUNNISON AND
SURROUNDING AREAS

Part XIV Supplemental Information (continued)

GUNNISON ARTS CENTER ENDOWMENT FUND: THE PURPOSE OF THE FUND IS TO PROVIDE LONG-TERM RESERVES TO SUPPORT THE GUNNISON COUNCIL FOR THE ARTS/GUNNISON ARTS CENTER. DISTRIBUTIONS FROM THE FUND SHALL BE UNRESTRICTED FOR THE PURPOSE OF SUPPORTING PROGRAMMING, STAFFING, AND/OR OPERATING AND MAINTAINING A COMMUNITY ARTS CENTER FOR GUNNISON COLORADO. DISTRIBUTIONS WILL BE SUBJECT TO THE FOUNDATION'S SPENDING POLICY WHEN THE CORPUS REACHES \$175,000.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN	Employer identification number 31-1650658
Part I General Information on Grants and Assistance	

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS CENTER P.O. BOX 1639 CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	9,500.	0.	N/A	N/A	GENERAL SUPPORT & SUMMER AND WINTER PROGRAMMING FOR KIDS WITH DISABILITIES
CRESTED BUTTE LAND TRUST P.O. BOX 2224 CRESTED BUTTE, CO 81224	84-1190830	501(C)(3)	12,950.	0.	N/A	N/A	GENERAL OPERATING SUPPORT & FACILITATE FINALIZATION OF BENCH TRAIL
ROCKY MOUNTAIN BIOLOGICAL LABORATORY - P.O. BOX 519 - CRESTED BUTTE, CO 81224	84-6050523	501(C)(3)	16,400.	0.	N/A	N/A	GENERAL OPERATING SUPPORT & ENVIRONMENTAL EDUCATION PROGRAM AT LOCAL LIBRARIES
PARTNERS YOUTH SERVICES 105 NORTH BOULEVARD STREET GUNNISON, CO 81230	84-1157649	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT-YOUTH MENTORING PROGRAMS
TEMPORARY AID TO NEEDY FAMILIES C/O GUNNISON COUNTY HEALTH & HUMAN SERVICES - 225 NORTH PINE STREET - GUNNISON, CO 81230	84-6000770	GOVERNMENT	5,150.	0.	N/A	N/A	CURRICULUM: POSITIVE PARENTING & NUTRITION CLASSES
THIRD STREET CENTER 520 SOUTH THIRD STREET CARBONDALE, CO 81623	80-0206000	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS	2	2,000.	0.		
DEFENSIVE DRIVING AWARD	1	415.	0.		
DAN TREADWAY MEMORIAL EXCELLENCE IN TEACHING	1	2,092.	0.		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: WITH AN ORGANIZATION'S APPLICATION TO THE COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FOR A GRANT, WE REQUIRE A COPY OF THE ORGANIZATION'S CURRENT IRS 501(C)(3) DETERMINATION LETTER OR THAT OF THEIR FISCAL AGENT.

STAFF CHECKS THE STATE OF COLORADO SECRETARY OF STATE'S WEBSITE TO DETERMINE THAT THE ORGANIZATION HAS FILED ITS ANNUAL REPORT, HAS CURRENT NONPROFIT STATUS WITH THE STATE AND HAS FILED ITS CHARITABLE SOLICITATIONS ACT REQUIRED FORM. STAFF ALSO CHECKS THE IRS SITE AND GUIDESTAR TO SEE

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN**

Employer identification number

31-1650658

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GUNNISON P.O. BOX 239 GUNNISON, CO 81230	84-6000673	GOVERNMENT	0.	40,000.	APPRAISAL	REAL PROPERTY	TRANSFER OF BILL'S PARK REAL PROPERTY IN CITY OF GUNNISON FROM ENDNER ENDOWMENT
CRESTED BUTTE MUSIC FESTIVAL P.O. BOX 2117 CRESTED BUTTE, CO 81224	84-1374824	501(C)(3)	13,995.	0.	N/A	N/A	GENERAL OPERATING SUPPORT & SUPPORT OF 2009 SEASON'S OFFERINGS
CRESTED BUTTE MOUNTAIN THEATRE P.O. BOX 611 CRESTED BUTTE, CO 81224	23-7356993	501(C)(3)	6,200.	0.	N/A	N/A	GENERAL OPERATING SUPPORT & UK SHAKESPEARE DIRECTOR RESIDENCY
GUNNISON WATERSHED SCHOOL DISTRICT RE-1J - 800 NORTH BOULEVARD - GUNNISON, CO 81230	84-6013483	GOVERNMENT	21,142.	0.	N/A	N/A	FOOD COURT AT GHS, OFFICE MGR, VARIOUS SCHOOL PROG, COMMUNITY SCHOOL ENRICHMENT PROGRAM
CRESTED BUTTE CENTER FOR THE ARTS P.O. BOX 1819 CRESTED BUTTE, CO 81224	74-2451146	501(C)(3)	13,900.	0.	N/A	N/A	GENERAL OPERATING SUPPORT & KIDS ART CAMP
HIGH COUNTRY CITIZENS ALLIANCE P.O. BOX 1066 CRESTED BUTTE, CO 81224	84-0772688	501(C)(3)	6,750.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
GUNNISON VALLEY FUTURES FUND P.O. BOX 7057 GUNNISON, CO 81230	31-1650658	501(C)(3)	13,500.	0.	N/A	N/A	SUPPORT ECONOMIC STUDY OF THE GUNNISON VALLEY
GREATER HOUSTON COMMUNITY FOUNDATION - 4550 POST OAK PLACE - HOUSTON, TX 77027	23-7160400	501(C)(3)	25,000.	0.	N/A	N/A	SUPPORT 2009 GRANT CYCLE

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

WHETHER OR NOT THE ORGANIZATION IS LISTED AND HAS FILED APPROPRIATE 990 RETURNS.

GRANT PROPOSALS ARE REVIEWED BY STAFF, NOTES ARE WRITTEN REGARDING ABOVE-MENTIONED STATUS WITH THE STATE AND THE IRS. STAFF ALSO REVIEWS CURRENT FILES KEPT AT THE FOUNDATION OFFICES ON EACH OF THE NONPROFITS OF WHICH WE ARE AWARE IN OUR SERVICE AREA. THOSE FILES CONTAIN INFORMATION SENT TO THE FOUNDATION BY THE ORGANIZATIONS (BROCHURES, INVITATIONS, ANNUAL REPORTS, ETC.), AND NEWSPAPER CLIPPINGS KEPT BY STAFF. ADDITIONALLY, STAFF REVIEWS THE PROPOSAL TO DETERMINE IF THE REQUEST MEETS THE ORGANIZATION'S STATED MISSION AND IS WITHIN THE GRANTING GUIDELINES OF THE FOUNDATION.

NOTEBOOKS WITH EACH GRANT APPLICATION AND STAFF NOTES ARE GIVEN TO THE GRANTS COMMITTEE MEMBERS AND THEY ARE EXPECTED TO REVIEW EACH PROPOSAL PRIOR TO THE REVIEW MEETING. THE MEMBERS OF THE GRANTS COMMITTEE REPRESENT VARIOUS COMMUNITIES WITHIN OUR VALLEY AS DETERMINED BY GEOGRAPHY, AGE, BACKGROUND, INTERESTS, SKILLS AND AGE. MEMBERS OF THE COMMITTEE ARE CHOSEN AND/OR APPOINTED FROM RECOMMENDATIONS OF BOTH BOARD AND STAFF. THE COMMITTEE FIRST DISCLOSES ANY CONFLICTS THEY MIGHT HAVE WITH ANY OF THE APPLICATIONS THAT WILL BE DISCUSSED AND THAT IS NOTED. THE COMMITTEE THEN DISCUSSES THE APPLICATION BEFORE THEM AND THEN RATES THE PROPOSAL ON THE FOLLOWING CRITERIA: NEED, MISSION, WHAT DIFFERENCE THE PROGRAM WILL MAKE IN THE COMMUNITY, REALISTIC BUDGET, ABILITY TO CARRY OUT THE PROGRAM AND THEIR EVALUATION CRITERIA.

ANYONE WITH A CONFLICT (FOR A PARTICULAR AGENCY REQUESTING A GRANT) ABSTAINS FROM THE RATING PROCESS. STAFF ENTERS THE RATINGS INTO A MASTER SHEET AND PRODUCES A LIST OF GRANT REQUESTS RANKED IN ORDER OF THE GRANT

Part IV Supplemental Information

COMMITTEE'S RATINGS FOR EACH ORGANIZATION INTO THE COMPUTER AND A RANKED LIST IS PREPARED. THE RANKED LIST IS GIVEN TO THE REVIEW COMMITTEE AND IT IS REVIEWED, FURTHER DISCUSSION ENSUES AND A RECOMMENDATION IS PREPARED FOR THE FOUNDATION BOARD TO REVIEW. THE RATING/RANKING PROCESS SIMPLIFIES THE DECISION-MAKING PROCESS AND ENABLES THE COMMITTEE TO SEE CLEARLY WHERE THE ORGANIZATION RANKS OVERALL IN THE MIX AND MAKES IT EASIER TO ATTACH DOLLAR FIGURES FOR RECOMMENDATION TO THE BOARD.

THE COMMITTEE REVIEWS PROPOSALS ONCE A YEAR AND MAKES RECOMMENDATIONS TO THE BOARD AT THE FIRST MEETING FOLLOWING THE REVIEW DAY FOR THOSE ORGANIZATIONS THEY BELIEVE MERIT FUNDING AND THOSE ENTITIES THAT THE COMMITTEE RECOMMENDS FOR DECLINATION. THE BOARD MAKES THE FINAL DECISIONS ON GRANT RECIPIENTS.

AGENCIES THAT ARE BEING DENIED ARE NOTIFIED PRIOR (BY A DAY) THAN THOSE WHO ARE RECEIVING SUCCESSFUL PROPOSAL ACKNOWLEDGEMENTS. THOSE WHO ARE GRANT RECIPIENTS MUST SIGN A SIMPLE AGREEMENT WITH THE FOUNDATION THAT STATES THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE(S) STATED IN THEIR PROPOSALS OR REMAINING MONIES WILL BE RETURNED TO THE FOUNDATION PRIOR TO RECEIVING THEIR GRANT CHECKS. THE AGREEMENT IS VERY SPECIFIC ABOUT COMPLIANCE WITH THE PATRIOT ACT AND STATES: "IN COMPLIANCE WITH EXECUTIVE ORDER 13224 OF THE UNITED STATES' PATRIOT ACT, THIS GRANT WILL NOT BE USED TO SUPPORT NAMED TERRORIST ORGANIZATIONS OR THOSE WHO MAY BE OTHERWISE ASSOCIATED WITH TERRORISTS. THE COMMUNITY FOUNDATION OF THE GUNNISON VALLEY ACKNOWLEDGES THAT "SUPPORT" DOES NOT INCLUDE NON-VIOLENT ACTIVITIES INTENDED TO PROTECT OR PROMOTE CONSTITUTIONAL RIGHTS." THEY ARE ALSO REMINDED THAT A NARRATIVE AND FINANCIAL REPORT WILL BE DUE AT THE END OF THE GRANT TERM. (THIS INFORMATION IS ALSO INCLUDED IN OUR GRANT GUIDELINES.) STAFF REVIEWS

Part IV Supplemental Information

REPORTS TO SEE THAT THE FUNDING WAS USED FOR THE PURPOSES FOR WHICH IT WAS GRANTED.

WE HAVE HAD OCCASION TO REQUEST THE RETURN OF GRANT FUNDS BECAUSE OF OUR DILIGENCE IN KNOWING WHAT IS HAPPENING WITH THE NONPROFITS IN OUR VALLEY, THOSE WE HAVE FUNDED AND THOSE WE HAVE NOT, AND WE HAVE HAD OCCASION TO REQUEST MORE THOROUGH REPORTS WHEN THERE WAS A QUESTION ABOUT HOW THE GRANT FUNDS WERE USED.

WHEN A DONOR RECOMMENDS A GRANT ALL DUE DILIGENCE STEPS ARE FOLLOWED; HOWEVER, THERE IS NO COMMITTEE NOTEBOOK COMPILED AND NO COMMITTEE RANKINGS AND RATINGS. THE EXECUTIVE DIRECTOR HAS THE DELEGATED AUTHORITY TO AUTHORIZE DAF RECOMMENDATIONS UP TO AND INCLUDING \$5000 WITHOUT SUBMITTING TO COMMITTEE; GRANTS ARE REPORTED TO THE BOARD AT REGULARLY SCHEDULED MONTHLY MEETINGS. WITH THE ED'S DONOR ADVISED FUND, HER HUSBAND MAKES ALL RECOMMENDATIONS WHICH ARE THEN REVIEWED AND APPROVED BY THE BOARD PRESIDENT IF THEY ARE IN COMPLIANCE WITH FOUNDATION GUIDELINES AND IN AN AMOUNT UP TO AND INCLUDING \$5,000. A REPORT IS MADE TO THE BOARD AT THE NEXT REGULARLY SCHEDULED MEETING ALONG WITH THE DONOR ADVISED GRANTS APPROVED BY THE EXECUTIVE DIRECTOR. ANY RECOMMENDATION FOR MORE THAN \$5,000 IS REVIEWED AND APPROVED, IF IN COMPLIANCE WITH FOUNDATION GUIDELINES, BY THE BOARD OF DIRECTORS.

THE BOARD OF THE COMMUNITY FOUNDATION OF THE GUNNISON VALLEY SHALL ANNUALLY APPOINT ALL MEMBERS OF EACH SCHOLARSHIP SELECTION COMMITTEE AFTER RECEIVING BASIC INFORMATION ABOUT WHY THE INDIVIDUAL IS QUALIFIED TO BE ON THE COMMITTEE. THE ADVISORY PRIVILEGES OF THE DONOR AND ANY PERSON DESIGNATED BY THE DONOR ARE PERFORMED EXCLUSIVELY IN SUCH PERSON'S CAPACITY AS A

Part IV Supplemental Information

MEMBER OF THE COMMITTEE.

A DONOR OR RELATED PARTY MAY SERVE ON A SELECTION COMMITTEE, BUT NO COMBINATION OF THE DONOR AND PERSONS DESIGNATED BY THE DONOR (OR PERSONS CONSIDERED TO BE RELATED PARTIES TO SUCH PERSONS) MAY CONTROL, DIRECTLY OR INDIRECTLY, THE COMMITTEE AND THEY MAY NOT CONSTITUTE A MAJORITY OF THE COMMITTEE. A DONOR MAY SUGGEST SOME MEMBERS OF THE COMMITTEE BUT THE FOUNDATION HAS THE POWER TO ACCEPT OR REJECT ANY SUGGESTIONS. A DONOR SERVING IN AN ADVISORY CAPACITY WILL BE ASKED TO DISCLOSE ANY FAMILY OR EMPLOYMENT RELATIONSHIPS EXISTING WITH OTHER COMMITTEE MEMBERS. A DONOR CAN BE AN INDIVIDUAL, A DECEASED PERSON, A CHARITY OR OTHER NONPROFIT ORGANIZATION, A CORPORATION OR OTHER BUSINESS, A PROFESSIONAL OR ALUMNI GROUP, OR OTHER ENTITY.

DAN TREDWAY MEMORIAL EXCELLENCE IN TEACHING AWARD

IN THE ORIGINAL FUND AGREEMENT, THE REVIEW COMMITTEE FOR THE DAN TREDWAY MEMORIAL EXCELLENCE IN TEACHING AWARD WAS REQUIRED TO BE ANONYMOUS ALTHOUGH THE MEMBERS MAY HOLD SPECIFIC POSITIONS IN THE SCHOOL DISTRICT, (SUPERINTENDENT, WINNER FROM PREVIOUS YEAR, TEACHER REPRESENTATIVES FROM SPECIFIC SCHOOLS, ETC) MANY CHANGE EACH YEAR. IN ORDER TO COMPLY WITH CURRENT LAW, AND TO MAINTAIN DONOR INTENT, THE BOARD OF THE FOUNDATION HAS GIVEN THE AUTHORITY TO THE EXECUTIVE DIRECTOR TO ASSURE COMPLIANCE WITH THE PENSION PROTECTION ACT. THE NAMES OF THE COMMITTEE ARE PLACED IN THE FILE AND THE EXECUTIVE DIRECTOR AFFIRMS THAT DUE DILIGENCE WAS PERFORMED TO ENSURE THAT THE COMMITTEE COMPOSITION IS AS INTENDED AND IN COMPLIANCE WITH THE LAW AND THE COMMITTEE REMAINS ANONYMOUS TO THE PUBLIC.

ADDED TO DUE DILIGENCE PROCESS TO COMPLY WITH THE 2006 PENSION PROTECTION

Part IV Supplemental Information

ACT:

IF AT ANY TIME A GRANT RECOMMENDATION IS FOR AN ORGANIZATION THAT IS OTHER THAN A 501(C)(3), ADDITIONAL RESEARCH AND ASSESSMENT WILL BE UNDERTAKEN (EXPENDITURE RESPONSIBILITIES) TO DETERMINE THE EXACT TAX-EXEMPT CLASSIFICATION OF THE ORGANIZATION. AS NECESSARY, THE EXECUTIVE DIRECTOR WILL CONDUCT A PRE-GRANT INQUIRY TO DETERMINE IF THE PURPOSE FOR WHICH THE GRANT IS BEING RECOMMENDED IS CHARITABLE, THE GRANTEE IS ABLE TO PERFORM THE PROPOSED ACTIVITY, THE GRANTEE MAINTAINS SEPARATE ACCOUNTS FOR CHARITABLE AND NON-CHARITABLE FUNDS, AND THE FOUNDATION WILL REQUIRE THAT FOLLOW-UP REPORTS BE PROVIDED ON THE USE OF THE GRANT RECEIVED. IF THOSE REQUIREMENTS ARE SATISFIED, THE BOARD MAY CONSIDER THE RECOMMENDATION. AT THIS TIME, GRANTS TO SUPPORTING ORGANIZATIONS ARE NOT ALLOWED FROM DONOR ADVISED FUNDS AT THE CFGV. IF OUR POLICY REGARDING SUPPORTING ORGANIZATIONS SHOULD CHANGE, ANY CONTROL OR CONNECTION TO THE DONOR ADVISOR OR HIS APPOINTEE WILL ALSO BE IDENTIFIED AND DISCLOSED AT THAT TIME. SINCE THE RECOMMENDED GRANTEE WOULD NOT BE WITHIN THE TAX CLASSIFICATIONS THE FOUNDATION WISHES TO SUPPORT THROUGH ITS DONOR-ADVISED FUND PROGRAM, AND SINCE THESE SPECIAL EXPENDITURE RESPONSIBILITIES REQUIRE ONGOING EFFORT AND STAFF ATTENTION, THE BOARD MAY DECLINE THE GRANT RECOMMENDATION AT ANY POINT. THE ADVISOR WILL, OF COURSE, BE NOTIFIED PROMPTLY AND ALTERNATE CHOICES DISCUSSED.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN** Employer identification number **31-1650658**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	761,155.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Employer identification number
31-1650658

FORM 990, PART VI, SECTION A, LINE 2: AN APPOINTED BOARD MEMBER, ANN
HOUSLER, IS MARRIED TO A MEMBER OF THE ADVISORY COUNSEL, GARY HOUSLER.

FORM 990, PART VI, SECTION B, LINE 11: REVIEW OF 990 PRIOR TO SUBMISSION
THE FOUNDATION'S FINANCIAL GUIDELINES CALL FOR REVIEW OF THE 990 BY THE
BOARD PRIOR TO SUBMISSION. THIS IS INTENDED TO TAKE PLACE AT A BOARD
MEETING WITH THE AUDIT COMMITTEE MAKING A PRESENTATION AFTER REVIEW OF THE
DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST AND
DISCLOSURE

EACH JANUARY, EVERY MEMBER OF THE BOARD AND STAFF ARE GIVEN BOTH THE
CONFLICT OF INTEREST AND DISCLOSURE POLICIES TO REVIEW AND EACH FILLS OUT A
NEW CONFLICT OF INTEREST AND DISCLOSURE FORM AND SIGNS THOSE FORMS. AT
MEETINGS, MEMBERS ARE FREQUENTLY ASKED IF THERE ARE CONFLICTS OR AND ANY
CONFLICT IS NOTED IN THE MINUTES. WHEN A CONFLICT EXISTS, THE PERSON WITH
THE CONFLICT MAY TAKE PART IN THE CONVERSATION BUT MAY NOT VOTE ON THE
ISSUE AT HAND. THIS FOUNDATION IS VERY SENSITIVE TO EVEN THE PERCEPTION
OF A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION DETERMINATION
THE GOVERNANCE AND FINANCE COMMITTEES REVIEW COMPENSATION OF SIMILAR SIZE
ORGANIZATIONS USING INTERNET AND PUBLISHED DATA; THEY THEN LOOK AT OTHER
NONPROFITS IN OUR SERVICE AREA, DETERMINE WHAT OUR BUDGET LIMITATIONS ARE
AND RECOMMEND TO THE BOARD A NUMBER FOR THE COMPENSATION OF THE EXECUTIVE
DIRECTOR. THERE ARE NO BENEFITS ACCOMPANYING THE POSITION .

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Employer identification number

31-1650658

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAINTAINS A PUBLIC
BOOK WITH GOVERNING COMMENTS, AUDIT AND 990 AVAILABLE TO THE PUBLIC AND
PUBLISHES ITS STATEMENT OF ACTIVITIES ON THE WEBSITE AND IN THE ANNUAL
REPORT. THE WEBSITE DIRECTS INTERESTED PARTIES TO GUIDESTAR FOR THE FULL
990.

Name of the organization

COMMUNITY FOUNDATION OF THE GUNNISON

VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Employer identification number

31-1650658

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN

31-1650658 Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

(1)

COMMUNITY FOUNDATION OF THE GUNNISON VALLEY
Board of Directors, Advisory Council and Staff
September 21, 2009

BOARD OF DIRECTORS

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>PHONE #</u>	<u>E-MAIL ADDRESS</u>
<i>Diane Mueller</i> President	* 77 Okemo Ridge Road Ludlow, VT 05149 P O Box 5700 Mt Crested Butte, CO 81225	* 802-384-0634 (mobile) 802-228-1965 802-228-4558 (fax) 970-349-2366 (w)	dmueller@okemo.com
<i>Tim Fretthold</i> VP / Operations	115 Turnberry Way San Antonio, TX 78230-5651 10 Glacier Lily P O Box 3821 Crested Butte, CO 81224	* 210-452-1772 (mobile) 210-493-8600 (h) 210-493-8672 (fax) 970-349-0676 (h) 970-349-5234 (fax)	timf@texas.net
<i>Mark Ewing</i> VP / Programs	P.O. Box 1447 Crested Butte CO 81224	* 970-349-5953 (w) 970-209-2860 (mobile) 970-349-7387 (h) 970-349-2443 (fax)	mewing@afg-co.com
<i>Hap Channell</i> Secretary	601 North Wisconsin Gunnison, CO 81230	970-641-1471 (h)	hchannell@gunnisoncounty.org
<i>Gary Hausler</i> Treasurer	P O. Box 1086 Gunnison, CO 81230	970-209-9515 (c) 970-641-6085 (h)	lostminer@gunnison.cc
<i>Fred Berry</i>	Berry Companies, Inc * P O Box 829 Wichita, KS 67201 8917 E Douglas Ave Wichita, KS 67207	* 316-858-8108 (w) 316-832-1055 (fax) 316-684-8832 (h)	* fredb@berrycompaniesinc.com
	P O. Box 5357 116 Anthracite Mt. Crested Butte, CO 81225	970-349-6765 (h)	N829BC@aol.com (copy e-mail to home)
<i>Roy Bliss</i>	2201 East 26 th Street Tulsa, OK 74114 P O. Box 1209 489 Reservoir Road Crested Butte, CO 81224	 * 918-625-6236 (mobile) 970-349-1966 (h) 970-349-2171 (fax)	roy@roylbliss.com tonibliss@cox.net
<i>Ashley Burt</i>	232 West Tomichi Avenue Gunnison, CO 81230	* 970-641-0320 (w)	aburt@gunnisonbank.com
<i>Fred Buxton</i>	3041 Brush Creek Oklahoma City, OK 73120 227 Teocalli General Delivery Crested Butte, CO 81224	* 405-751-7898 (h) (9/15 – 6/15) 405-840-4331 (w) * 970-349-7264 (h) (6/15 – 9/15)	fbuxton@cox.net nanobux@cox.net

Maryo Ewell	315 West Lilio Avenue Gunnison, CO 81230	* 970-641-3570 (w) (phone + fax) 370-596-2871 (mobile)	maryo@gard-sibley.org
Don Haver	PO Box 1276 Crested Butte, CO 81224	* 970-349-1965 (h) 970-596-9674 (mobile)	donhaver@me.com
Jay Helman	Western State College Taylor Hall, #210 Gunnison, CO 81231	970-943-2114 (w)	jhelman@western.edu
	99 Tawanka Trail Gunnison, CO 81230	970-641-1347 (h)	
Anne Hausler	P O Box 1086 Gunnison, CO 81230	970-901-9511 (c) 970-641-6085 (h)	abhausler@mac.com
Anne Hickman	5105 Edgewood Road Little Rock, AR 72207	* 501-663-8654	pgeorge@stephens.com (valid in Little Rock only)
	244 Par Lane Crested Butte, CO 81224	970-349-6891	
Anne Lamkin Kinder	2121 Kirby Drive, Suite 123 Houston, TX 77019	713-523-7994 (h) 713-523-1162 (fax)	alkinder@sbcglobal.net
	123 Gothic Avenue P.O. Box 1417 Crested Butte, CO 81224	970-349-5414 (h) 970-349-6230 (fax)	
John Norton	1294 Cement Creek Road P O. Box 2765 Crested Butte, CO 81224	* 970-349-0931 (h) 970-379-5498 (mobile)	jnorton@cruxpoint.com
Steve Ogden	321 North Main Street (w) Gunnison, CO 81230	970-641-9530 (w) 970-275-6659 (c)	sfogden@earthlink.net steve.ogden@edwardjones.com
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	193 Larkspur Lane Almont, CO 81210	970-642-0033 (h) 970-642-0013 (fax)	

ADVISORY COUNCIL

Richard Bratton	232 West Tomichi Avenue Suite 202 Gunnison, CO 81230	* 970-641-1903 (w) 970-641-1899 (h) 970-209-6528 (mobile)	rbratton@brattonhill.com
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	P.O. Box 260 Almont, CO 81210	970-641-3099	
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Wolfgang Spohr	108 Chippewa Way Gunnison, CO 81230	970-641-2590 (h)	whspohr@pcrs.net
Ron Watson	525 N. Main (summer) Gunnison, CO 81230	970-641-5036 (w) 970-641-0583 (h) 970-641-5524 (fax)	rwatson@rockymountainre.com
	Two Seashell Shore (winter) Rockport, TX 78382	361-790-5559 (h) * 970-209-5308 (mobile)	

STAFF

Pam Montgomery Executive Director Ex-Officio	P.O. Box 7057 (work) P.O. Box 935 (home) Gunnison, CO 81230	* 970-641-8837 (w) 970-641-0443 (fax w) 970-641-4867 (h) 970-641-4867 (fax h) 970-901-9950 (mobile)	* pam@cfgv.org pgmflower@gunnison.com
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**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ 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 ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 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

Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN	Employer identification number 31-1650658
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 7057	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GUNNISON, CO 81230	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE FOUNDATION

- The books are in the care of ▶ **805 W. TOMICHI - GUNNISON, CO 81230**

Telephone No. ▶ **970-641-8837**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ ☒ calendar year **2009** or▶ ☐ tax year beginning _____, 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 application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	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	3c	\$ N/A

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