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SCANNED NOV 1 0 2014

332001 10-29-13

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public. nation about Form 990 and its instructions is at wi

Δ 1	For th	e 2013 calendar year, or tax year beginning and e		rs.yov/iorin990.	inspection		
			ending	1			
В	Check if applicab			D Employer identific	cation number		
`		COMMONITY FOUNDATION OF THE GUNNISON					
	Addre	VALLEY FORMERLY GUNNISON AREA COMM. FO	DUN				
	Name	Doing Business As		31-1	650658		
	Initial		Room/suite	E Telephone number			
	Termi	_ I		641-8837			
=	√ated Amen	dod			1,848,403.		
H	—iretum ∏Applio			G Gross receipts \$			
	⊥ltiòn pendi	GUNIBON, CO 01230		H(a) Is this a group re			
	•	F Name and address of principal officer: PAMELA MONTGOMERY		for subordinates	[?]		
		PO BOX 935, GUNNISON, CO 81230		H(b) Are all subordinates in	cluded? Yes No		
		empt status. X 501(c)(3) 501(c) () ((insert no) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)		
<u>J \</u>	Websi	te: ► CFGV.ORG		H(c) Group exemption	n number 🕨		
K	Form of	organization X Corporation	L Year		State of legal domicile CO		
	art I	Summary			- otato or logal dollinons		
	1	Briefly describe the organization's mission or most significant activities: PROVI	DE A	CHARTTABLE (CONDUIT TO		
Activities & Governance	'	IMPROVE THE GUNNISON AREA AS A PLACE TO I		CHILL TIEDLE	COMBOIL TO		
ğ							
/eri		Check this box If the organization discontinued its operations or dispos					
õ			CEIVE	3	15		
<u>مح</u>	1	Number of independent voting members of the governing body (Part VI, line 16)	THE REAL PROPERTY OF	(n) 4	15		
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if necessary) 0°	1 2 4 21	114 0 5	3		
Ξ	6	Total number of volunteers (estimate if necessary)	1 8 2 -	SS 6	110		
ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
•	Ь	Net unrelated business taxable income from Form 990-T, line 34	GDEN.	7b	0.		
				Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		963,654.	1,223,372.		
Revenue	1	Program service revenue (Part VIII, line 2g)	ļ	0.	0.		
Š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	293,485.	250,853.		
æ		• • • • • • • • • • • • • • • • • • • •	-	311,796.			
	ľ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		374,178.		
	4	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,568,935.	1,848,403.		
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	<u> </u>	927,085.	860,143.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		128,674.	147,965.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
å	Ь	Total fundraising expenses (Part IX, column (D), line 25) > 5,76	1.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		89,351.	84,012.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,145,110.	1,092,120.		
	I	Revenue less expenses. Subtract line 18 from line 12		423,825.	756,283.		
es es		TO THE HEAD OF STREET OF STREET STREET	D.	ginning of Current Year			
Net Assets or Fund Balances	20	Total agests (Part V. Iran 16)	06	6,197,820.	End of Year		
Bass	20	Total assets (Part X, line 16)	-		6,951,601.		
声	21	Total liabilities (Part X, line 26)		110,439.	632,944.		
-		Net assets or fund balances. Subtract line 21 from line 20		6,087,381.	6,318,657.		
	ert II	Signature Block					
		ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of while	ch preparer	has any knowledge			
		Tamely will comery		10/13/10	<u> </u>		
Sigr	n.	Signature of officer		Date			
Her	e	PAMELA MONTGOMERY, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	10	ate Check	PTIN		
Paid		DON M. MCNURLIN	ī	أ ببياجام			
Prep		Firm's name MCNURLIN & ASSOCIATES, P.C.	· · · · · · ·	Firm's EIN	84-1233353		
	1			LEIDING 2 CHA			

Firm's address 2535 S WADSWORTH BLVD.

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

LAKEWOOD, CO 80227

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

X Yes No

Phone no 303-988-5648

	COMMONITY TOUNDATION OF THE GUNNIBON	
	n 990 (2013) VALLEY FORMERLY GUNNISON AREA COMM. FOUN 31-1650658 Page	2
Pa	rt 掛 Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	\supseteq
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 GUNNISION 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?	0
	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 X N	0
	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 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		_)
	FACILITATE CONTRIBUTIONS AND FUNDING FOR VARIOUS COMMUNITY PROJECTS	
		_
		_
4b	(Code) (Expenses \$	٦
	FACILITATE CONTRIBUTIONS FOR SCHOLARSHIPS AND GRANTS	- '
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		—

4d Other program services (Describe in Schedule O.)
(Expenses \$ including ar

Total program service expenses ▶

including grants of \$ 861,519.

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part 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			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		Х
۰	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		Λ_
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? If "Yes," complete Schedule D, Part I		Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	Λ	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	′		
٠	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			-
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	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 167 If "Yes," complete Schedule D, Part VII	11b	X	
С	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 167 If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ь	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? If "Yes," complete Schedule F, Parts I and IV	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
_	1c and 8a? If "Yes," complete Schedule G, Part II	18	İ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			agn /	2013

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Form 990 (2013)

1.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		<u> </u>	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	1	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ	}	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		_==-
Ť	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	}]
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Į		
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 	ļ	v
	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	_^_
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OF.	-	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
J U	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

VALLEY FORMERLY GUNNISON AREA COMM. FOUN Form 990 (2013). VALLEY FORMERLY GUNNISON AREA COPART V Statements Regarding Other IRS Filings and Tax Compliance

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(4)	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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
ь	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
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		<u>X</u> _
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).			
а	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		<u>X</u> _
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	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		<u> </u>
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.			v
а	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			}
_ 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: Gross income from members or shareholders	ŀ		
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
þ	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O	<u> </u>		-
h	Enter the amount of reserves the organization is required to maintain by the states in which the	<u> </u>		
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1	}	
14a		14a		X
	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			222	(0010)

Form 990 (2013),

VALLEY FORMERLY GUNNISON AREA COMM. FOUN

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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 or note to any line in this Part VI			X					
Sec	tion 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 15								
	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								
b	Enter the number of voting members included in line 1a, above, who are independent 15								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		1					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion 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?	10a		X					
þ	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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
þ	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	if "Yes," 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?	16b							
<u>Sec</u>	tion 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) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal						
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion: 🕨							
	COMMUNITY FOUNDATION OF THE GUNNISON VALLEY - 970-641-8837								
	805 W. TOMICHI, GUNNISON, CO 81230								

VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Form 990 (2013). Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual Bustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization.
1) SEE ATTACHED	5.00							_		
SEE ATTACHED								0.	0.	(
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rai	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
		week (list any hours for related organizations below line)	offee or director	fficer an	nd a dire	recto		ustee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	s s	other compens from the organization and relations		ition e ion ed
						<u> </u>	_							
				ļ			-		<u> </u>			_		
			-	-			-							
			_				-							
			<u>.</u>								_			
	Sub-total Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but in	not limited to th	nose	liste	ed al	bove	e) wi	no re	0 . eceived more than \$100	.000 of reportab	0 . le			0.
	compensation from the organization											- (Yes	<u>0</u>
3	Did the organization list any former officer			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			100	_
4	line 1a? If "Yes," complete Schedule J for some some some some some some some some			qmo	ensa	ation	n and	d otl	her compensation from	the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services		4		X
	rendered to the organization? If "Yes," contion B. Independent Contractors											5		X
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	<u>rthir</u>	n the organization's tax (B)	year		(0	:)	
	Name and business	address	N	ONI	Ε	_		-	Description of s	ervices	C	omper	satio	n
								_						
				-	_	_					-			
2	Total number of independent contractors		not li	mite	d to		_	stec	d above) who received m	nore than	•			
	\$100,000 of compensation from the organ	ization >					0					Form (200 /	2012)

Form 990 (2013).

VALLEY FORMERLY GUNNISON AREA COMM. FOUN Part VIII Statement of Revenue

31-1650658

Page 9

Form **990** (2013)

		Check if Schedule O con	tains a response	or note to any li	ne in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	•				
3ra	b	Membership dues	1ь		_			
Is, (С	: Fundraising events	1c			1		
Giff	d	Related organizations	1d		_			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribu	tions) 1e		<u> </u>			
ıtio er S	f	All other contributions, gifts, grai						
혈		similar amounts not included abo	ove $1 f 1$,	223,372.				
ont od (9	Noncash contributions included in line	s 1a-1f \$					
<u>5</u> <u>8</u>	h	Total. Add lines 1a-1f	 		1,223,372.			
_				Business Code				
ice	2 a							
Le P	b							
e S	С						· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	d			ļ				
ğ	е							
	f		enue	L				
	9			<u> </u>				
	3	Investment income (including	dividends, intere	est, and	176 017			176 017
		other similar amounts)			176,017.			176,017.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties .	(A.B.)					
	6 -	0	(ı) Real	(II) Personal				
	6 a							
	b	• • • • • •		<u> </u>		Į		
		Rental income or (loss)	L	•	[
		Net rental income or (loss)	(i) C					
l	/ a	Gross amount from sales of	(i) Securities 74,836.	(II) Other				
		assets other than inventory Less: cost or other basis	74,030.					
	Ь		0.					
	_	and sales expenses Gain or (loss)	74,836.			ļ		
ŀ		Net gain or (loss)	7470308	-	74,836.	74,836.		1
		Gross income from fundraising	na evente (not		74,030.	74,030.		
ne	0.5	including \$	-	ĺ				
Š		contributions reported on line						
Other Reve		Part IV, line 18	a a					
the	h	Less: direct expenses	b					
0		Net income or (loss) from fund	_					Ì
ļ		Gross income from gaming ad						
		Part IV, line 19	а					
	ь	Less direct expenses	b					
İ		Net income or (loss) from gan				i		
		Gross sales of inventory, less	-	-				
		and allowances	а					
	b	Less: cost of goods sold	ь					
		Net income or (loss) from sale	es of inventory			,		
Ī		Miscellaneous Revenu		Business Code	-			
ľ	11 a	UNREALIZED GAIN		900099	277,596.	277,596.		
	b	OMUED THOUSE		900099	96,582.	96,582.		
	c						- · · · · · · · · · · · · · · · · ·	
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	374,178.			
	12	Total revenue. See instructions			1,848,403.	449,014.	0 .	176,017.
332009 10-29-	13		-					Form 990 (2013)

VALLEY FORMERLY GUNNISON AREA COMM. FOUN 31-1650658 Page 10

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A)							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and	-									
	organizations in the United States See Part IV, line 21	855,488.	855,488.								
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	4,655.	4,655.								
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	76,694.		76,694.							
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	66,348.		66,348.							
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes	4,923.		4,923.							
11	Fees for services (non-employees)										
а	Management	45.		45.							
b	Legal										
. с	Accounting .	28,100.		28,100.							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch 0)	6 047		6 252	605						
12	Advertising and promotion	6,947. 6,223.		6,252. 6,223.	695.						
13	Office expenses	4,030.		4,030.							
14	Information technology	4,030.		4,030.							
15	Royalties										
16	Occupancy										
17	Travel				· · · · · · · · · · · · · · · · · · ·						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials Conferences, conventions, and meetings										
19 20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	2,079.		2,079.							
23	Insurance	2,874.		2,874.							
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 0)										
а	PROPERTY TAXES	4,432.		4,432.							
b	DONOR RECOGNITION	4,287.			4,287.						
c	FIMS SUPPORT & UPDATES	3,663.		3,663.							
d	UTILITIES	3,163.		3,163.							
е	All other expenses	18,169.	1,376.	16,014.	779.						
25	Total functional expenses. Add lines 1 through 24e	1,092,120.	861,519.	224,840.	5,761.						
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)										

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Form 990 (2013) .

Part X Balance Sheet

Pai	1 X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	3,148,369.	2	3,415,350.		
	3	Pledges and grants receivable, net		_3			
	4	Accounts receivable, net	 	4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L	1.7	5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections					
Assets		employees' beneficiary organizations (see instr)	lete Part II of Sch L	·····	6		
Ass	7	Notes and loans receivable, net				7	
_	8	Inventories for sale or use		-		8	
	9	Prepaid expenses and deferred charges	1			9	
	10a	Land, buildings, and equipment: cost or other		47 (40			
		basis Complete Part VI of Schedule D	10a	47,649. 44,306.	2 005		2 242
	ļ.		3,095.	10c	3,343.		
	11	Investments - publicly traded securities	2,557,956.	11	3,044,508.		
	12	Investments other securities See Part IV, line	2,337,930.	12	3,044,308.		
	13	Investments - program-related See Part IV, line	1-18	13			
	14	Intangible assets	488,400.	14	488,400.		
	15	Other assets See Part IV, line 11	6,197,820.	15	6,951,601.		
	16 17	Total assets. Add lines 1 through 15 (must equ	ai iine	34)	3,301.	16 17	799.
	18	Accounts payable and accrued expenses Grants payable	3,301.	18	100.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former		r	***************************************	-	
Liabilities		key employees, highest compensated employee		' '			
bil		Complete Part II of Schedule L	, and	diadamina bersona		22	
Li	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate		`		24	
	25	Other liabilities (including federal income tax, pa		· -	· · · · · · · · · · · · · · · · · · ·		
		parties, and other liabilities not included on lines					
		Schedule D			107,138.	25	632,145.
	26	Total liabilities. Add lines 17 through 25			110,439.	26	632,944.
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🗓 and			
Sa		complete lines 27 through 29, and lines 33 an	id 34.				
D.	27	Unrestricted net assets			180,255.	27	180,368.
3ala	28	Temporanly restricted net assets			2,860,770.	28	2,645,381.
βE	29	Permanently restricted net assets			3,046,356.	29	3,492,908.
Fu		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶ 🔲			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		<u>[</u>		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
~	33	Total net assets or fund balances]	6,087,381.	33	6,318,657.
	34	Total liabilities and net assets/fund balances			6,197,820.	34	6,951,601.

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

Form	990 (2013). VALLEY FORMERLY GUNNISON AREA COMM. FOUN	31-	<u>-1650658</u>	_Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,84	8,4	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,09	2,1	20.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,08	7,3	81.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-52	5,0	07.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,31	8,6	57.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∌ O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the same of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that assumes responsibility for oversight of the committee that as the committee that a solution that a solution that a solution that a solution that a solution that a solution that a solution that are committeed that a solution that a solution that a solution that a solution	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	redule O			

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

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

Form **990** (2013)

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Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION OF THE GUNNISON

VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Employer identification number 31-1650658

D -		Dagger	for Dublic Obs	da Chabra (All							71 1000		
	irt I			rity Status (All organiz			-	<u></u>	tructions				
Γhe	organ			because it is: (For lines	_		•	•					
1	닐	A church, co	nvention of churche	es, or association of chur	ches desc	inbed in se	ection 170)(b)(1)(A)(i).				
2	\square	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4		A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nar	ne,
		city, and stat	te:										
5		An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	/ a govern	mental un	ıt describ	bed in		
		section 170	(b)(1)(A)(iv). (Comp	lete Part II.)									
6		A federal, sta	ate, or local governn	nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	X	An organizat	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general	public desc	nbed	ın
			(b)(1)(A)(vi). (Comple							-			
8		A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9		An organizat	on that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ıp fees. a	and gross re	ceipts	from
				nctions · subject to certa									
			•	taxable income (less sec	-		•				•		
			509(a)(2). (Complet	·		,			,	-			-
10				perated exclusively to te	st for publ	ic safety.	See secti o	on 509(a)(4	\$).				
11			-	perated exclusively for the	-				-	v out the	e purposes o	of one	or
				ations described in secti						-			-
				organization and compl				,		,,-,-			
		a Type			ype III - Fu			۱ (Tyr	e III - No	n-functional	lv inte	grated
е		By checking	this box, I certify the	at the organization is not		-	-					•	~
				than one or more publicly									
f				tten determination from t						- (-)(-)		(-/(-/	
			rganization, check t				,,,,,,,	, , , , ,					
g		· · · · -	=	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owing per	sons?			
				directly controls, either al			•				,	Yes	No
				upported organization?			po.00.10 t	200011000	iii (ii) aiio ((11) 501011	11g(i)	1.03	110
				n described in (i) above?							11g(ii)		
				a person described in (i) of		۵7					11g(iii)		
h		1		about the supported or	` '						<u> </u>		L
			ollowing information	about the supported on	ganization	(3).							
/11	Nama		(ii) FIN	(III) Toron of a constant	(w) is the c	organization	(v) Did vo	u notify the	(vi) Is	the			
(I)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		•	organizati	on in col	(vii) Amoun		netary
	orga	11112011011		above or IRC section		document?	, -	r support?	(i) organiz U S		Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
-					 						_		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 VALLEY FORMERLY GUNNISON AREA COMM. FOUN31-1650658 Page 2

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.)

Se	ction A. Public Support						
Cale	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	1521518.	741,384.	667,666.	963,654.	1223372.	5117594.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		73	· · · · · · · · · · · · · · · · · · ·			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1521518.	741,384.	667,666.	963,654.	1223372.	5117594.
	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,		İ				
	column (f)						
6	Public support. Subtract line 5 from line 4						5117594.
	ction B. Total Support					<u> </u>	3117331.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1521518.	741,384.	667,666.	963,654.	1223372.	5117594.
	Gross income from interest,		·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	700,0020	22200,21	311,331.
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	91,569.	119,708.	124.545	137,260	176,017.	649,099.
9	Net income from unrelated business			221/0100	201/2001	1,0,01,1	013/033.
•	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.)	505.016.	403,834.	-62.058	311.796	374,178.	1532766
11	Total support. Add lines 7 through 10	000,0100	103/0311	02/030.	311/130.	3/4/1/00	7299459.
	Gross receipts from related activities,	etc (see instruction	l		······································	12	1233433.
	First five years. If the Form 990 is for		•	t fourth or fifth to	y year as a section		- · · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop		mot, scoona, time	2, 1001tti, 01 ilitii ta	x year as a section	1301(0)(3)	
Sec	tion C. Computation of Publ		rcentage				
_	Public support percentage for 2013 (I			olumn (fl)		14	70.11 %
	Public support percentage from 2012		-	(-)/		15	86.00 %
	33 1/3% support test - 2013. If the c			line 13, and line 1	ا 14 is 33 1/3% or m		
	stop here. The organization qualifies			,		,	►X
b	33 1/3% support test - 2012. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	and line 14 is 10%	or more
	and if the organization meets the 'fac						
	meets the "facts-and-circumstances"						▶
b	10% -facts-and-circumstances test					7a. and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circui	mstances* test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						. ▶ □

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		· · · · · · · · · · · · · · · · · · ·				
alendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not			1			
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						,
or expended on its behalf		Į ;				1
5 The value of services or facilities				 		
furnished by a governmental unit to						l
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				i		
c Add lines 7a and 7b				-		
Public support (Subtract line 7c from line 6)			<u> </u>	1	<u> </u>	
	(-) 0000	(h) 0040	4.3.0044	4.0.0040	(1)0040	40 T . I
lendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Amounts from line 6						
Da 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						
Net income from unrelated business					 	
activities not included in line 10b,				Ì	1	
whether or not the business is						
regularly carried on				<u> </u>		
2 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
3 Total support. (Add lines 9, 10c, 11, and 12)						
First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation.
check this box and stop here				. ,	: \-/\-/ ~. g	▶[
ection C. Computation of Public	Support Pe	rcentage				
Public support percentage for 2013 (lin			column (fl)		15	
Public support percentage from 2012 S		•	, O. O. T. T. T. T. T. T. T. T. T. T. T. T. T.		16	
ection D. Computation of Invest					110	····
			10 selvers (0)		T47	
Investment income percentage for 201		• •	ie io, column (f))		17	
Investment income percentage from 20		·			18	
oa 33 1/3% support tests - 2013. If the o						7 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2012. If the or	rganization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, checl						▶ [
Private foundation. If the organization						▶Ē

COMMUNITY FOUNDATION OF THE GUNNISON Schedule A (Form 990 or 990-EZ) 2013 VALLEY FORMERLY GUNNISON AREA COMM. FOUN31-1650658 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION OF THE GUNNISON

VALLEY FORMERLY GUNNISON AREA COMM. FOUN

Employer identification number 31-1650658

Pa	art I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV	⁷ , line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	28	
2	Aggregate contributions to (during year)	209,849.	
3	Aggregate grants from (during year)	316,607.	
4	Aggregate value at end of year	4,218,439.	
5	Did the organization inform all donors and donor advisor		funds
	are the organization's property, subject to the organization		X Yes No
6	Did the organization inform all grantees, donors, and dor	· · · · · · · · · · · · · · · · · · ·	
	for charitable purposes and not for the benefit of the dor		
	Impermissible private benefit?	ion of definer deviser, or for any other purpose con	X Yes No
Par	ert II Conservation Easements. Complete if the	e organization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organ		TY, III C
•	Preservation of land for public use (e.g., recreation		anlly important land eres
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Preservation of a certified	i historic structure
2		usalificad annoquestion constitutivity of the forms of	
2	Complete lines 2a through 2d if the organization held a q	ualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the Fed at the Ten Vers
_	Total number of apparentian apparents		Held at the End of the Tax Year
a	Total number of conservation easements Total acreage restricted by conservation easements		2a
	•	- Admirations on alread on (a)	2b
ن	Number of conservation easements on a certified historic	` '	2c
d	(-)	red after 8/1//06, and not on a historic structure	
2	listed in the National Register	to the second section of the second section of	2d
3	Number of conservation easements modified, transferred	or released, extinguished, or terminated by the org	ganization during the tax
	year -		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		
_	violations, and enforcement of the conservation easemer		Yes No
6	Staff and volunteer hours devoted to monitoring, inspect	-	* :
7	Amount of expenses incurred in monitoring, inspecting, a	-	·
8	Does each conservation easement reported on line 2(d) a	above satisfy the requirements of section 170(h)(4	
^	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conser		
	include, if applicable, the text of the footnote to the organ	nization's financial statements that describes the	organization's accounting for
Do.	conservation easements irt III Organizations Maintaining Collection	o of Art Historical Transcures or Othe	u Cimilau Assats
<u> </u>	Complete if the organization answered "Yes" to Fi		er Similar Assets.
1.			
10	If the organization elected, as permitted under SFAS 116		
	historical treasures, or other similar assets held for public		of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that de		
D	If the organization elected, as permitted under SFAS 116		
	treasures, or other similar assets held for public exhibition	n, 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, historica		n, provide
	the following amounts required to be reported under SFA	AS 116 (ASC 958) relating to these items	_
	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

		FORMERLY G						<u>50658</u>	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, c	or Othe	r Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t are a si	gnıfıcant	use of its	collection i	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange progra	ams				
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	on's exer	npt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit or				er sımılar	assets		7	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t W Escrow and Custodial Arrang		te if the organization	n answered '	'Yes" to l	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodis	an or other intermed	liary for contribution	s or other as	sets not	ıncluded	٠	٦.,	
_	on Form 990, Part X?						_	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table.						
_	Decrease halone					4 -		Amount	
C	Beginning balance					1c			
a	Additions during the year					1d 1e		·	
e 4	Distributions during the year Ending balance					1f	_		
22	Did the organization include an amount on Fo	orm 000 Part Y line	212					Yes	□ No
	If "Yes," explain the arrangement in Part XIII.			provided in S	Part XIII		L	_ res	= "
Par						0.			
استستا	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Prior year	(c) Two year	——····	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	4,473,673.	4,456,610.		2,880.		92,857.		91,339.
b	Contributions	334,091.	261,473.		805.		83,273.		61,360.
С	Net investment earnings, gains, and losses	420,902.	413,814.	-15	5,413.	3	69,481.	4	155,719.
d	Grants or scholarships	366,108.	597,149.	49	,128.		76,111.		72,358.
е	Other expenditures for facilities		_						
	and programs								
f	Administrative expenses	61,193.	61,075.	60	534.		56,620.		43,203.
g	End of year balance	4,801,365.	4,473,673.	4,456	5,610.	4,4	12,880.	3,8	892,857.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	ı)) held as					
а	Board designated or quasi-endowment	24.19	_%						
b	Permanent endowment ► 75.50	%							
c	Temporarily restricted endowment ▶	.31 %							
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administe	red for th	ne organiz	zation	r.	
	by:								es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		0 1 1 1 50					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•						3b	
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas						
y Cal	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X I	line 10			
	Description of property	(a) Cost or o	[or other		cumulate	ed l	(d) Book	value
	bescription of property	basis (investr	1	(other)	• •	preciation	- 1	אטטע נש,	- 4100
	Land	, , , , , , , , , , , , , , , , , , , ,					- -		
	Buildings								
	Leasehold improvements								
	Equipment		4	7,649.		44,3	06.	3	,343.
	Other					<u>.</u>			
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c))			•	3	,343.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

COMMUNITY FOUNDATION OF THE GUNNISON

Sche	dule D (Form 990) 2013 VALLEY FORM	MERLY C	UNNISON	AREA	COMM.	FOUN	31-1	650658	Page 3
Par	t VII Investments - Other Securities.								_
	Complete if the organization answered "Yes"	1		T					
	Description of security or category (including name of security)	(b) Bo	ook value	(c) Meth	nod of valu	ation. Cost o	r end-of-y	ear market v	alue
	nancial derivatives								
	losely-held equity interests					· · ·			
(3) O	DUDT TORITY MD ADDD								
(A	and the text	3 (04,508.	END.	OF VE	AR MARK	TE/TT 17	אדווד	
(B)	ALDRIT CON DITTED	3,0	704,500.	EMD-	01-112	ar marn	TI V	ипов	
(C) (D)	DIDENIED TIO		40,000.	COST					
(E			10,0000	0001					
(F)									
(G								 -	
(H									
	(Col (b) must equal Form 990, Part X, col (B) line 12)	3,0	44,508.						
	t VIII Investments - Program Related.		· 						
	Complete if the organization answered "Yes"	to Form 99	0, Part IV, line						
	(a) Description of investment	(b) Bo	ook value	(c) Meth	nod of valu	ation. Cost o	r end-of-y	ear market v	alue
(1)								
(2									
(3		 							-
(4					-				
(5)		-							
(6)									
(7		 							
<u>(8)</u> (9)									
	(Col (b) must equal Form 990, Part X, col (B) line 13)								
	t IX Other Assets.			L					
L	Complete if the organization answered "Yes"	to Form 99	0, Part IV, line 1	11d See For	m 990, Par	t X, line 15			
	(a)	Description						(b) Book va	lue
(1)	REAL ESTATE							488,	400.
(2))								
(3)								
(4	- · · · · · · · · · · · · · · · · · · ·			·····					
(5)					· · · · · · · · · · · · · · · · · · ·			
(6									
(7							_		
(8)						1.4.81			
(9) Tetal) . (Column (b) must equal Form 990, Part X, col. (B) lir	15 l						488	400.
	t X Other Liabilities.	<u>ie 13.)</u>				· · · · · · · · · · · · · · · · · · ·		100	, 400.
<u> </u>	Complete if the organization answered "Yes"	to Form 99	0. Part IV. line	11e or 11f. S	ee Form 99	90. Part X. lin	e 25.		
1.	(a) Description of liability			(b) Book valu					
(1)) Federal income taxes								
(2	1 0001011 007 101 07010			632,	145.				
(3									
(4)								
(5)								
(6									
(7									

▶

632,145.

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

^{2.} Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII X

VALLEY FORMERLY GUNNISON AREA COMM. FOUN 31-1650658 Page 4 Schedule D (Form 990) 2013 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1,320,825. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 0. e Add lines 2a through 2d 1,320,825. Subtract line 2e from line 1 3 3 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 527,578. b Other (Describe in Part XIII.) 527,578. c Add lines 4a and 4b 4c 848,403. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1,089,549. Total expenses and losses per audited financial statements 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 d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 1,089,549. 3 Subtract line 2e from line 1 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 2,571 b Other (Describe in Part XIII.) 2,571. c Add lines 4a and 4b 4c ,092,120 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. 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. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: EXPLANATION: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES. THE FOUNDATION IS TREATED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). THERE WAS NO UNRELATED BUSINES INCOME FOR 2013. THE FOUNDATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCOUNTING STANDARD WHICH REQUIRES THE FOUNDATION TO DETERMINE WHETHER A TAX POSITION (AND THE RELATED TAX BENEFIT) IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, BASED

Schedule D (Form 990) 2013

COMMUNITY FOUNDATION OF THE GUNNISON VALLEY FORMERLY GUNNISON AREA COMM. FOUN31-1650658 Page 5 Part XIII Supplemental Information (continued)

SOLELY ON THE TECHNICAL MERITS OF THE POSITION. THE FOUNDATION BELIEVES THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE SIGNIFICANT TO THE FINANCIAL STATEMENTS. THE TAX RETURNS FOR THE FOUNDATION FOR THE PREVIOUS THREE YEARS, 2010 THROUGH 2012, ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY WITHIN THE FIRST THREE YEARS AFTER INITIAL FILING.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND CONTRIBUTIONS - 507,787

AGENCY FUND INTEREST & DIVIDENDS - 8,714

AGENCY FUND REALIZED GAINS - 2,144

AGENCY FUND UNREALIZED GAINS - 8,933

TOTAL = 527,578

Schedule D (Form 990) 2013

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND OTHER ENDOWMENT EXPENSE - 2,571

TOTAL = 2,571

SCHEDULE D, PART V LINE 4

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

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

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

PURPOSE OF SUPPORTING PROGRAMMING, STAFFING, AND/OR OPERATING AND

332055 09-25-13 Schedule D (Form 990) 2013

COMMUNITY FOUNDATION OF THE GUNNISON Schedule D (Form 990) 2013 VALLEY FORMERLY GUNNISON AREA COMM. FOUN31-1650658 Page 5
Part XIII Supplemental Information (continued)
MAINTAINING A COMMUNITY ARTS CENTER FOR GUNNISON COLORADO. DISTRIBUTIONS
WILL BE SUBJECT TO THE FOUNDATION'S SPENDING POLICY WHEN THE CORPUS
REACHES \$175,000.
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
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.
,
·

Department of the Treasury **SCHEDULE 1** (Form 990)

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.

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

Employer identification number 31-1650658 Open to Public Inspection 2013

OMB No 1545-0047

2

Par	Part i General Information on Grants and Assistance		
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	X Yes	لب
0	Describe in Part IV the organization's procedures for monitoring the use of great funds in the United States		

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 Part #

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	the duplicated if addition	ional space is need	led.			
 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
4-H/CSU EXTENSION 275 SOUTH SPRUCE STREET GUNNISON, CO 81230	83-0499851	501(C)(3)	6,050.	0	N/A	N/A	SENERAL OPERATING SUPPORT
ADAPTIVE SPORTS CENTER PO BOX 1639 CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	14,658.	0	N/A	N/A	GENERAL OPERATING SUPPORT
BLACK RIVER AREA COMMUNITY COALITION - PO BOX 197 - LUDLOW, VT 05149	20-1352620	501(C)(3)	6,390.	0	N/A	N/A	PROGRAM SUPPORT
BLACK RIVER HISTORIAL SOCIETY INC PO BOX 73 LUDLOW, VT 05149	23-7193231	501(C)(3)	12,100.	0	N/A	N/A	CAPITAL SUPPORT
CHRISTOPHER KLEIN CONSTRUCTION, INC - 487 BLACKFOOT TRAIL - GUNNISON, CO 81230	84-1535370	501(C)(3)	56,214.	0.0	N/A	N/A	CAPITAL SUPPORT
CRESTED BUTTE CENTER FOR THE ARTS PO BOX 1819 CRESTED BUTTE, CO 81224	74-2451146	501(c)(3)	31,563.	0.N/A	(A	N/A	GENERAL OPERATING & PROGRAM SUPPORT
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) (2013)

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

Part # Continuation of Grants and Other Assistance to Governments and Or	Assistance to G	overnments and Organ	nizations in the Un	nited States (Sche	ganizations in the United States (Schedule I (Form 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND							GENERAL OPERATING &
CRESTED BUTTE, CO 81224	84-1190830	501(C)(3)	5,750.	0	N/A	N/A	PROGRAM SUPPORT
CRESTED BUTTE MOUNTAIN HERITAGE MUSEUM - PO BOX 2480 - CRESTED BUTTE CO 81224	84-1274733	501(C)(3)	200	0	·	&/X	GENERAL OPERATING & PROGRAM SUPPORT
1 😥 🔛	84-1374824	501(C)(3)		0	N/A	N/A	GENERAL OPERATING & PROGRAM SUPPORT
DOLLYWOOD FOUNDATION 2700 DOLLYWOOD PARKS BOULEVARD PIGEON FORGE, TN 37863-4113	62-1348105	501(C)(3)	7,518.	0.	N/A	N/A	PROGRAM SUPPORT
GUNNISON COUNTY TREASURER PO BOX 479 GUNNISON, CO 81230	84-6000770	GOVERNMENT	.608,8	0	N/A	N/A	GENERAL OPERATING SUPPORT
GILL ODD FELLOWS HOME 8 GILL TERRACE LUDLOW, VT 05149	03-0181055	501(C)(3)	20,000.	0	N/A	N/A	PROGRAM SUPPORT
GUNNISON WATERSHED SCHOOL DISTRICT RE-1J - 800 NORTH BOULEVARD - GUNNISON, CO 81230	84-6013483	GOVERNMENT	62,292.	0	N/A	N/A	PROGRAM SUPPORT
HIGH COUNTRY CITIZENS ALLIANCE PO BOX 1066 CRESTED BUTTE, CO 81224-1066	84-0772688	501(C)(3)	6,800.	0	N/A	N/A	GENERAL OPERATING & PROGRAM SUPPORT
GUNNISON COUNTRY FOOD PANTRY PO BOX 7077 GUNNISON CO 81230	20-8197462	501(C)(3)	رور 000	c		4 2	PROGRAM SUPPORT
?	2011000	201121	.000,01		V/N	2/2	

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Schedule I (Form 990) VALLEY FORMERLY GUNNISON AREA COMM. FOUN Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	NAMERLY GUNN Assistance to Govern	GUNNISON AREA Governments and Organ	A COMM. FOUN	JN ited States (Sche	dule I (Form 990), Pa		31-1650658 Page 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
GUNNISON-HINSDALE YOUTH SERVICES 101 NORTH 8TH STREET GUNNISON, CO 81230	84-1157649	501(C)(3)	12,114.		N/A	N/N	PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO - 2320 WEST COLORADO - COLORADO SPRING, CO 80904	84-6009223	501(C)(3)	.008,2	0	N/A	4/X	PROGRAM SUPPORT
MOUNTAIN ROOTS FOOD PROJECT PO BOX 323 GUNNISON, CO 81230	45-3815587	501(C)(3)	6,490.	0.	N/A	4/N	PROGRAM SUPPORT
ROCKY MOUNTAIN BIOLOGICAL LABORATORY - PO BOX 519 - CRESTED BUTTE, CO 81224	84-6050523	501(C)(3)	18,350.	0	N/A	N/A	PROGRAM SUPORT
KBUT-FM PO BOX 308 CRESTED BUTTE, CO 81224	74-2325285	501(C)(3)	6,950.	0	N/A	N/A	PROGRAM SUPPORT
LPCTV CORP 37C MAIN STREET LUDLOW, VT 05149	03-0370616	501(C)(3)	8,400.	0	N/A	N/A	PROGRAM SUPPORT
LUDLOW ELEMENTARY SCHOOL 45 MAIN STREET LUDLOW, VT 05149	03-6000542	501(C)(3)	27,100.	0	N/A	N/A	PROGRAM SUPPORT
MT CRESTED BUTTE PERFORMING ARTS CENTER - PO BOX 4403 - MT CREST BUTTE, CO 81225	27-1555561	501(C)(3)	12,200.	0	N/A	N/A	PROGRAM SUPPORT
PARADISE PLACE COMMUNITY SCHOOL PO BOX 787 CRESTED BUTTE, CO 81224	98-0470500	501(C)(3)	5,200.	.0	K/N	N/A	PROGRAM SUPPORT
							Schedule I (Form 990)

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Schedule (Form 990) VALLEY FORMERLY GUNNISON	RMERLY GUNNISO	NNISON AREA	AREA COMM. FOUN	UN			31-1650658 Page 1
Fart ii Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Pa	11:)	
(a) Name and address of organization or government	(P) 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
POINEER MUSEUM 803 E. TOMICHI AVENUE GUNNISON, CO 81230	84-0527500	501(c)(3)	15,000.	0	N/A	N/A	PROGRAM SUPPORT
SIX POINTS EVELUATION & TRAINING PO BOX 1002 GUNNISON, CO 81230	84-0852105	501(c)(3)	73,744.	0	N/A	N/A	PROGRAM SUPPORT
SPACE FARMER PRODUCTIONS LLC 860 BRYANT STREET UNIT B DENVER, CO 80204	20-2372151	501(C)(3)	5,285.	0.8/A	//A	N/A	PROGRAM SUPPORT
TOWN OF LUDLOW PO BOX 359 LUDLOW, VT 05149	03-6000541	501(C)(3)	16,534.	N. 0	N/A	N/A	PROGRAM SUPPORT
WESTERN STATE COLORADO UNIVERSITY FOUNDATION - PO BOX 1264 - GUNNISON, CO 81230	84-0709935	501(C)(3)	10,500.	0	N/A	N/A	PROGRAM SUPPORT
							Schedule I (Form 990)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 VALLEY FORMERLY GUNNISON AREA COMM. FOUN Schedule I (Form 990) (2013)

Part III can be duplicated if additional space is needed

Part III

Page 2

31-1650658

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

TO THE COMMUNITY FOUNDATION EXPLANATION: WITH AN ORGANIZATION'S APPLICATION

WE REQUIRE A COPY OF THE ORGANIZATION'S OF THE GUNNISON VALLEY FOR A GRANT,

501(C)(3) DETERMINATION LETTER OR THAT OF THEIR FISCAL AGENT. CURRENT IRS

IRS STAFF ALSO USES GUIDESTAR "CHARITY CHECK" TO VERIFY CHARITABLE STATUS,

FILE DEDUCTIBILITY CODE, AND DEDUCTIBILITY LIMITATIONS; IRS BUSINESS MASTER

TYPE OF DATA-IDENTIFY SUPPORTING ORGANIZATIONS AND, WHERE AVAILABLE, SUPPORTING ORGANIZATION IN COMPLIANCE WITH THE PENSION PROTECTION ACT OF

332102 10-29-13

Schedule I (Form 990) (2013)

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. 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.

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

ANYONE WITH A CONFLICT (FOR A PARTICULAR AGENCY REQUESTING A GRANT)

ABSTAINS FROM THE RATING PROCESS. THE FLUID REVIEW SOFTWARE PRODUCES A

LIST OF GRANT REQUESTS RANKED IN ORDER OF THE GRANT COMMITTEE'S RATINGS FOR

EACH ORGANIZATION. 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 AND ACT UPON. THE RATING/RANKING PROCESS
SIMPLIFIES THE DECISION-MAKING PROCESS AND ENABLES THE COMMITTEE TO SEE
CLEARLY WHERE THE ORGANIZATION RANKS OVERALL IN THE MIX AND MAKES IT EASIER
TO ATTACH DOLLAR FIGURES FOR RECOMMENDATION TO THE BOARD.

THE COMMITTEE REVIEWS PROPOSALS ONCE A YEAR AND MAKES RECOMMENDATIONS TO

THE BOARD AT THE FIRST MEETING FOLLOWING THE REVIEW DAY FOR THOSE

ORGANIZATIONS THEY BELIEVE MERIT FUNDING AND THOSE ENTITIES THAT THE

COMMITTEE RECOMMENDS FOR DECLINATION. THE BOARD MAKES THE FINAL DECISIONS

ON GRANT RECIPIENTS.

AGENCIES THAT ARE BEING DENIED ARE NOTIFIED PRIOR (BY A DAY) THAN THOSE WHO ARE RECEIVING SUCCESSFUL PROPOSAL ACKNOWLEDGEMENTS. THOSE WHO ARE GRANT RECIPIENTS MUST SIGN A SIMPLE AGREEMENT WITH THE FOUNDATION THAT STATES THEY WILL USE THE GRANT FUNDS FOR THE PURPOSE(S) STATED IN THEIR PROPOSALS OR REMAINING MONIES WILL BE RETURNED TO THE FOUNDATION PRIOR TO RECEIVING THEIR GRANT CHECKS. THE AGREEMENT IS VERY SPECIFIC ABOUT COMPLIANCE WITH THE PATRIOT ACT AND STATES: "IN COMPLIANCE WITH EXECUTIVE ORDER 13224 OF THE UNITED STATES' PATRIOT ACT, THIS GRANT WILL NOT BE USED TO SUPPORT NAMED TERRORIST ORGANIZATIONS OR THOSE WHO MAY BE OTHERWISE ASSOCIATED WITH TERRORISTS. THE COMMUNITY FOUNDATION OF THE GUNNISON VALLEY ACKNOWLEDGES THAT "SUPPORT" DOES NOT INCLUDE NON-VIOLENT ACTIVITIES INTENDED TO PROTECT OR PROMOTE CONSTITUTIONAL RIGHTS." THEY ARE ALSO REMINDED THAT A NARRATIVE AND FINANCIAL REPORT WILL BE DUE AT THE END OF THE GRANT TERM. INFORMATION IS ALSO INCLUDED IN THE 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 FROM A DONOR ADVISED FUND ALL DUE DILIGENCE STEPS ARE FOLLOWED; HOWEVER, THERE IS NO COMMITTEE PROCESS. THE EXECUTIVE DIRECTOR HAS THE DELEGATED AUTHORITY TO AUTHORIZE DAF RECOMMENDATIONS UP TO AND INCLUDING \$24,999.99 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 BY A BOARD OFFICER TO ENSURE THEY ARE IN COMPLIANCE WITH FOUNDATION GUIDELINES AND IN AN AMOUNT UP TO AND INCLUDING \$24,999.99. 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 \$24,999.99 IS REVIEWED AND APPROVED, IF IN COMPLIANCE WITH FOUNDATION GUIDELINES, BY THE BOARD OF DIRECTORS.

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

A DONOR OR RELATED PARTY MAY SERVE ON A SELECTION COMMITTEE, BUT NO

COMBINATION OF THE DONOR AND PERSONS DESIGNATED BY THE DONOR (OR PERSONS

CONSIDERED TO BE RELATED PARTIES TO SUCH PERSONS) MAY CONTROL, DIRECTLY OR

INDIRECTLY, THE COMMITTEE AND THEY MAY NOT CONSTITUTE A MAJORITY OF THE

COMMITTEE. A DONOR MAY SUGGEST SOME MEMBERS OF THE COMMITTEE BUT THE

FOUNDATION HAS THE POWER TO ACCEPT OR REJECT ANY SUGGESTIONS. A DONOR

SERVING IN AN ADVISORY CAPACITY WILL BE ASKED TO DISCLOSE ANY FAMILY OR

EMPLOYMENT RELATIONSHIPS EXISTING WITH OTHER COMMITTEE MEMBERS. A DONOR CAN

BE AN INDIVIDUAL, A DECEASED PERSON, A CHARITY OR OTHER NONPROFIT

ORGANIZATION, A CORPORATION OR OTHER BUSINESS, A PROFESSIONAL OR ALUMNI

GROUP, OR OTHER ENTITY.

DAN TREDWAY MEMORIAL EXCELLENCE IN TEACHING AWARD

IN THE ORIGINAL FUND AGREEMENT, THE REVIEW COMMITTEE FOR THE DAN TREDWAY

MEMORIAL EXCELLENCE IN TEACHING AWARD WAS REQUIRED TO BE ANONYMOUS ALTHOUGH

THE MEMBERS MAY HOLD SPECIFIC POSITIONS IN THE SCHOOL DISTRICT,

(SUPERINTENDENT, WINNER FROM PREVIOUS YEAR, TEACHER REPRESENTATIVES FROM

SPECIFIC SCHOOLS, ETC) MANY CHANGE EACH YEAR. IN ORDER TO COMPLY WITH

CURRENT LAW, AND TO MAINTAIN DONOR INTENT, THE BOARD OF THE FOUNDATION HAS

GIVEN THE AUTHORITY TO THE EXECUTIVE DIRECTOR TO ASSURE COMPLIANCE WITH THE

PENSION PROTECTION ACT. THE NAMES OF THE COMMITTEE ARE PLACED IN THE FILE

AND THE EXECUTIVE DIRECTOR AFFIRMS THAT DUE DILIGENCE WAS PERFORMED TO

ENSURE THAT THE COMMITTEE COMPOSITION IS AS INTENDED AND IN COMPLIANCE WITH

THE LAW AND THE COMMITTEE REMAINS ANONYMOUS TO THE PUBLIC.

FORM SCHEDULE I; PART I; LINE 1

EXPLANATION: 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

VALLEY FORMERLY GUNNISON AREA COMM. FOUN 31-1650658 Page 2 Schedule I (Form 990) Part IV | Supplemental Information 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 0 (Form 990 or 990-EZ)

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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

Community Foundation of the Gunnison Valley Board of Directors and Advisory Council December 2013

BOARD OF DIRECTORS OFFICERS

Diane Mueller, Chair, Gunnison County and Ludlow, VT, Co-Owner, Crested Butte Mountain Resort Noelle Hagan, Gunnison, President, Organizational Development Consultant Anne Lamkin Kinder, Vice President, Houston, TX and Crested Butte, Artist Don Haver, Secretary, Crested Butte, Community Volunteer Boyd Pederson, Treasurer, Gunnison, Financial Advisor, Pederson Financial Services

BOARD MEMBERS

Tina Brudzinski, Gunnison County, Accountant — Alpine Express
Ashley Burt, Gunnison, President, Gunnison Bank & Trust
Roger Dorf, Austin, TX and Crested Butte, Executive Chairman of the Board, Airwalk Communications
Gary Hartman, Gunnison County, Principal and Co-Owner, Sunlit Architecture
Jonathan Houck, Gunnison, County Commission Appointee
Jim MacAllister, Gunnison County, Broker, Rocky Mountain Real Estate
Steve Ogden, Gunnison, Financial Advisor, Edward Jones
Robert Pickering, Houston and Crested Butte, Chairman of Starworks, LLC
Lyndsey Ruehle, Gunnison, Owner, Quick Draw Carpet Cleaning
Jeff Walker, Gunnison County, Vice President and Loan Officer, Community Banks of Colorado
Pam Montgomery, Ex-Officio, Gunnison County, Executive Director, Community Foundation of the Gunnison
Valley

ADVISORY COUNCIL MEMBERS

Fred Berry, Wichita, KS and Mt Crested Butte, Chairman, Berry Companies
Roy Bliss, Tulsa, OK and Crested Butte, Founder, United Video Satellite Group, Ret
Richard Bratton, Gunnison, Attorney, Hoskin, Farina and Kampf, PC
Fred Buxton, Oklahoma City, OK and Crested Butte, Consulting Petroleum Engineer
Gail Digate, Sedona, AZ and Crested Butte, President of Leadership Learning Systems
Paul Duba, Gunnison, Nonprofit Administrator, Literacy Consultant
Maryo Ewell, Gunnison, Community/Arts Development Consultant
Mark Ewing, Gunnison County, Mortgage Banker, Crested Butte Bank

Tim Fretthold, San Antonio, TX and Mt. Crested Butte, Executive Vice President, Chief Legal and Administrative Officer of UDS Corporation, Ret

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 Wolfgang Spohr, Gunnison County, Real Estate Investor Rob Strickland, Gunnison, Owner, Midnight Marketing

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

Form 8868 (Rev 1-2014)	_				Page 2	
 If you are filing for an Additional (Not Automatic) 3-Month Ex 					$\triangleright [X]$	
Note. Only complete Part II if you have already been granted an a			led Form	8868		
If you are filing for an Automatic 3-Month Extension, complete Addisional (Net Automatic) 2 Month Extension			al /na a	onico poedo	d\	
Part II Additional (Not Automatic) 3-Month E	xtensio					
		Enter filer's		ng number, see		
Type or Name of exempt organization or other filer, see instru-		TCON	Employer	r identification r	iumber (EIN) or	
KINITEV ECOMEDIV CUMNITCOM ADI		1		31-1650	1658	
The By the			<u> </u>			
filing your return See PO BOX 7057	ee instruc	tions	Social se	curity number (
City, town or post office, state, and ZIP code. For a formula GUNNISON, CO 81230	oreign add	dress, see instructions				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01			······		
Form 990-BL	02	Form 1041-A		d. 1	08	
Form 4720 (individual)	03	Form 4720 (other than individual)			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						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						
		N OF THE GUNNISON	VALLE	Y		
• The books are in the care of ▶ 805 W. TOMICHI	– GU	<u> </u>				
Telephone No ► 970-641-8837		Fax No 🕨		 	. —	
 If the organization does not have an office or place of business 						
If this is for a Group Return, enter the organization's four digit	1			r the whole grou		
		ach a list with the names and EINs of	all memb	ers the extension	on is for	
2012	NOVEM	BER 15, 2014.				
· ——	haale saaa	, and ending				
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	neck reas	on Initial return	J Final r	eturn		
7 State in detail why you need the extension						
ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE TAX						
RETURN.						
8a If this application is for Forms 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 Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpayment all		•				
previously with Form 8868			8b	\$	0.	
Balance due. Subtract line 8b from line 8a Include your pa	yment wit	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System) See instru			8c	\$	0.	
Signature and Verificat	ion mu	st be completed for Part II o	nly.			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form	ing accomp orm	panying schedules and statements, and to	the best o	f my knowledge a	nd belief,	
Signature ► Title ► C	CPA		Date	>		

Form 8868 (Rev 1-2014)