See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable:
- [X] 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 organization
THE TELLURIDE FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 4222

City or town, state or country, and ZIP + 4
TELLURIDE, CO 81435

D Employer identification number
84-1530768

E Telephone number
970-728-8717

G Gross receipts $ 5,455,114.

F Name and address of principal officer PAUL MAJOR
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ TELLURIDEFOUNDATION.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2000 **M** State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROMOTES PHILANTHROPY AND CREATES A STRONGER TELLURIDE COMMUNITY.	
	2	Check this box ▶ [ ] 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)	34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	34
	5	Total number of employees (Part V, line 2a)	3
	6	Total number of volunteers (estimate if necessary)	10
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,764,427.	2,350,351.
	9	Program service revenue (Part VIII, line 2g)	2,015.	37,895.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<683,347.>	<167,171.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,949.	21,851.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,218,044.	2,242,926.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,471,940.	2,347,341.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	322,065.	282,980.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	465.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,601.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	424,550.	271,369.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,219,020.	2,901,690.
	19	Revenue less expenses. Subtract line 18 from line 12	<1,000,976.>	<658,764.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,535,437.	7,345,791.
	21	Total liabilities (Part X, line 26)	1,654,310.	1,657,013.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,881,127.	5,688,778.

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

▶ Signature of officer — Date 9/27/10

▶ PAUL MAJOR, PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 9/27/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
RAFFA, PC
1899 L STREET NW, SUITE 900
WASHINGTON, DC 20036

EIN ▶

Phone no ▶ 202-822-5000

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

616 1

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE FOUNDATION EXISTS TO PROMOTE PHILANTHROPY AND CREATE A STRONGER TELLURIDE COMMUNITY. THE FOUNDATION SUPPORTS ALL CHARITABLE ORGANIZATIONS BY OFFERING DONORS EASY AND EFFECTIVE WAYS TO GIVE AND BUILD RESOURCES TO MEET FUTURE CHARITABLE NEEDS IN THE REGION. THROUGH

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.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 2,562,955. including grants of $ 2,347,341.) (Revenue $ 37,895.)
GRANTS AND ASSISTANCE PROGRAMS - COMMUNITY AND SPECIAL INITIATIVE GRANTS:
FUNDED BY THROUGH UNRESTRICTED GIFTS FROM GENEROUS DONORS, THE FOUNDATION HAS AWARDED OVER $15 MILLION SINCE ITS INCEPTION IN 2000. ANNUALLY THE COMMUNITY GRANTS PROGRAM AWARDS OVER $1 MILLION THROUGH A COMPETITIVE GRANTS PROGRAM ELIGIBLE TO 501(C)3 NONPROFITS THAT SERVE THE PEOPLE OF SAN MIGUEL, OURAY AND WESTERN MONTROSE COUNTIES. THE COMMUNITY GRANTS ARE DECIDED BY A VOLUNTEER BOARD MEMBER GRANTS COMMITTEE. SPECIALS INITIATIVES GRANTS CAN BE AWARDED TWICE ANNUALLY. THEY ARE BOARD SPONSORED INITIATIVES FOR LARGE HIGHLY LEVERAGED COLLABORATIONS OR MULTI-YEAR PROJECTS AND ARE DECIDED BY THE BOARD.

4b (Code) (Expenses $ 116,825. including grants of $ 0.) (Revenue $)
EDUCATION AND CONSULTING - THE FOUNDATION CONDUCTS WORKSHOPS AND TECHNICAL ASSISTANCE FOR NONPROFITS TO INCREASE THEIR CAPACITY, CAPABILITIES, EFFICIENCY AND EFFECTIVENESS. SINCE THE FOUNDATION INCEPTION, IT HAS PROVIDED OVER 300 HOURS OF FREE OR SUBSIDIZED WORKSHOPS AND TECHNICAL ASSISTANCE TO REGIONAL NONPROFITS. THE FOUNDATION WORKS DIRECTLY WITH DONORS AND PROSPECTS TO PROVIDE PROGRAMS ON PHILANTHROPY AND PROGRAM ISSUES AND CONDUCT RESEARCH INTO RELEVANT EMERGING ISSUES.

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 ▶ $** 2,679,780.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5	N/A	
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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• 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? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — / X)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		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? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	27		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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	1a	34		
b	Enter the number of voting members that are independent	1b	34		
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?	2			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?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CO

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.

[X] Own website [ ] Another's website [X] 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 - 970-728-8717
P.O. BOX 4222, TELLURIDE, CO 81435

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ED BARLOW CO-CHAIR	1.00	X		X				0.	0.	0.
JOANNE CORZINE CO-CHAIR	1.00	X		X				0.	0.	0.
RICHARD BETTS TREASURER	1.00	X		X				0.	0.	0.
BUNNY FREIDUS SECRETARY	1.00	X		X				0.	0.	0.
RON ALLRED DIRECTOR	1.00	X						0.	0.	0.
MIKE ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
LYNN BECK DIRECTOR	1.00	X						0.	0.	0.
HARMON BROWN DIRECTOR	1.00	X						0.	0.	0.
MARK DALTON DIRECTOR	1.00	X						0.	0.	0.
KIM DAY DIRECTOR	1.00	X						0.	0.	0.
BOB DELVES DIRECTOR	1.00	X						0.	0.	0.
BRIDGETT EVANS DIRECTOR	1.00	X						0.	0.	0.
STU FRASER DIRECTOR	1.00	X						0.	0.	0.
ELAINE FISCHER DIRECTOR	1.00	X						0.	0.	0.
BILL GERSHEN DIRECTOR	1.00	X						0.	0.	0.
ALLAN GERSHEN DIRECTOR	1.00	X						0.	0.	0.
RON GILMER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM HILL DIRECTOR	1.00	X						0.	0.	0.
KEVIN HOLBOOK DIRECTOR	1.00	X						0.	0.	0.
RICHARD HOLBROOKE DIRECTOR	1.00	X						0.	0.	0.
CHUCK HORNING DIRECTOR	1.00	X						0.	0.	0.
REBECCA JUSBASCHE DIRECTOR	1.00	X						0.	0.	0.
TRICIA MAXON DIRECTOR	1.00	X						0.	0.	0.
MELANIE MONTOYA DIRECTOR	1.00	X						0.	0.	0.
BRIAN O.NEIL DIRECTOR	1.00	X						0.	0.	0.
GEORGE PARKER DIRECTOR	1.00	X						0.	0.	0.
DICK RODGERS DIRECTOR	1.00	X						0.	0.	0.
1b Total ▶								145,500.	0.	18,861.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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	1a 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 2,350,351.				
	g Noncash contributions included in lines 1a-1f $ 280.				
	h **Total.** Add lines 1a-1f ▶	2,350,351.			
Program Service Revenue	2a FUND MANGEMENT FEES Business Code 900099	37,895.	37,895.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	37,895.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	150,471.			150,471.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	6a Gross Rents (i) Real (ii) Personal				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory (i) Securities 2894546. (ii) Other				
	b Less: cost or other basis and sales expenses 3212188.				
	c Gain or (loss) <317642.>				
	d Net gain or (loss) ▶	<317,642.>			<317,642.>
	8a 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 ▶				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a 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				
	11a OTHER INCOME 900099	21,851.			21,851.
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	21,851.			
	12 **Total revenue.** See instructions. ▶	2,242,926.	37,895.	0.	<145,320.>

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	2,309,530.	2,309,530.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	37,811.	37,811.		
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	164,361.	123,271.	16,436.	24,654.
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	71,786.	54,312.	2,455.	15,019.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	32,396.	24,410.	2,125.	5,861.
10 Payroll taxes	14,437.	10,859.	1,130.	2,448.
11 Fees for services (non-employees)				
a Management				
b Legal	2,366.	920.	1,257.	189.
c Accounting	34,595.	13,459.	18,367.	2,769.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,423.		839.	2,584.
g Other	54,108.	21,050.	28,728.	4,330.
12 Advertising and promotion				
13 Office expenses	18,999.	9,792.	2,395.	6,812.
14 Information technology	15,551.	9,938.	1,555.	4,058.
15 Royalties				
16 Occupancy	35,118.	21,167.	3,512.	10,439.
17 Travel	2,059.	1,235.	206.	618.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,553.	5,153.	828.	1,572.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,798.	2,398.	1,200.	1,200.
23 Insurance	2,308.	836.	1,123.	349.
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 LOSS ON PY PLEDGES	33,609.			33,609.
b ADMINISTRATIVE FEE EXP.	28,507.	25,656.	2,851.	
c ACTIVITY TICKETS	15,572.			15,572.
d SPECIAL EVENTS/PROMO	7,224.	3,612.		3,612.
e MEMBER DUES/SUBSCRIPT	3,021.	1,813.	302.	906.
f All other expenses	2,558.	2,558.		
25 Total functional expenses. Add lines 1 through 24f	2,901,690.	2,679,780.	85,309.	136,601.
26 Joint costs. Check here ▶ ☐ 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		2,964,204.	2	2,210,948.
	3	Pledges and grants receivable, net		2,602,783.	3	2,459,962.
	4	Accounts receivable, net		3,200.	4	35,449.
	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		100,000.	7	95,000.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,840.	9	4,689.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,297.			
	b	Less: accumulated depreciation	10b 56,160.	10,936.	10c	6,137.
	11	Investments - publicly traded securities		1,851,474.	11	2,533,606.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,535,437.	16	7,345,791.
Liabilities	17	Accounts payable and accrued expenses		267,058.	17	315,123.
	18	Grants payable		1,320,783.	18	1,214,382.
	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		66,469.	25	127,508.
	26	**Total liabilities.** Add lines 17 through 25		1,654,310.	26	1,657,013.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,049,065.	27	3,450,036.
	28	Temporarily restricted net assets		2,832,062.	28	2,218,937.
	29	Permanently restricted net assets		0.	29	19,805.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		5,881,127.	33	5,688,778.
	34	Total liabilities and net assets/fund balances		7,535,437.	34	7,345,791.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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?	3a		X
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.	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	Employer identification number
THE TELLURIDE FOUNDATION	84-1530768

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?

		Yes	No
(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)

(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									

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 ")	3615005.	3564835.	4079975.	2818445.	2350351.	16428611.
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	3615005.	3564835.	4079975.	2818445.	2350351.	16428611.
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)						548,277.
6 **Public support.** Subtract line 5 from line 4						15880334.

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	3615005.	3564835.	4079975.	2818445.	2350351.	16428611.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	128,622.	168,607.	302,483.	210,359.	150,471.	960,542.
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.)	25,020.	7,264.	38,548.		21,851.	92,683.
11 **Total support.** Add lines 7 through 10						17481836.
12 Gross receipts from related activities, etc. (see instructions)					12	151,259.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	90.84 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.73 %

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 ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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** ▶ ☐

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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	12	
2	Aggregate contributions to (during year)	65,477.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	304,992.	

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).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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					
b Contributions	19,845.				
c Net investment earnings, gains, and losses	<40.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	19,805.				

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

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

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

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		62,297.	56,160.	6,137.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,137.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
CHARITABLE GIFT ANNUITY	127,508.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	127,508.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	2,242,926.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,901,690.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<658,764.>
4	Net unrealized gains (losses) on investments	4	543,332.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<76,917.>
9	Total adjustments (net). Add lines 4 through 8	9	466,415.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<192,349.>

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	2,930,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	543,332.		
b	Donated services and use of facilities	2b	143,760.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	687,092.
3	Subtract line **2e** from line **1**			3	2,242,926.
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	2,242,926.

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

1	Total expenses and losses per audited financial statements			1	3,045,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	143,760.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	143,760.
3	Subtract line **2e** from line **1**			3	2,901,690.
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	2,901,690.

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

PART V, LINE 4: TO SUPPORT THE FOUNDATION'S YOUTH DEVELOPMENT PROGRAMS.

PART X: THE FOUNDATION PERFORMED AN EVALUATION FOR UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

Part XIV Supplemental Information *(continued)*

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY: -76917.

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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? [X] 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
AH HAA SCHOOL FOR THE ARTS P.O. BOX 1590 TELLURIDE, CO 81435	23-2594045	501(C)(3)	22,500.	0.			OPERATIONS OR PROJECT
HABITAT FOR HUMAITY OF TELLURIDE REGION - P.O. BOX 3852 - TELLURIDE, CO 81435	84-1530768	501(C)(3)	168,450.	0.			OPERATIONS OR PROJECT
TELLURIDE ADAPTIVE SKI PROGRAM P.O. BOX 2254 TELLURIDE, CO 81435	84-1337870	501(C)(3)	90,170.	0.			OPERATIONS OR PROJECT
BRIGHT FUTURES P.O. BOX 4216 TELLURIDE, CO 81435	20-2169766	501(C)(3)	82,875.	0.			OPERATIONS OR PROJECT
UNCOMPAHGRE COMBINED CLINICS DBA UNCOMPAHGRE MEDICAL CENTER - P.O. BOX 280 - NORWOOD, CO 81423	84-1071822	501(C)(3)	72,628.	0.			OPERATIONS OR PROJECT
SAN MIGUEL MENTORING PROGRAM P.O. BOX 1574 TELLURIDE, CO 81435	84-1502625	501(C)(3)	57,353.	0.			OPERATIONS OR PROJECT

2 Enter total number of section 501(c)(3) and government organizations ▶ 59.

3 Enter total number of other organizations ▶ 5.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	9	37,811.	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: AS DETERMINED BY THE COUNCIL ON FOUNDATION, THE FOUNDATION FOLLOWS BEST PRACTICES OF DUE DILIGENCE FOR GRANTEES BY 1) CHECKING CURRENT IRS 501(C)(3) STATUS WITH THE IRS DATABASE, 2) CHECKING CURRENT COLORADO STATE "GOOD STANDING" STATUS, 3) REQUIRING DOCUMENTATION OF MISSION, BOARD OF DIRECTORS, CURRENT FINANCIAL AND AUDIT (IF AVAILABLE), AND 4) REQUIRING ALL GRANTEES TO REPORT BACK WITHIN 8 MONTHS ON FINANCIAL AND PROGRAM/PROJECT PERFORMANCE.

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
WRIGHT STUFF COMMUNITY FOUNDATION P.O. BOX 340 TELLURIDE, CO 81435	84-1452620	501(C)(3)	55,000.	0.			OPERATIONS OR PROJECT
MOUNTAINFILM LTD P.O. BOX 1088 TELLURIDE, CO 81435	84-1271056	501(C)(3)	53,751.	0.			OPERATIONS OR PROJECT
TELLURIDE HOSPITAL DISTRICT DBA TELLURIDE MEDICAL CENTER - P.O. BOX 1229 - TELLURIDE, CO 81435	84-0738052	N/A	73,119.	0.			OPERATIONS OR PROJECT
SAN MIGUEL RESOURCE CENTER P.O. BOX 3243 TELLURIDE, CO 81435	84-1248457	501(C)(3)	48,400.	0.			OPERATIONS OR PROJECT
MOUNTAIN MUNCHKINS DAY CARE 455 MOUNTAIN VILLAGE BLVD., STE A TELLURIDE, CO 81435	20-2169766	501(C)(3)	35,000.	0.			OPERATIONS OR PROJECT
RAINBOW SCHOOL AND DAY CARE CENTER INC - P.O. BOX 1127 - TELLURIDE, CO 81435	84-0747586	501(C)(3)	35,000.	0.			OPERATIONS OR PROJECT
TELLURIDE ACADEMY P.O. BOX 2255 TELLURIDE, CO 81435	84-0945670	501(C)(3)	34,000.	0.			OPERATIONS OR PROJECT
TELLURIDE EDUCATION FOUNDATION INC. - P.O. BOX 3548 - TELLURIDE, CO 81435	84-1251006	501(C)(3)	27,500.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
TELLURIDE SKI AND SNOWBOARD CLUB INC - P.O. BOX 2824 - TELLURIDE, CO 81435	84-1152879	501(C)(3)	27,000.	0.			OPERATIONS OR PROJECT
SHERIDAN ARTS FOUNDATION P.O. BOX 2680 TELLURIDE, CO 81435	84-1166423	501(C)(3)	25,000.	0.			OPERATIONS OR PROJECT
TELLURIDE PRESCHOOL INC P.O. BOX 717 TELLURIDE, CO 81435	84-1421457	501(C)(3)	25,000.	0.			OPERATIONS OR PROJECT
NATIONAL FILM PRESERVE LTD 800 JONES STREET BERKLEY, CO 94710	23-7426302	501(C)(3)	22,500.	0.			OPERATIONS OR PROJECT
MIDWESTERN COLORADO MENTAL HEALTH CENTER INC - P.O. BOX 1208 - MONTROSE, CO 81402	84-0561224	501(C)(3)	20,000.	0.			OPERATIONS OR PROJECT
MOUNTAIN SPROUTS PRESCHOOL INC P.O. BOX 1942 TELLURIDE, CO 81435	84-1606568	501(C)(3)	20,000.	0.			OPERATIONS OR PROJECT
TELLURIDE COUNCIL FOR THE ARTS AND HUMANITIES - P.O. BOX 152 - TELLURIDE, CO 81435	84-0712952	501(C)(3)	20,000.	0.			OPERATIONS OR PROJECT
TELLURIDE EARLY CHILDHOOD CENTER 721 WEST COLORADO AVE. TELLURIDE, CO 81435	84-6001946	501(C)(3)	20,000.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
MICHAEL D. PALM THEATRE 721 WEST COLORADO AVE. TELLURIDE, CO 81435	84-6001946	501(C)(3)	19,000.	0.			OPERATIONS OR PROJECT
THE PINHEAD INSTITUTE INC P.O. BOX 2905 TELLURIDE, CO 81435	84-1605984	501(C)(3)	19,000.	0.			OPERATIONS OR PROJECT
TELLURIDE SOCIETY FOR JAZZ P.O. BOX 2132 TELLURIDE, CO 81435	84-1171778	501(C)(3)	17,000.	0.			OPERATIONS OR PROJECT
HORIZON PROGRAM 725 W COLORADO AVE TELLURIDE, CO 81435	75-3083762	501(C)(3)	15,500.	0.			OPERATIONS OR PROJECT
ANGEL BASKETS PMB22000 BOX 180 TELLURIDE, CO 81435	84-0894976	501(C)(3)	15,000.	0.			OPERATIONS OR PROJECT
MONTROSE COUNTY SENIOR CITIZENS TRANSPORTATION, INC. - P.O. BOX 1416 - MONTROSE, CO 81402	74-2561376	501(C)(3)	15,000.	0.			OPERATIONS OR PROJECT
THE NEW COMMUNITY COALITION P.O. BOX 1625 TELLURIDE, CO 81435	36-4601622	501(C)(3)	15,000.	0.			OPERATIONS OR PROJECT
MONTROSE REGIONAL LIBRARY 320 SOUTH SECOND STREET MONTROSE, CO 81401	84-0589996	N/A	14,000.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
OURAY COUNTY SCHOOLS COMMUNITY RESOURCE CONSORTIUM - P.O. BOX 709 - RIDGWAY, CO 81432	84-1453650	501(C)(3)	14,000.	0.			OPERATIONS OR PROJECT
TELLURIDE CHORAL SOCIETY P.O. BOX 727 TELLURIDE, CO 81435	84-1330825	501(C)(3)	14,000.	0.			OPERATIONS OR PROJECT
UNIVERSITY CENTERS OF THE SAN MIGUEL - P.O. BOX 1621 - TELLURIDE, CO 81435	20-2169766	501(C)(3)	13,000.	0.			OPERATIONS OR PROJECT
MONTROSE MEMORIAL HOSPITAL 800 SOUTH THIRD STREET MONTROSE, CO 81401	84-6002707	501(C)(3)	12,507.	0.			OPERATIONS OR PROJECT
TELLURIDE HISTORICAL MUSEUM P.O. BOX 1597 TELLURIDE, CO 81435	84-1034023	501(C)(3)	12,500.	0.			OPERATIONS OR PROJECT
SAN MIGUEL EDUCATIONAL FUND P.O. BOX 1069 TELLURIDE, CO 81435	23-7317485	501(C)(3)	11,000.	0.			OPERATIONS OR PROJECT
TELLURIDE COMMUNITY TELEVISION P.O. BOX 1521 TELLURIDE, CO 81435	84-1128348	501(C)(3)	11,000.	0.			OPERATIONS OR PROJECT
BASIN CLINIC 421 WEST ADAMS ROAD NORWOOD, CO 81422	84-6022707	501(C)(3)	10,441.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
EGNAR SLICKROCK FIRE PROTECTION DISTRICT - P.O. BOX 249 - EGNAR, CO 81325	13-4348041	N/A	10,000.	0.			OPERATIONS OR PROJECT
PARADOX VALLEY SCHOOL P.O. BOX 420 PARADOX, CO 81429	84-1595429	N/A	10,000.	0.			OPERATIONS OR PROJECT
SAN MIGUEL COUNTY P.O. BOX 486 NORWOOD, CO 81435	84-6000008	N/A	10,000.	0.			OPERATIONS OR PROJECT
SAN MIGUEL AND OURAY COUNTIES JUVENILE DIVERSION - P.O. BOX 1068 - TELLURIDE, CO 81435	84-6000806	501(C)(3)	10,000.	0.			OPERATIONS OR PROJECT
TELLURIDE INSTITUTE INC P.O. BOX 1770 TELLURIDE, CO 81435	84-0964478	501(C)(3)	10,000.	0.			OPERATIONS OR PROJECT
TELLURIDE NORDIC ASSOCIATION INC P.O. BOX 1784 TELLURIDE, CO 81435	84-1156121	501(C)(3)	10,000.	0.			OPERATIONS OR PROJECT
TODDLERTOWN OF TELLURIDE P.O. BOX 4204 TELLURIDE, CO 81435	26-3684506	501(C)(3)	10,000.	0.			OPERATIONS OR PROJECT
WEST END FAMILY LINK P.O. BOX 602 NUCLA, CO 81424	84-1611156	501(C)(3)	10,000.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
TELLURIDE AIDS BENEFIT INC P.O. BOX 3819 TELLURIDE, CO 81435	84-1553698	501(C)(3)	9,700.	0.			OPERATIONS OR PROJECT
ANIMAL HUMANE SOCIETY OF OURAY COUNTY, INC. - P.O. BOX 2096 - RIDGWAY, CO 81432	84-1266231	501(C)(3)	9,500.	0.			OPERATIONS OR PROJECT
SAN MIGUEL WATERSHED COALITION P.O. BOX 1601 TELLURIDE, CO 81435	84-1500508	501(C)(3)	9,500.	0.			OPERATIONS OR PROJECT
MONTROSE COUNTY HEALTH & HUMAN SERVICES - 1845 S. TOWNSEND AVE - MONTROSE, CO 81401	84-6000787	N/A	9,000.	0.			OPERATIONS OR PROJECT
TELLURIDE LIZARD HEADS P.O. BOX 1232 TELLURIDE, CO 81435	84-1090533	501(C)(3)	9,000.	0.			OPERATIONS OR PROJECT
VOANS SENIOR COMMUNITY MEALS 11407 HWY 65 ECKERT, CO 81418	27-0267491	501(C)(3)	8,300.	0.			OPERATIONS OR PROJECT
HILLTOP HEALTH SERVICES CORPORATION - 540 S. 1ST STREET - MONTROSE, CO 81401	74-2321009	501(C)(3)	8,000.	0.			OPERATIONS OR PROJECT
TELLURIDE CHAMBER MUSIC ASSOCIATION - P.O. BOX 115 - TELLURIDE, CO 81435	74-2319709	501(C)(3)	8,000.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
TELLURIDE REPERTORY THEATRE COMPANY - P.O. BOX 2469 - TELLURIDE, CO 81435	84-1153491	501(C)(3)	8,000.	0.			OPERATIONS OR PROJECT
TOMTEN INSTITUTE P.O. BOX 437 TELLURIDE, CO 81435	84-1550594	501(C)(3)	8,000.	0.			OPERATIONS OR PROJECT
TRUST FOR LAND RESTORATION P.O. BOX 743 RIDGWAY, CO 81432	84-1523131	501(C)(3)	8,000.	0.			OPERATIONS OR PROJECT
TELLURIDE DANCE ACADEMY & MOVEMENT CENTER - 291 RIO VISTA RD., 101 - TELLURIDE, CO 81435	84-1349917	501(C)(3)	7,500.	0.			OPERATIONS OR PROJECT
TELLURIDE R1 SCHOOL DISTRICT 725 W. COLORADO AVE TELLURIDE, CO 81435	98-0292700	501(C)(3)	7,500.	0.			OPERATIONS OR PROJECT
WEEHAWKEN CREATIVE ARTS P.O. BOX 1497 OURAY, CO 81427	75-3145854	501(C)(3)	6,500.	0.			OPERATIONS OR PROJECT
MONTESSORI AT MOUNTAIN SCHOOL 200 SAN MIGUEL RIVER DRIVE TELLURIDE, CO 81435	84-1323303	501(C)(3)	6,000.	0.			OPERATIONS OR PROJECT
SAN JUAN FIELD SCHOOL P.O. BOX 3726 TELLURIDE, CO 81435	84-1588210	501(C)(3)	6,000.	0.			OPERATIONS OR PROJECT

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

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
TELLURIDE YOUTH SOCCER P.O. BOX 1799 TELLURIDE, CO 81435	84-1569268	501(C)(3)	6,000.	0.			OPERATIONS OR PROJECT
UNCOMPAHGRE COMMUNICATION, INC. P.O. BOX 244 DELTA, CO 81416	84-1545251	501(C)(3)	6,000.	0.			OPERATIONS OR PROJECT

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2009**

932241 02-01-10

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
THE TELLURIDE FOUNDATION	84-1530768

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL MAJOR	(i)	145,500.	0.	0.	4,500.	14,361.	164,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization
THE TELLURIDE FOUNDATION

Employer Identification number
84-1530768

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY RUBADEAU DIRECTOR	1.00	X						0.	0.	0.
SUSAN SAINT JAMES DIRECTOR	1.00	X						0.	0.	0.
H. NORM SCHWARZKOPF DIRECTOR	1.00	X						0.	0.	0.
ED SHERIDAN DIRECTOR	1.00	X						0.	0.	0.
MARLENE SILVER DIRECTOR	1.00	X						0.	0.	0.
DAN TICHMAN DIRECTOR	1.00	X						0.	0.	0.
SHEILA WALD DIRECTOR	1.00	X						0.	0.	0.
PAUL MAJOR PRESIDENT & CEO	40.00			X				145,500.	0.	18,861.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J-2 (Form 990) 2009

932201 02-02-10

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STEWARDSHIP OF ITS BOARD OF DIRECTORS, THE FOUNDATION PROVIDES GRANTS AND SERVICES TO THE COMMUNITY IN SUPPORT OF ARTS, EDUCATION, ATHLETICS AND ALL CHARITABLE CAUSES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INITIATIVE PROGRAM GRANT: FUNDED BY GRANTS FROM STATE AND NATIONAL FOUNDATIONS, FIELD OF INTEREST FUNDS AND UNRESTRICTED DONATIONS, THE TELLURIDE FOUNDATION RUNS PROGRAMS IN REGIONAL CHILDREN PREVENTIVE HEALTH, IMMIGRANT INTEGRATION AND COMMUNITY DEVELOPMENT FOR WEST END RURAL COMMUNITIES. THE FOUNDATION HAS RAISED OVER $2.9 MILLION IN THE LAST FIVE YEARS FROM OUTSIDE FUNDERS FOR THESE INITIATIVES THAT INCLUDE SCHOOL BASED KIDS ORAL HEALTH INTUITIVE, HEALTH INSURANCE ENROLLMENT PROGRAM, IMMUNIZATION OUTREACH AND EDUCATION, EARLY CHILDHOOD AND FAMILIES AND IMMIGRANT ENGLISH LANGUAGE ACQUISITION AND INTEGRATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990. UPON SUBMISSION, THE 990 IS REVIEWED AND APPROVED BY THE FOUNDATION'S AUDIT COMMITTEE MEMBERS AND MANAGEMENT STAFF. ONCE APPROVED, THE FOUNDATION EMAILS A WEB LINK OF THE DRAFT 990 TO EACH BOARD MEMBER TO VIEW BEFORE THE FINAL COPY IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE FOUNDATION ASKS BOARD MEMBERS AND STAFF TO DISCLOSE ANY POTENTIAL CONFLICTS.

AFTER FULL DISCLOSURE, THE CONFLICTED FOUNDATION ASSOCIATE, MAY BE PRESENT FOR DISCUSSION OF THE MATTER. AT HIS OR HER DISCRETION, AN ASSOCIATE SHALL BE ALLOWED TO VOTE ON THE MATTER IF THE CONFLICT IS OF THE SAME DEGREE AS IF THE ASSOCIATE WERE A TRUSTEE OR MEMBER OF THE BOARD OF DIRECTORS OF A CORPORATION WHICH WOULD BE ADVANTAGED OR DISADVANTAGED BY THE OUTCOME OF FOUNDATION ACTION OR INACTION. AN ASSOCIATE SHALL NOT VOTE ON THE MATTER IF THE ASSOCIATE'S PERSONAL FINANCIAL INTERESTS WOULD BE ADVANTAGED OR DISADVANTAGED BY FOUNDATION ACTION OR INACTION.

IN THE EVENT THERE IS A BREACH OF THIS POLICY OR ALLEGATION OF A BREACH BROUGHT BY A FOUNDATION ASSOCIATE, THE MATTER SHALL BE REVIEWED AND CONSIDERED BY THE EXECUTIVE COMMITTEE. IN ITS REVIEW OF THE MATTER THE EXECUTIVE COMMITTEE SHALL DECIDE WHAT REMEDY, IF ANY, IS APPROPRIATE AND WHICH THE FOUNDATION SHALL IMPOSE. ANY PARTY TO THE MATTER MAY APPEAL THE DECISION OF THE EXECUTIVE COMMITTEE TO THE BOARD OF DIRECTORS, FOR REVIEW, CONSIDERATION AND FINAL DECISION BY THE BOARD, IN A PROCESS TO BE DETERMINED BY BOARD, AND WHICH DECISION BY THE BOARD SHALL BE FINAL.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE CONDUCTS A COMPENSATION REVIEW WHICH WAS LAST PERFORMED IN 2007. FOR THE NEXT TWO YEARS, THE BOARD DECIDED TO FREEZE COMPENSATION DUE TO THE ECONOMY. THE FOUNDATION INTENDS ON CONDUCTING A COMPENSATION REVIEW IN 2010 WHICH WILL INCLUDE THE FOLLOWING:

- A PERFORMANCE REVIEW SURVEY OF THE CEO WHICH WILL BE COMPLETED BY EVERY EXECUTIVE COMMITTEE MEMBER.

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
THE TELLURIDE FOUNDATION

Employer identification number
84-1530768

- A REVIEW OF THE PERFORMANCE SURVEY RESULTS WITH THE CEO BY THREE MEMBERS OF THE EXECUTIVE COMMITTEE (INCLUDING THE CO-CHAIRS AND TREASURER).

- A COMPENSATION REVIEW FOLLOWING THE PERFORMANCE REVIEW WHICH WILL UTILIZE THE COMPENSATION COMPARABLE DATA FROM THE FOUNDATION INDUSTRY WIDE 2009 COUNCIL ON FOUNDATION SALARY AND BENEFITS SURVEY.

- CEO PERFORMANCE AND COMPENSATION REVIEW WHICH WILL BE REPORTED BY THE EXECUTIVE COMMITTEE TO THE ENTIRE BOARD AT THE DECEMBER 2010 ANNUAL MEETING AND DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FEDERAL FORM 990, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND/OR UPON REQUEST.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	THE TELLURIDE FOUNDATION	84-1530768
	Number, street, and room or suite no. If a P.O. box, see instructions 620 MOUNTAIN VILLAGE BOULEVARD, NO. 2B	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. TELLURIDE, CO 81435	

Check type of return to be filed (File a separate application for each return).

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION - 620 MOUNTAIN VILLAGE BOULEVARD, NO. 2B - TELLURIDE, CO 81435
  Telephone No. ▶ 970-728-8717 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 is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 8-9-10