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990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,00C and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	2009 calenda	ar year,	or tax year beginning , 2	009, ar	nd ending	_			, 20
В	Check if a	ipplicable	Please	C Name of organization			D Employer identification number			number
	Address o	label or (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						84	-1039143	
	Name cha	nange print or type see PO BOX 3184 Specific City or town, state or country, and ZIP + 4 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Teleph E Teleph City or town, state or country, and ZIP + 4							nber	
닏	Initial retu								02492190	
H	-								Group Exemption	
H	Amended	return on pending	Instruc- tions	MONTROSE, CO 81402					ption	0004
느			<u> </u>				Numb		<u> </u>	9381
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Me Other (specify) 								Ku Cash	☐ Accruai
_										
	H Check ► M									
I Website: ▶ required to atta										Form 990,
				nly one) — ☐ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or	<u> </u>		Z, or 990-l			
	Check I			zation is not a section 509(a)(3) supporting organization and its						5, 000 . A
				turn is not required, but if the organization chooses to file a re					rn	
				e 9 to determine gross receipts, if \$500,000 or more, file Form 990				\$	<u> </u>	
L	art I			enses, and Changes in Net Assets or Fund Bal	ance	s (See the	Instruct	ions	for Part	
	1		-	ts, grants, and similar amounts received	•			1		50300
	2	_		evenue including government fees and contracts .	•		· · <u> </u>	2		
	3	Membersh	ip dues	s and assessments			_	3		
	4	Investment	t incom	e				4		562
	5a	Gross amo	ount fro	m sale of assets other than inventory	5a		*	\mathcal{G}_{a}		
	b	Less: cost	or othe	er basis and sales expenses	5b					
	С	Gain or (los	ss) fron	n sale of assets other than inventory (Subtract line 5b fro	om line	e 5a) .	5	5c		
ĕ	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □								
Revenue	a									
		reported on line 1)								
	1 .	b Less. direct expenses other than fundraising expenses 6b								
								3c		
	I _							270		
	b	Less: cost			7b					
	C		-	_				7c		
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								50862
	10				•			9		46775
	11	Grants and similar amounts paid (attach schedule)								
Ŋ	1	•		mpensation, and employee benefits	VE	أين إسر	_	1 2		
nses	13			and other payments to independent contractors		" ./&/.	_	13	· · · · · ·	
e.	. 14	Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance						14		
Expe	15	Printing, publications, postage, and shipping						15		
	16	U .		describe ► fUND RAISING	-	iJ ユ		16		13453
	17	•		ons, postage, and shipping	EIV.			17		60228
	40			for the year (Subtract line 17 from line 9)	•	· · · ·		18		-9366
Net Assets	19		. ,	id balances at beginning of year (from line 27, column	. (A)) (ı	must agree	<u> </u>		-	
SSI				e reported on prior year's return)				19		83353
, t	20	-	-	net assets or fund balances (attach explanation)		office a	\ <u> </u>	20		1345
ž	21			d balances at end of year Combine lines 18 through 20		-		21		75332
	art II					ore file For			of Form	
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 (See the instructions for Part II) (A) Beginning of									of year
•	,	ach covince	and in			(7) 569		792 2		76940
2:		ash, savings, and and build		vestments		.	701	2		7 0340
				e ► RECEIVABLES & PREPD EXP	٠	,		2		392
2:		tner assets (c otal assets .		G P RESERVANCES OF THE PURPLE		. '	010	23 2		77332
2				oribe ► SCHOLARSHIPS PAYABLE	•	`,		570 2		2000
2				palances (line 27 of column (B) must agree with line 21))	'		353 2°	_1	75332
٠.			M						-	

Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part II	I.)		Expenses			
What is the organization's primary exempt purpose? Community Service + Literacy (Requi									
Doec	ribe what was achieved in carrying out the org	anization's exempt numos	ses in a clear a	nd concise		(3) and 501(c)(4)			
Desc man	nor describe the services provided the number of	f nersons benefited and o	ther relevant info	rmation for		zations and section			
manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1 for others									
eacn	program due.				TOT OU	ners.)			
28	Liferacoy (Kojects include	ing Schodausk	ips, book	70					
	underpriviled children	+ SUDDONA SON	- GED 4						
	after estad printer	ms sto							
		includes foreign grants, che	ock here	▶ []	28a	12416			
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29		oz (izelina	This is						
	which allow saniors	THE TROUBLES	370 1 EV	<i>g</i>					
	their own nomes					15-1-20-1			
	(Grants \$ 3684) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	15684			
30		chool + com	Musitu						
•-	stadeum and lec	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mission	a va l					
			(KK) 22.19Kg.						
	Retired transportation					11000			
		includes foreign grants, che	eck here	. ▶⊔	30a	4.100			
31	Other program services (attach schedule)					10001			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	13781			
32	Total program service expenses (add lines 28a t			•	32				
	List of Officers, Directors, Trustees, and Key		en if not compense	ted. (See the	instruc	tions for Part IV.)			
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense			
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and			
		devoted to position	enter -0)	deferred comper	nsation	other allowances			
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Form 99	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
20	Did the organization engage in any activity not proving the remarked to the IDCO if "Vee " attack a detailed		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		×
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		¥
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		ኦ
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	ļ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		入
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	-		
b 38a	Did the organization file Form 1120-POL for this year?	37b		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	İ		İ
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		×
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ĺ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	1		ĺ
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Y
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			′
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		عر
40	If "Yes," enter the name of the foreign country: ►			▶ □
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	> LJ
	The state of the country interest received of deviated during the tan year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			~
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	 	,
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		7

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexemp	nonexem t charitable	pt charital trusts mu	ble trusts only. A st answer questio	ll sec ns 46	tion -49l	b	
	Did the organization engage in direct or indirec						Yes	No	
	candidates for public office? If "Yes," complete Schedule C, Part I								
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a	Did the organization make any transfers to an ex	kempt non-charitable	related org	anization? .		49a		يلا	
	If "Yes," was the related organization a section !	•				49b		1	
	Complete this table for the organization's five hi								
	employees) who each received more than \$100,	· · · · · · · · · · · · · · · · · · ·							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	" "	Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	ınd	
	none								
]							
		<u></u> _							
	~								
		.]							
f	Total number of other employees paid over \$10		l		<u> </u>				
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor		·		pe of service	(c) Cor	npensa	ation	
							 -		
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	······································			1					
d	Total number of other independent contractors	each receiving over	100,000	>					
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ned this return, including ac n of preparer (other than of	companying so ficer) is based of	chedules and st on all information	atements, and to the bes	t of my iny kno	knowi wiedge	edge e.	
Sign	. (20 - 6)	\			10/- /	201			
Here	Signature of officer	<u>*                                     </u>			Date 10/5	201	0	· <del></del> · · - ·	
	Signature of difficer	T ()	_		Date				
	Type or print name and title	1260202	15.Z						
		In	Date	Check if	Preparer's identifying nun	ber (Se	 instruc	tions)	
Paid	Preparer's signature	"		self- employed ▶ [	۱ ا	,23.		,	
Prepare	i Pinn s name tor		····		N ▶				
Use On	y yours if self-employed), address, and ZIP + 4				hone no. ▶				
May th	e IRS discuss this return with the preparer show	n above? See instruc	ctions	· · · · ·		Yes		No	
			-					(2009)	

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Name of the organization Employer identification number **ALTURSA OF MONTROSE FOUNDATION** 84 1039143 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) An organization that normally receives (1) more than 33½% 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 331/3 % 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 **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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11q(m) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes NINE

Total

	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.)								
	tion A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				2275	5090	7365		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-0-	<b>-</b> 0-	<del>-</del> 0-		
3 4	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3				-0 = 2279	-0- 5090	-6-		
5 6	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)					934			
Sec	tion B. Total Support								
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	, , , , , ,				` `			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1741	.562			
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-00	-6-			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					~ 63			
11	Total support. Add lines 7 through 10 .	L	<u> </u>		12011	562	Ĺ <u> </u>		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12			
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	· · · ·		n, or fifth tax y		on 501(c)(3) ▶ □		
	tion C. Computation of Public Su			4 1 (5)		44			
14	Public support percentage for 2009 (line					14	<u>%</u> %		
15 16a	Public support percentage from 2008 Sci 33½ % support test—2009. If the organi- and stop here. The organization qualifies	zation did not i	check the box o		line 14 is 33% 9				
b	and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets the organization meets	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in Part	IV how the		
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 private foundation. If the organization did	facts-and-circun ances" test. The	nstances" test, o organization qua	check this box alifies as a publi	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the		

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Organ (Complete only if you checke				)(2)		
	tion A. Public Support			· — · — · · · · · · · · · · · · · · · ·			
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ı					
3	organization's tax-exempt purpose						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	<u></u>				-	
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		<del></del>				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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 toganization, check this box and stop	here	<u> </u>	nd, third, fourt	h, or fifth tax y	year as a s	ection 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	<del></del>					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column	(f)	15	% %
Sec	ction D. Computation of Investmen			<del></del>		<del>, ,</del>	
17	Investment income percentage for 2009					17	%
18 19a	Investment income percentage from 20 33% % support tests—2009. If the organism is not more than 33% %, check this b	anızation dıd r	not check the b	oox on line 14,	and line 15 is i		
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	uzation did not	check a box o	n line 14 or line	19a, and line	16 is more t	han 33%%, and

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

Page	4
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Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.							
	See	atta	chme	nt		<b></b>		
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#### **SCHEDULE FOR LINE 10** Astra 494 6753 **Scholarships** 2682 **Environmental** 123 **Foundation Expenses** 1898 International Relations Lifeline 15684 4433 Literacy 1778 Love Hugs Member Issues 75 1000 Montrose Medical Mission 1500 Montrose Community Stadium 500 **Bosum Buddies** 750 Girls & Boys Club 250 Camp Brainiac **Community Options** 500 500 **Dolphin House Dream Catcher Therapy** 200 500 **Habitat for Humanity Historic Montrose Downtown** 250 100 Knowledge Bowl Mapa 80 500 MHS Carnegie Singers 300 Mhs Senior Party 200 Montrose Arts Council 50 **Montrose Animal Protection** 500 **Montrose Community Dinners Montrose Community Foundation** 500 595 Montrose After School 200 **Partners** 100 Rotary 1700 **RSVP** 500 San Juan Health Care 250 Youth appreciation American Legion 300 500 Christ's Kitchen 225 Hospice 305 **Buddy Bags** \$46,775

Total