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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2011Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN		D Employer identification number 31-1650658
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) PO BOX 7057		E Telephone number 970-641-8837
	City or town, state or country, and ZIP + 4 GUNNISON, CO 81230		G Gross receipts \$ 731,441.
	F Name and address of principal officer: PAMELA MONTGOMERY PO BOX 935, GUNNISON, CO 81230		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ CFGV.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1997 M State of legal domicile CO	

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE A CHARITABLE CONDUIT TO IMPROVE THE GUNNISON AREA AS A PLACE TO LIVE</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	3	
	6	Total number of volunteers (estimate if necessary)	10	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue			Prior Year	
			Current Year	
	8	Contributions and grants (Part VIII, line 1h)	741,384.	667,666.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,092.	125,833.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	414,450.	-62,058.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,264,926.	731,441.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	653,473.	427,615.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,601.	74,467.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	5,000.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	147,706.	172,963.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	885,780.	680,045.
	19	Revenue less expenses. Subtract line 18 from line 12	379,146.	51,396.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	5,719,967.	5,774,551.
	21	Total liabilities (Part X, line 26)	370,001.	404,840.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,349,966.	5,369,711.

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 9/30/12	
	PAMELA MONTGOMERY, EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 9/27/12	Check <input type="checkbox"/> self-employed PTIN P00359452
	Firm's name ▶ MCNURLIN & ASSOCIATES, P.C.	Firm's EIN ▶ 84-1233353	Phone no 303-988-5648	
Firm's address ▶ 2535 S WADSWORTH BLVD. LAKEWOOD, CO 80227				

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

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SCANNED OCT 24 2012

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code) (Expenses \$ 342,423. Including grants of \$ 342,423.) (Revenue \$ 0.)
FACILITATE CONTRIBUTIONS AND FUNDING FOR VARIOUS COMMUNITY PROJECTS

4b (Code) (Expenses \$ 85,192. Including grants of \$ 85,192.) (Revenue \$ 0.)
FACILITATE CONTRIBUTIONS FOR SCHOLARSHIPS AND GRANTS

4c (Code) (Expenses \$ 18,813. Including grants of \$ 0.) (Revenue \$ 0.)
FACILITATE CONVERSATIONS REGARDING PREVIOUSLY PHYSICALLY AND
ACADEMICALLY SEGREGATED ALTERNATIVE EDUCATION PROGRAM INTO THE LOCAL
HIGH SCHOOL CAMPUS AND CURRICULUM.

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

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

4e Total program service expenses ► 446,428.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c 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	
24d 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	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	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	15	
1b Enter the number of voting members included in line 1a, above, who are independent	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **COMMUNITY FOUNDATION OF THE GUNNISON VALLEY - 970-641-8837**
805 W. TOMICHI 81230

COMMUNITY FOUNDATION OF THE GUNNISON

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**COMMUNITY FOUNDATION OF THE GUNNISON
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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	667,666.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			667,666.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			124,545.			124,545.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			1,288.	1,288.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		900099	82,767.	82,767.			
b UNREALIZED GAIN (LOSS)		900099	-144,825.	-144,825.			
c							
d All other revenue							
e Total. Add lines 11a-11d			-62,058.				
12 Total revenue. See instructions.			731,441.	-60,770.	0.	124,545.	

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

Form 990 (2011)

31-1650658 Page **10**

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).

Check if Schedule O contains a response to any question in this Part IX ☐

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	420,423.	420,423.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	7,192.	7,192.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	69,189.		69,189.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,278.		5,278.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,209.		8,209.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,000.			5,000.
f Investment management fees	89.		89.	
g Other				
12 Advertising and promotion	14,203.		12,165.	2,038.
13 Office expenses	5,422.		5,422.	
14 Information technology	4,049.		4,049.	
15 Royalties				
16 Occupancy	1,375.		1,375.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	736.		736.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,321.		3,321.	
23 Insurance	2,596.		2,596.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXEC DIRECTOR EXPENSE	74,550.		74,550.	
b PROGRAMS	18,813.	18,813.		
c PROPERTY TAXES	6,473.		6,473.	
d FIMMS SUPPORT & UPDATES	5,978.		5,978.	
e All other expenses	27,149.		23,911.	3,238.
25 Total functional expenses. Add lines 1 through 24e	680,045.	446,428.	223,341.	10,276.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

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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	2,245,985.	2	2,366,561.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	45,323.			
	10b Less: accumulated depreciation	39,812.	8,832.	10c	5,511.
	11 Investments - publicly traded securities	0.	11		
	12 Investments - other securities. See Part IV, line 11	2,976,750.	12	2,914,079.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	488,400.	15	488,400.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,719,967.	16	5,774,551.		
Liabilities	17 Accounts payable and accrued expenses		17	3,107.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	370,001.	25	401,733.	
	26 Total liabilities. Add lines 17 through 25	370,001.	26	404,840.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	117,646.	27	115,939.	
	28 Temporarily restricted net assets	2,130,745.	28	2,246,519.	
	29 Permanently restricted net assets	3,101,575.	29	3,007,253.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	5,349,966.	33	5,369,711.	
34 Total liabilities and net assets/fund balances	5,719,967.	34	5,774,551.		

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	731,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	680,045.
3	Revenue less expenses. Subtract line 2 from line 1	3	51,396.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,349,966.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-31,651.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,369,711.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number
31-1650658

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

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

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

COMMUNITY FOUNDATION OF THE GUNNISON

Schedule A (Form 990 or 990-EZ) 2011 **VALLEY FORMERLY GUNNISON AREA COMM. FOUN31-1650658** Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1342407.	3383904.	1521518.	741,384.	667,666.	7656879.
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	1342407.	3383904.	1521518.	741,384.	667,666.	7656879.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7656879.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1342407.	3383904.	1521518.	741,384.	667,666.	7656879.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,357.	83,445.	91,569.	119,708.	124,545.	457,624.
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.)	39,167.	-530,182.	505,016.	403,834.	-62,058.	355,777.
11 Total support. Add lines 7 through 10						8470280.
12 Gross receipts from related activities, etc. (see instructions)					12	41,818.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	90.40	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	89.74	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
InspectionName of the organization **COMMUNITY FOUNDATION OF THE GUNNISON
VALLEY FORMERLY GUNNISON AREA COMM. FOUN**Employer identification number
31-1650658**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	27	
2 Aggregate contributions to (during year)	287,560.	
3 Aggregate grants from (during year)	180,446.	
4 Aggregate value at end of year	3,718,524.	

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

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

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

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,412,880.	3,892,857.	3,091,339.	1,048,358.	
b Contributions	168,805.	283,273.	461,360.	2,448,190.	
c Net investment earnings, gains, and losses	-15,413.	369,481.	455,719.	-372,439.	
d Grants or scholarships	49,128.	76,111.	72,358.	13,761.	
e Other expenditures for facilities and programs					
f Administrative expenses	60,534.	56,620.	43,203.	19,009.	
g End of year balance	4,456,610.	4,412,880.	3,892,857.	3,091,339.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 21.67 %
 b Permanent endowment ☒ 78.33 %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of property	(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		45,323.	39,812.	5,511.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,511.

Schedule D (Form 990) 2011

COMMUNITY FOUNDATION OF THE GUNNISON

Schedule D (Form 990) 2011

VALLEY FORMERLY GUNNISON AREA COMM. FOUN 31-1650658 Page 3

Part VIII 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICALLY TRADED		
(B) SECURITIES	2,914,079.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,914,079.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) REAL ESTATE	488,400.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	488,400.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENT DEPOSIT	750.
(3) AGENCY OBLIGATIONS	400,983.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	401,733.

2. FIN 48 (ASC 740) 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 (ASC 740)

COMMUNITY FOUNDATION OF THE GUNNISON

Schedule D (Form 990) 2011

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	731,441.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	680,045.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	51,396.
4	Net unrealized gains (losses) on investments	4	2,246.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-33,897.
9	Total adjustments (net). Add lines 4 through 8	9	-31,651.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	19,745.

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	711,633.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,246.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,246.
3	Subtract line 2e from line 1	3	709,387.
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	22,054.
c	Add lines 4a and 4b	4c	22,054.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	731,441.

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

1	Total expenses and losses per audited financial statements	1	691,888.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	16,526.
e	Add lines 2a through 2d	2e	16,526.
3	Subtract line 2e from line 1	3	675,362.
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	4,683.
c	Add lines 4a and 4b	4c	4,683.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	680,045.

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 XI, LINE 8 - OTHER ADJUSTMENTS:

OTHER ENDOWMENT EXPENSE 4,683.

CONTRIBUTIONS -22,054.

FISCAL SPONSOR EXPENSE -16,526.

TOTAL TO SCHEDULE D, PART XI, LINE 8 -33,897.

**CHARTER ENDOWMENT: WHEN THE FUND REACHES \$1,000,000, THE EARNINGS WILL BE
SUBJECT TO THE FOUNDATION'S SPENDING POLICY AND USED FOR GENERAL**

Part XIV Supplemental Information (continued)

GRANTMAKING BY THE FOUNDATION

CORNERSTONE ENDOWMENT: FOR USE FOR OPERATIONS OF THE FOUNDATION-A QUASI
ENDOWMENT WITH NO POLICIES AGAINST INVADING PRINCIPAL

KIDS KOUNT ENDOWMENT: WHEN THE CORPUS REACHES \$100,000, THE EARNINGS WILL
BE SUBJECT TO THE FOUNDATION'S SPENDING POLICY AND USED FOR GRANT MAKING
TO THE RELJ SCHOOL SYSTEM

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

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

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

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

ACORN FUND 1: WHEN THE CORPUS REACHES \$10,000, THE ANONYMOUS DONOR
ADVISOR WILL BE ABLE TO RECOMMEND GRANTS BASED ON THE AMOUNT AVAILABLE

Part XIV Supplemental Information (continued)

EACH YEAR AS DETERMINED BY THE FOUNDATION'S SPENDING POLICY

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

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

HOSPICE OPERATING ENDOWMENT FUND: THIS FUND IS STRUCTURED AS A QUASI-ENDOWMENT FOR THE PURPOSE OF HOLDING FUNDS IN RESERVE TO SUPPORT HOSPICE AND PALLIATIVE CARE OF THE GUNNISON VALLEYS PROGRAMS, ACTIVITIES AND SERVICES, TO INCLUDE HOSPICE CARE, BEREAVEMENT SERVICES, GARDEN OF REMEMBRANCE, PALLIATIVE CARE, AND CAMP GOOD GRIEF. IT MAY ALSO PROVIDE OPPORTUNITIES TO DEVELOP NEW PROGRAMS AND SERVICES. DISTRIBUTIONS WILL BE SUBJECT TO THE FOUNDATIONS SPENDING POLICY AND MAY BE MADE AT SUCH TIMES AS THE PARTIES AGREE. DISTRIBUTIONS MAY DERIVE FROM EITHER THE CORPUS OR EARNINGS OF THE FUND.

GUNNISON VALLEY HOCKEY ASSOCIATION YOUTH ENDOWMENT: THE PURPOSE OF THE FUND IS TO PROVIDE LONG-TERM RESERVES TO SUPPORT THE YOUTH PROGRAMS OF THE GUNNISON VALLEY HOCKEY ASSOCIATION, AND TO PROVIDE OPPORTUNITIES TO

Part XIV Supplemental Information (continued)

DEVELOP NEW HOCKEY PROGRAMS AND SERVICES FOR THE YOUTH OF THE COMMUNITY.

DISTRIBUTIONS MAY BE MADE ACCORDING TO THE FOUNDATIONS SPENDING POLICY

FROM EARNINGS ONLY, ONCE THE HISTORIC BALANCE OF \$100,000 IS REACHED.

PARADISE PLACE SCHOOL ENDOWMENT FUND: THE PURPOSE OF THIS FUND IS TO

PROVIDE LONG-TERM FUNDS TO SUPPORT THE PROGRAMS OF PARADISE PLACE SCHOOL

IN CRESTED BUTTE, COLORADO. THE FUND IS PERMANENTLY ENDOWED AND WILL BE

SUBJECT TO THE FOUNDATIONS SPENDING POLICY, ALLOWING FOR DISTRIBUTIONS OF

EARNINGS ONLY.

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

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. Part II can be duplicated 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
BLACK RIVER HISTORICAL SOCIETY PO BOX 73 LUDLOW, VT 05149	23-7193231	501(C)(3)	15,000.	0.	N/A	N/A	CAPITAL SUPPORT
CRESTED BUTTE MOUNTAIN CENTER FOR THE ARTS - PO BOX 1819 - CRESTED BUTTE, CO 81224	74-2451146	501(C)(3)	14,564.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CRESTED BUTTE MOUNTAIN THEATRE PO BOX 611 CRESTED BUTTE, CO 81224	23-7356993	501(C)(3)	12,700.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CRESTED BUTTE MUSIC FESTIVAL PO BOX 2117 CRESTED BUTTE, CO 81224	84-1374824	501(C)(3)	16,200.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
DOLLYWOOD FOUNDATION 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE, TN 37863-4113	62-1348105	501(C)(3)	7,786.	0.	N/A	N/A	PROGRAM EXPENSES
GUNNISON COUNCIL FOR THE ARTS PO BOX 1772 GUNNISON, CO 81230-1772	74-2325340	501(C)(3)	7,250.	0.	N/A	N/A	PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

31-1650658

Page 1

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

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
	GUNNISON COUNTY TREASURER PO BOX 479 GUNNISON, CO 81230	84-6000770	GOVERNMENT	8,079.	0. N/A		N/A	GENERAL OPERATING SUPPORT
	GUNNISON VALLEY HEALTH SENIOR CARE CENTER - 1500 W TOMICHI - GUNNISON, CO 81230	84-1288611	GOVERNMENT	15,214.	0. N/A		N/A	PROGRAM SUPPORT
	GUNNISON VALLEY HOSPITAL 711 NORTH TAYLOR STREET GUNNISON, CO 81230	84-6008116	GOVERNMENT	25,000.	0. N/A		N/A	CAPITAL SUPPORT
	GUNNISON WATERSHED SCHOOL DISTRICT RE-1J - 800 NORTH BOULEVARD - GUNNISON, CO 81230	84-6013483	GOVERNMENT	5,603.	0. N/A		N/A	PROGRAM SUPPORT
	GUNNISON-HINSDALE YOUTH SERVICES DBA GUNNISON COUNTRY PARTNERS - 101 NORTH 8TH STREET - GUNNISON, CO 81230	84-1157649	501(C)(3)	6,150.	0. N/A		N/A	GENERAL OPERATING SUPPORT
	LPCTV CORP 43 MAIN STREET LUDLOW, VT 05149	03-0370616	501(C)(3)	15,000.	0. N/A		N/A	CAPITAL SUPPORT
	LUDLOW ELEMENTARY SCHOOL 45 MAIN STREET LUDLOW, VT 05149	03-6000542	GOVERNMENT	10,000.	0. N/A		N/A	CAPITAL SUPPORT
	OKEMO TUTORIAL PROGRAM INC (OKEMO MOUNTAIN SCHOOL) - 53 MAIN STREET - LUDLOW, VT 05149	03-0336170	501(C)(3)	15,000.	0. N/A		N/A	CAPITAL SUPPORT
	ROCKY MOUNTAIN BIOLOGICAL LABORATORY - PO BOX 519 - CRESTED BUTTE, CO 81224	84-6050523	501(C)(3)	12,700.	0. N/A		N/A	GENERAL OPERATING SUPPORT

Schedule I (Form 990)

(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
GUNNISON COUNTY ASSOCIATION OF REALTORS SCHOLARSHIP	5	3,750.	0.		
DEFENSIVE DRIVING AWARD	1	565.	0.		
DAN TREADWAY MEMORIAL EXCELLENCE IN TEACHING	1	2,000.	0.		

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

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

STAFF ALSO USES GUIDESTAR "CHARITY CHECK" TO VERIFY CHARITABLE STATUS, IRS DEDUCTIBILITY CODE, AND DEDUCTIBILITY LIMITATIONS; IRS BUSINESS MASTER FILE DATA-IDENTIFY SUPPORTING ORGANIZATIONS AND, WHERE AVAILABLE, TYPE OF SUPPORTING ORGANIZATION IN COMPLIANCE WITH THE PENSION PROTECTION ACT OF

Part IV Supplemental Information

2006; IDENTIFY NONPROFITS WHOSE TAX EXEMPT STATUS HAS BEEN REVOKED UNDER THE PENSION PROTECTION ACT FOR FAILURE TO FILE ANNUAL RETURNS FOR THREE CONSECUTIVE YEARS; AND TO IDENTIFY NONPROFITS WHOSE TAX-EXEMPT STATUS HAS BEEN REVOKED FOR REASONS OTHER THAN FAILURE TO FILE AND LINK DIRECTLY TO INTERNAL REVENUE BULLETINS IN WHICH THE REVOCATIONS WERE ANNOUNCED.

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

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

Part IV Supplemental Information

ANYONE WITH A CONFLICT (FOR A PARTICULAR AGENCY REQUESTING A GRANT) ABSTAINS FROM THE RATING PROCESS. STAFF ENTERS THE RATINGS INTO A MASTER SHEET AND PRODUCES A LIST OF GRANT REQUESTS RANKED IN ORDER OF THE GRANT COMMITTEE'S RATINGS FOR EACH ORGANIZATION INTO THE COMPUTER AND A RANKED LIST IS PREPARED. THE RANKED LIST IS GIVEN TO THE REVIEW COMMITTEE AND IT IS REVIEWED, FURTHER DISCUSSION ENSUES AND A RECOMMENDATION IS PREPARED FOR THE FOUNDATION BOARD TO REVIEW. THE RATING/RANKING PROCESS SIMPLIFIES THE DECISION-MAKING PROCESS AND ENABLES THE COMMITTEE TO SEE CLEARLY WHERE THE ORGANIZATION RANKS OVERALL IN THE MIX AND MAKES IT EASIER TO ATTACH DOLLAR FIGURES FOR RECOMMENDATION TO THE BOARD.

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

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

Part IV Supplemental Information

OR PROMOTE CONSTITUTIONAL RIGHTS." THEY ARE ALSO REMINDED THAT A NARRATIVE AND FINANCIAL REPORT WILL BE DUE AT THE END OF THE GRANT TERM. (THIS INFORMATION IS ALSO INCLUDED IN OUR GRANT GUIDELINES.) STAFF REVIEWS REPORTS TO SEE THAT THE FUNDING WAS USED FOR THE PURPOSES FOR WHICH IT WAS GRANTED.

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

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

THE BOARD OF THE COMMUNITY FOUNDATION OF THE GUNNISON VALLEY SHALL ANNUALLY APPOINT ALL MEMBERS OF EACH SCHOLARSHIP SELECTION COMMITTEE AFTER RECEIVING

Part IV Supplemental Information

BASIC INFORMATION ABOUT WHY THE INDIVIDUAL IS QUALIFIED TO BE ON THE COMMITTEE. THE ADVISORY PRIVILEGES OF THE DONOR AND ANY PERSON DESIGNATED BY THE DONOR ARE PERFORMED EXCLUSIVELY IN SUCH PERSON'S CAPACITY AS A MEMBER OF THE COMMITTEE.

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

DAN TREDWAY MEMORIAL EXCELLENCE IN TEACHING AWARD

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

Part IV Supplemental Information

THE LAW AND THE COMMITTEE REMAINS ANONYMOUS TO THE PUBLIC.

ADDED TO DUE DILIGENCE PROCESS TO COMPLY WITH THE 2006 PENSION

PROTECTION ACT:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

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

Employer identification number

31-1650658

FORM 990, PART VI, SECTION B, LINE 11: REVIEW OF 990 PRIOR TO SUBMISSION

THE FOUNDATION'S FINANCIAL GUIDELINES CALL FOR REVIEW OF THE 990 BY THE
BOARD PRIOR TO SUBMISSION. THE AUDIT COMMITTEE MAKES A PRESENTATION TO THE
BOARD AT A REGULARLY SCHEDULED BOARD MEETING PRIOR TO FILING THE DOCUMENT.

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

DISCLOSURE

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

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION DETERMINATION

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

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

Name of the organization	COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN	Employer identification number	31-1650658
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REPORT. THE WEBSITE DIRECTS INTERESTED PARTIES TO GUIDESTAR FOR THE FULL
990.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	2,246.
OTHER ENDOWMENT EXPENSE	4,683.
CONTRIBUTIONS	-22,054.
FISCAL SPONSOR EXPENSE	-16,526.
TOTAL TO FORM 990, PART XI, LINE 5	-31,651.

FORM 990, PART XII, LINE 2C

THE OVERSIGHT AND SELECTION PROCESS FOR FINANCIAL STATEMENT AUDITS HAS
NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 2

SEE DESCRIPTION OF SIGNIFICANT NEW PROGRAM SERVICE ON PART III, LINE 4C

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

[illegible]

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

[illegible]

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

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

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

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

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

[illegible]

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**COMMUNITY FOUNDATION OF GUNNISON VALLEY
FORMERLY GUNNISON VALLEY AREA COMM. FD.
RESTATEMENT OF BEGINNING NET ASSETS OR
FUND BALANCES
31-1650658
2011**

BEGINNING NET ASSETS/FUND BALANCE PER 2010 FORM 990 PART X, LINE 33 AS ORIGINALLY FILED	\$5,719,298
RECLASSIFICATION OF DONOR ADVISED AND ENDOWMENT FUNDS FOR AGENCY OBLIGATION REPORTING REQUIRED UNDER FAS 136 TO REFLECT RESTATEMENT OF AGENCY FUNDS TO LIABILITIES AS REFLECTED ON THE DECEMBER 31, 2011 AUDITED FINANCIAL STATEMENTS	(<u>369,332</u>)
BEGINNING NET ASSETS/FUND BALANCE AS RESTATED	<u>\$5,349,966</u>

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

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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN	Employer identification number (EIN) or <input checked="" type="checkbox"/> 31-1650658
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 7057	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GUNNISON, CO 81230	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

COMMUNITY FOUNDATION OF THE GUNNISON VALLEY

- The books are in the care of **805 W. TOMICHI - 81230**

Telephone No. **970-641-8837**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 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 SUFFICIENT INFORMATION IN ORDER 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Title **CPA**

Date

Community Foundation of the Gunnison Valley
Board of Directors and Advisory Council
June 2012

BOARD OF DIRECTORS OFFICERS

Diane Mueller, *Chair, Gunnison County and Ludlow, VT, Co-Owner, Crested Butte Mountain Resort*
Noelle Hagan, *President, Gunnison, Organizational Development Consultant*
Anne Lamkin Kinder, *Vice President, Houston, TX and Crested Butte, Artist*
Hap Channell, *Secretary, Gunnison, Gunnison County Commissioner*
Boyd Pederson, *Treasurer, Gunnison, Financial Advisor, Pederson Financial Services*
Steve Ogden, *Gunnison, Financial Advisor, Edward Jones*

MEMBERS

Tina Brudzinski, *Gunnison County, HR Manager, Crested Butte Mountain Resort*
Ashley Burt, *Gunnison, President, Gunnison Bank & Trust*
Roger Dorf, *Austin, TX and Crested Butte, Vice President of Broadband Networks, Cicso Systems, Ret.*
Gary Hartman, *Gunnison County, Principal and Co-Owner, Sunlit Architecture*
Don Haver, *Crested Butte, Community Development Volunteer*
Jay Helman, *Gunnison County, President, Western State College*
Lee Olesen, *Crested Butte, Gunnison Watershed School District Board*
Robert Pickering, *Houston and Crested Butte, Chairman of Starworks, LLC*
Jeff Walker, *Gunnison County, Manager, Community Banks of Colorado*
Pam Montgomery, *Ex-Officio, Gunnison County, Executive Director, Community Foundation of the Gunnison Valley*

ADVISORY COUNCIL

Fred Berry, *Wichita, KS and Mt. Crested Butte, Chairman, Berry Companies*
Jim Bertelsmeyer, *Tulsa, OK, Marco Island, FL, and Mt. Crested Butte*
Roy Bliss, *Tulsa, OK and Crested Butte, Founder, United Video Satellite Group, Ret.*
Richard Bratton, *Gunnison County, Attorney*
Fred Buxton, *Oklahoma City, OK and Crested Butte, Consulting Petroleum Engineer*
Gail Digate, *Sedona, AZ and Mt. Crested Butte, Owner, Leadership Learning Systems*
Paul Duba, *Gunnison, Nonprofit Administrator*
Maryo Ewell, *Gunnison, Community/Arts Development Consultant*
Mark Ewing, *Gunnison County, Mortgage Banker, Community Banks of Colorado*
Tim Fretthold, *San Antonio, TX and Mt. Crested Butte, Executive Vice President, Chief Legal and Administrative Officer of UDS Corporation, Ret.*
Greg Geer, *Gunnison, Owner, The Insurance Center*
Anne Hausler, *Gunnison County, Writer, Volunteer*
Roger Hemminghaus, *Almont and San Antonio, TX, Chairman, CTS Corp, Ret. Chairman & CEO Ultramar Diamond Shamrock*
Anne Hickman, *Little Rock, AR, and Crested Butte, Community Volunteer*
Bill LaGrange, *Gunnison and Tucson, AZ, Director, Labor Market Information, State of Colorado, Ret., Community Volunteer*
John Norton, *Gunnison County, Consultant/Writer*
Anthony Poponi, *Gunnison, Director for the Coal Creek Watershed Coalition, Owner, Poponi Contracting*
Lyndsey Ruehle, *Gunnison, Co-owner, QuickDraw Carpet Cleaning, Accountant, Small Business Consultant*
Julia Shoup, *Dallas and Crested Butte, Community Volunteer*
Wolfgang Spohr, *Gunnison County, Real Estate Investor*
Rob Strickland, *Gunnison County, Owner, Midnight Marketing Solutions*

All members of the Board may be contacted through the Foundation office: 970-641-8837