Form	990
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

AF	or the	and en	naing		
B c a	heck if pplicabl	c Name of organization		D Employer identifie	cation number
	_Addre _chang	CHAFFEE COUNTY COMMUNITY FOUNDATION			
	Name Chang			26-46055	74
	Initial		oom/suite	E Telephone number	
	_return ]Final	P O BOX /92	Join/Suite	719-204-	
	⊥return termir ated			G Gross receipts \$	1,360,839.
	Amen			H(a) Is this a group re	
	_return ☐Applic			for subordinates	
	_l tion pendii			H(b) Are all subordinates in	
<u>г</u> т	22.02	empt status: $X = 501(c)(3) = 501(c)( )$ (insert no.) $4947(a)(1)$ or	527		list. See instructions
	Vebsi		JZI	H(c) Group exemption	
_		organization: X Corporation Trust Association Other	I Voar (		I State of legal domicile: CO
	nrt I	Summary			
		Briefly describe the organization's mission or most significant activities: ADVANC		MMIINTTY PHTI	ANTHROPY.
e	•				
Jan	2	Check this box if the organization discontinued its operations or disposed	d of moro	than 25% of its not ass	ote
/err					14
ğ		Number of independent voting members of the governing body (Part VI, line 1a)			14
8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
ties					31
Activities & Governance		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	<u>d</u>		<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,104,337.	1,249,822.
an	9			22,174.	71,231.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,102.	39,786.
Ве		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,130,613.	1,360,839.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,083,991.	371,309.
	14			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,342.	172,121.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (A), line 11e)			
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		370,579.	393,086.
				1,611,912.	
	12	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			7 10 110.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			936,516.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-481,299.	424,323.
ets or	19	Revenue less expenses. Subtract line 18 from line 12		-481,299. ginning of Current Year	424,323. End of Year
Assets or Balances	19	Revenue less expenses. Subtract line 18 from line 12		-481,299. ginning of Current Year 1,014,814.	424,323. End of Year 1,439,315.
Vet Assets or und Balances	19	Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Bei	-481,299. ginning of Current Year 1,014,814. 34,231.	424,323. End of Year 1,439,315. 34,409.
Turk Assets or Lund Balances	19 20 21 22	Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	Bei	-481,299. ginning of Current Year 1,014,814.	424,323. End of Year 1,439,315.
Pa	19 20 21 22 rt II	Revenue less expenses. Subtract line 18 from line 12         Total assets (Part X, line 16)         Total liabilities (Part X, line 26)         Net assets or fund balances. Subtract line 21 from line 20         Signature Block	Beg	-481,299. ginning of Current Year 1,014,814. 34,231. 980,583.	424,323. End of Year 1,439,315. 34,409. 1,404,906.
Pa Und	19 20 21 22 ort II	Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	Bee	-481,299. ginning of Current Year 1,014,814. 34,231. 980,583.	424,323. End of Year 1,439,315. 34,409. 1,404,906.

Sign	Signature of officer			Date		
Here	RICK HAMILTON, BOARD CHAIN	R				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	MATTHEW D. MILLER			self-employed P02066086		
Preparer	Firm's name MCMAHAN AND ASSOC	IATES, L.L.C.		Firm's EIN 84-1509269		
Use Only	Firm's address P.O. BOX 5850					
	AVON, CO 81620			Phone no. (970) 845-8800		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

	990 (2023) CHAFFEE COUNTY COMMUNITY FOUNDATION 26-4605574 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	CHAFFEE COUNTY COMMUNITY FOUNDATION ACTS AS A CATALYST TO INSPIRE
	POSITIVE CHANGE THROUGH THE POWER OF PHILANTHROPY TO ENRICH THE LIVES
	OF ALL PEOPLE IN CHAFFEE COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
•	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.
4	
	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	(Code: ) (Expenses \$ 437,809. including grants of \$ 252,221.) (Revenue \$ 66,849.)
	ADMINISTERED A PORTFOLIO OF GRANT MAKING FUNDS INCLUDING MANAGING THE
	COMMUNITY GRANT PROCESSES FOR VARIOUS PARTNERS, DONOR ADVISED FUNDS,
	AND AREA OF INTEREST FUNDS, INCLUDING CO GIVES.
4b	(Code:) (Expenses \$165,541. including grants of \$39,161. ) (Revenue \$4,382. )
	ADMINISTERED A FAMILY OF FISCAL SPONSORED FUNDS, THE LARGEST OF WHICH
	IS THE ENVISION CHAFFEE COUNTY FUND AND ITS SUB FUNDS.
4c	(Code:) (Expenses \$213,072. including grants of \$79,927. ) (Revenue \$)
	COORDINATED INITIATIVES TO BUILD NONPROFIT AND COMMUNITY CAPACITY
	INCLUDING SUPPORT AND TRAINING FOR NONPROFITS, FUNDRAISING AND
	COORDINATION OF VARIOUS COMMUNITY CRITICAL NEEDS INITIATIVES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     816,422.
	Form <b>990</b> (2023)
332002	12-21-23
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Form 990 (				COMMUNITY
Part IV	Checklist of	f Required Sche	edules	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
b		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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			
	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		<u> </u>
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		000
332003	12-21-23	⊦orm	330 (	2023)

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FOUNDATION

332003 12-21-23

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			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			x
04-	Schedule J	23		
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a 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	240		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	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 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) CHAFFEE COUNTY COMMUNITY FOUNDATION 26-4605	574	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 on 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
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua		60		x
ь	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
D	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).	_		37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b></b>
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
		14a		X
14а ь	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		
				<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	
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Form 99	0 (2023)
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#### CHAFFEE COUNTY COMMUNITY FOUNDATION

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X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14						
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14						
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?								
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, ste								
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:						
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	it the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	s, 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	befo	re filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe						
	on Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
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 in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent v	vith 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	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	izatio	ı's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedNONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	)-T (section 501(c)(3)s	only)	availat	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website Upon request Other (explain								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict	of interest policy, and	financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records						
	ELIZABETH DITTENBER - 719-204-5071								
	PO BOX 492, BUENA VISTA, CO 81211				000				
332006	12-21-23			Form	990	(2023)			
	6								

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C) Position (do not check more than one		(D)	(E)	(F)			
Name and title	Average	(do			Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per nd a di	son i	s both	n an	compensation	compensation	amount of
	week					i/irus	lee)	from	from related	other
	(list any	recto			the	organizations	compensation			
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona		nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) BETSY DITTENBER	40.00									
EXECUTIVE DIRECTOR				Х				86,631.	0.	0.
(2) MEGAN LEESLEY	1.00									
BOARD CHAIR		Х						0.	0.	0.
(3) WENDY HALL	15.00									
SECRETARY		Х						0.	0.	0.
(4) CONNIE CALLAHAN	3.00									
CO-VICE CHAIR		Х						0.	0.	0.
(5) RICK HAMILTON	1.00									
CO-VICE CHAIR		Х						0.	0.	0.
(6) CHRISTY DOON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MOE LENEWEAVER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CRISSY SUPPLES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN VANDEWALLE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ANDREA EARLY COEN	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) PAUL ALEXANDER	1.00									_
TREASURER		Х						0.	0.	0.
(12) CAITLYNN FORTNER	1.00									
DIRECTOR		х						0.	0.	0.
(13) BONNIE DAVIE	1.00	l								_
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL ROBINSON	1.00								•	
DIRECTOR		Х						0.	0.	0.
						-				
						-				
		1								
		I								000

332007 12-21-23

Form 990 (2023)

	<u>990 (2023)</u> CHAFFEE (	COUNTY C	:OM	MU	NI	ΤY	F	OU	INDATION	26-46	<u>;05</u>	574	P	age <b>8</b>
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	<i>.</i> .			ition			Reportable	Reportable		Es	timate	ed
		hours per					than c s both		compensation	compensatio	n	an	nount	of
		week					r/trust		from	from related			other	
		(list any	ctor						the	organizations			pensa	tion
		hours for	- dire				g		organization	(W-2/1099-MIS	.C/	fr	om th	е
		related	ee or	Istee			insati		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	ndividual trustee or director	nstitutional trustee		oyee	ampe		1099-NEC)			an	d relat	ed
		below	idual	tutior	er	Key employee	est ci loyee	ıer				orga	anizati	ons
		line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former						
			1											
1b	Subtotal								86,631.		0.			0.
с	Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								86,631.		0.			0.
2	Total number of individuals (including but n									000 of reportable				
-	compensation from the organization		000		u uo		,	0.0						0
													Yes	No
•		-P									ſ		100	110
3	Did the organization list any <b>former</b> officer,	-		-	•	-		Ŭ				-		37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .					5		Х
Sect	ion B. Independent Contractors				·									
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	tion fro	m	
-	the organization. Report compensation for t													
	(A)	ine calendar ye		- TGIIII	<u>g</u>			T	(B)			(0	<i>י</i> י	
	(~) Name and business	address	NC	ONE	•				Description of s	ervices	С	ompe		n
			INC					-	2000.101.01.0				louio	
								_						
								Τ						
2	Total number of independent contractors (ir	cluding but p	nt lin	nitad	l to t	thoo			above) who received mo	ore than				
2			J. 111	meu		005 C		uu						
	\$100,000 of compensation from the organiz	Lation				U	,						000	

Form **990** (2023)

332008 12-21-23

Part VIII         Statement of Revenue           Check if Schedule O contains a resonate or note to any line in this Part VII         (B)         (C)         <				2023) CHAFFEE COU	JNT	Y COMMUN	ITY FOUNDAT	TION	26-4605	574 Page 9
under the second seco	Pa	rt V	111							
Total revenue     Predection or evenue     Predection or evenue     Predection of evenue				Check if Schedule O contains a respo	onse	or note to any lin		(P)	(0)	
Unclose of the set o										
and built bui							Total revenue			from tax under
Bornstering averts         It           0         b         Belated organizations         It           0         Wareau combinations         It         366,142.           0         Wareau combinations         It         3683,680.           0         Wareau combinations         It         883,680.           1         2400099         54,045.         54,045.           900099         54,045.         900099         54,045.           900099         238.         238.         90099           4         Indianes code         900099         238.         238.           4         Hoher program service revenue         900099         238.         238.         39,786.           4         Hoher from investment dome (including dividends, interest, and other similar anounts)         39,786.         39,786.         39,786.           5         Royatte         6         0         0         0         0           6         Gross rents         6         0         0         0         0         0           6         Gross rents         6         0         0         0         0         0         0         0         0         0         0         0										sections 512 - 514
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	ts t	1 :	а	Federated campaigns 1a						
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	nar	I	b	Membership dues 1b						
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	D O		с	Fundraising events 1c						
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	ar /		d	Related organizations 1d						
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	s, G milå		е	_		366,142.				
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	ŝ	1		-						
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	ber					883,680.				
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	Ģti		a							
Business Code         Description           b         OTHER PROGRAM SERVICE         900099         54,045.         54,045.           c         -         -         -         -         -           c         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           d         -         -         -         -         -           g         Total. Add lines 2a2t         71,231.         -         -         -           g         Total. Add lines 2a2t         -         71,231.         -         -         -           g         Total. Add lines 2a2t         -	Cor		•		+		1,249,822.			
2 a OTHER PROGRAM SERVICE WORKSHOPS AND EVENTS         900099         54,045.         54,045.           b WORKSHOPS AND EVENTS         900099         16,948.         16,948.           c	<u> </u>					1	, -,-			
By MORKSHOPS AND EVENTS         900099         16,948.         16,948.           c		2	a	OTHER PROGRAM SERVICE	2		54.045.	54.045.		
g Total. Add lines 2a/21         71,231.           3         Investment income (including dividends, interest, and other similar amounts)         39,786.           4         income from investment of tax exempt bond proceeds         39,786.           5         Royaties         6a           6 a Gross rents         6a           6 a Gross amount from sales of assets other than inverser         7a           7 a Gross amount from sales of assets other than inverser         7a           7 a Gross income from fundraising events (not including \$	/ice	~						16 948.		
g Total. Add lines 2a/21         71,231.           3         Investment income (including dividends, interest, and other similar amounts)         39,786.           4         income from investment of tax exempt bond proceeds         39,786.           5         Royaties         6a           6 a Gross rents         6a           6 a Gross amount from sales of assets other than inverser         7a           7 a Gross amount from sales of assets other than inverser         7a           7 a Gross income from fundraising events (not including \$	Serv					500055	10,540.	10,540.		
g Total. Add lines 2a/21         71,231.           3         Investment income (including dividends, interest, and other similar amounts)         39,786.           4         income from investment of tax exempt bond proceeds         39,786.           5         Royaties         6a           6 a Gross rents         6a           6 a Gross amount from sales of assets other than inverser         7a           7 a Gross amount from sales of assets other than inverser         7a           7 a Gross income from fundraising events (not including \$	ven Ven									
g Total. Add lines 2a/21         71,231.           3         Investment income (including dividends, interest, and other similar amounts)         39,786.           4         income from investment of tax exempt bond proceeds         39,786.           5         Royaties         6a           6 a Gross rents         6a           6 a Gross amount from sales of assets other than inverser         7a           7 a Gross amount from sales of assets other than inverser         7a           7 a Gross income from fundraising events (not including \$	gra Re		u							
g Total. Add lines 2a/21         71,231.           3         Investment income (including dividends, interest, and other similar amounts)         39,786.           4         income from investment of tax exempt bond proceeds         39,786.           5         Royaties         6a           6 a Gross rents         6a           6 a Gross amount from sales of assets other than inverser         7a           7 a Gross amount from sales of assets other than inverser         7a           7 a Gross income from fundraising events (not including \$	Ĵ.		e 4			900099	238	238		
3         investment income (including dividends, interest, and other similar amounts)         39,786.         39,786.         39,786.           4         income from investment of tax exempt bond proceeds         5         Royaties         9         9           6         a Gross rents         6a         0. Real         0.0 Personal         6a         0.0 Personal	-		т					230.		
other similar amounts)         39,786.         39,786.           4         income from investment of tax-exempt bond proceeds         7           5         Royatiles         0         1           6         a Gross rents         6         0         1           6         a Gross rents         6         0         1         1           7         a Gross rents         6         0         1         1         1           7         a Gross mount from sales of assets other than income or (loss)         7         1		_	g				/1,251.			
4       Income from investment of tax-exempt bond proceeds         5       Royatties <ul> <li>(i) Personal</li> <li>(ii) Personal</li> <li>(iii) Personal</li> <li>(iiii) Personal</li> <li>(iiii) Personal</li> <li>(iiii) Personal</li> <li>(iiii) Personal</li> <li>(iiii) Personal</li> <li>(iii) Personal</li> <li>(iiii) Personal</li> <li>(iiii) Personal</li> <li>(iiii) Personal</li> <li>(iii) Personal <li>(iii) Personal</li></li></ul>		3					30 796			30 796
S         Royatties         (i) Real         (ii) Personal           6a         Gross rents         6a         6a         (ii) Personal           6b         6c         6c         6c         6c           7         Gross amount from sales of assess other than inventory         6iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				,			59,700.			39,700.
6 a         Gross rents         6 a         (i) Peal         (i) Personal           b         Less: rental expenses         6 b				-		roceeds				
6 a         Gross rents         6a           b         Less: rental expenses         6b           c         Rental income or (loss)         6c           d         Net rental income or (loss)         6c           7 a         Gross amount from sales of assets other than inventory         7a           a         Gross amount from sales of assets other than inventory         7a           b         Less: cot or other basis         7b           c         Gain or (loss)         7c           d         Net gain or (loss)         7c           s         a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See         9a           Part IV, line 18         6a         6a           b         Less: direct expenses         8b           c         Net income or (loss) from gaming activities. See         9a           Part IV, line 19         9a         9a           b         Less: cots of ong gaming activities.         10a           d         Gross sales of inventory, less returns and allowances         10a           b         Less: cots of goods sold         10a           c         Net income or (loss) from sales of inventory         10a           d         Itoher revenue </td <td></td> <td>5</td> <td></td> <td>Royalties</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5		Royalties						
b       Less: rental expenses       6b					ll	(II) Personal				
C         Rental income or (loss)         Gc         Image: Construct on the set of the set o		6	а							
d       Net rental income or (loss)       i       (i) Securities       (ii) Other         7 a       Gross amount from sales of assets other than inventory       i       (i) Securities       (ii) Other         b       Less: cost or there basis and sales expenses       7b       i       i       i         c       Gain or (loss)       7c       i       i       i       i         d       Net gain or (loss)       7c       i       i       i       i         8 a       Gross income from fundraising events (not including \$ or (loss) from fundraising events       including \$ or (loss)       i       i       i         9 a       Gross income from gaming activities. See       9a       i       i       i       i         9 a       Gross income from gaming activities       i<			b							
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         7a       Gross income transition       7a       (iii) Other         a Gross income from fundraising events (not including \$										
9000000000000000000000000000000000000										
990       b       Less: cost or other basis and sales expenses       7b		7	а	Gross amount from sales of (i) Securi	ties	(ii) Other				
and sales expenses       7b         c       Gain or (loss)         d       Net gain or (loss)         o       ord         outributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Ba         e       Net income or (loss) from fundraising events       9a         ga       Gross income from gaming activities. See       Pat IV, line 19         b       Less: direct expenses       9b         c       Net income or (loss) from gaining activities       10a         10a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         c       All other revenue       Net income or (loss) from sales of inventory       Net income				assets other than inventory <b>7a</b>						
c       Gain or (loss)       Tc       Tc         d       Net gain or (loss)		I	b							
a       Net gan or (loss)	anı									
a       Net gan or (loss)	ver									
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       -         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       -         10 a Gross sales of inventory, less returns and allowances       -         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       -         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       -         d All other revenue       -         e Total. Add lines 11a-11d       -         12       Total revenue. See instructions       1,360,839.         12       Total revenue. See instructions       1,360,839.	Re		d	Net gain or (loss)	<u></u>					
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       -         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       -         10 a Gross sales of inventory, less returns and allowances       -         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       -         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       -         d All other revenue       -         e Total. Add lines 11a-11d       -         12       Total revenue. See instructions       1,360,839.         12       Total revenue. See instructions       1,360,839.	her	8	а	Gross income from fundraising events (not						
Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       9         g       Gross income from gaming activities. See Part IV, line 19       9         b       Less: direct expenses       9         c       Net income or (loss) from gaming activities       9         c       Net income or (loss) from gaming activities       0         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       0         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       0         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       0         d       All other revenue       0       0         e       Total Actd lines 11a-11d       1       0       39,786 •	đ			including \$ of						
b       Less: direct expenses       8b       Ab         c       Net income or (loss) from fundraising events       Image: state of the st				contributions reported on line 1c). See						
c       Net income or (loss) from fundraising events				Part IV, line 18	8a					
9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities       0a       0a         10 a       Gross sales of inventory, less returns and allowances       10a       0a         b       Less: cost of goods sold       10b       0a         c       Net income or (loss) from sales of inventory       0a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       0a         b		I	b	Less: direct expenses	8b					
Part IV, line 19       9a       9b       9b<			с	Net income or (loss) from fundraising eve	nts					
Part IV, line 19       9a       9b       9b<		9	а	Gross income from gaming activities. See	) 					
b       Less: direct expenses       9b       Image: Set integration of the set instructions         10       a       Gross sales of inventory, less returns and allowances       10a         10       a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b       Image: Set income or (loss) from sales of inventory         c       Net income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory         source       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory         source       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory         source       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory         source       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory       Image: Set income or (loss) from sales of inventory         source       Image: Set income or (loss) from sales of inventory       Image: Set inventory       Image: Set inventory       Image: Set inventory         so				Part IV, line 19	9a					
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   11 a Business Code   b Sec   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		I	b							
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         solution       Business Code         b Less: cost of goods sold       0         c Net income or (loss) from sales of inventory       0         solution       Business Code         b c c d All other revenue       0         c Total. Add lines 11a-11d       1, 360, 839.         12 Total revenue. See instructions       1, 360, 839.										
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         some or (loss) from sales of inventory       Business Code         11 a       Business Code         b       Image: Code         c       Image: Code         c       Image: Code         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions										
b Less: cost of goods sold 10b 10b 10b 11a Business Code 11a Business Code 11a 12a _					10a					
c       Net income or (loss) from sales of inventory         11 a       Business Code         b       Image: Code         c       Image: Code         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions		I	b							
Business Code         Image: Code										
e Total. Add lines 11a-11d         1,360,839.         71,231.         0.         39,786.				(, earer ervonte	,					
e Total. Add lines 11a-11d         1,360,839.         71,231.         0.         39,786.	sno	11	а							
e Total. Add lines 11a-11d         1,360,839.         71,231.         0.         39,786.	nec									
e Total. Add lines 11a-11d         1,360,839.         71,231.         0.         39,786.	ella									
e Total. Add lines 11a-11d         1,360,839.         71,231.         0.         39,786.	Be									
12         Total revenue. See instructions         1,360,839.         71,231.         0.         39,786.	Σ									
332009 12-21-23 Form <b>990</b> (2002			-				1.360.839.	71.231.	0 -	39.786.
	332000		21-'				,,			

CHAFFEE COUNTY COMMUNITY FOUNDATION

#### 332009 12-21-23

CHAFFEE COUNTY COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

26-4605574 Page 10

Χ Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 371,309. 371,309. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 148,412. 65,302. 48,234. 34,876. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,655. 3,788. 5,128. 2,739. Other employee benefits 9 12,054. 5,304. 3,917. 2,833. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 8,100. 8,100. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 3,202. 320,126. 315,884. 1,040. column (A), amount, list line 11g expenses on Sch 0.) 4,601. 4,601. Advertising and promotion 12 12,870. 5,037. 3,272. 4,561 Office expenses 13 13,380. 12,470. 910. Information technology 14 15 Royalties 16 Occupancy 1,833. 1,833. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,458. 1,458. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 18,837. 18,837. OTHER DIRECT PROGRAM EX а WORKSHOPS AND EVENTS 10,717. 10,717. b 1,164. 1,164. PAYMENT PROCESSING/CRED С d All other expenses е 936,516. 816,422. 72,881. 47,213. Total functional expenses. Add lines 1 through 24e 25 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) Form 990 (2023)

332010 12-21-23

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		<b>(B)</b> End of year
Т	1	Cash - non-interest-bearing	355,842.	1	326,597.
	2	Savings and temporary cash investments	588,202.	2	1,039,765.
	3	Pledges and grants receivable, net		3	, ,
	4	Accounts receivable, net	70,770.	4	72,953.
	5	Loans and other receivables from any current or former officer, director,	,		/
	Ū	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		Ŭ	
	U	(1, 2, 2)		6	
	7	Notes and loans receivable, net		7	
ets	-			8	
Assets	8	Inventories for sale or use		о 9	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		10	
		Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 014 014	15	1 420 215
$\rightarrow$	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,014,814.	16	1,439,315.
	17	Accounts payable and accrued expenses	17,084.	17	34,409.
	18	Grants payable	17,147.	18	0.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		controlled entity or family member of any of these persons		22	
┛╽	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
$\dashv$	26	Total liabilities. Add lines 17 through 25	34,231.	26	34,409.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	852,365.	27	1,223,685.
Ba	28	Net assets with donor restrictions	128,218.	28	181,221.
pur		Organizations that do not follow FASB ASC 958, check here			
щ		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	980,583.	32	1,404,906.
e l			1,014,814.		1,439,315.

CHAFFEE COUNTY COMMUNITY FOUNDATION

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

Form	1 990 (2023) CHAFFEE COUNTY COMMUNITY FOUNDATION 26	5-4605574	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1,360	,839.
2	Total expenses (must equal Part IX, column (A), line 25)	936	,516.
3	Revenue less expenses. Subtract line 2 from line 1	424	,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	980	,583.
5	Net unrealized gains (losses) on investments 5		
6	Donated services and use of facilities6		
7	Investment expenses7		
8	Prior period adjustments8		
9	Other changes in net assets or fund balances (explain on Schedule O)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	1,404	,906.
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	s,	
	consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<u>3a</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	Jdit	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization	
--------------------------	--

Nar	ne of t	the organization						Employer	r identification number
				COMMUNITY FO					6-4605574
Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-			-	
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:				-		-	
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
đ		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k	•	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
c	I 🗌	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
e	•	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.			
1	Ente	er the number of supported o	organizations						
		vide the following information	· · · ·		(iii) is the even				
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)

Schedule A	(Form 990)	2023	CHAFFEE	COUNTY	COMMUNITY	FOUNDATION	2
Part II	Suppor	t Schedule fo	or Organizati	ions Descr	ibed in Sections	s 170(b)(1)(A)(iv) a	ind 170(b

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	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1	1	1	Т	1	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		\				
	Gross receipts from related activities,	i i	,				
13	First 5 years. If the Form 990 is for th	U U					
Sa	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (I		-	column (f))		14	%
						15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						
102	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2022. If the o		-			4 or more check th	
L.	and stop here. The organization qual						
17-	10% -facts-and-circumstances test					and line $14$ is $10\%$	
176	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
٢	10% -facts-and-circumstances test	-				17a and line 15 is	
	more, and if the organization meets the	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				, , ,			(Form 990) 2023

#### Schedule A (Form 990) 2023

#### CHAFFEE COUNTY COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")	311,091.	1709054.	1433842.	1104048.	1249822.	5807857.		
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	17,628.	18,631.	22,195.	22,174.	71,232.	151,860.		
<b>3</b> 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								
<b>5</b> The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5	328,719.	1727685.	1456037.	1126222.	1321054.	5959717.		
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.		
<b>b</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					581,257.			
<b>c</b> Add lines 7a and 7b			725,764.	515,871.	581,257.	1822892.		
8 Public support. (Subtract line 7c from line 6.)						4136825.		
Section B. Total Support	1	Γ		[				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9 Amounts from line 6	328,719.	1727685.	1456037.	1126222.	1321054.	5959717.		
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	332.	2,021.	1,165.	4,102.	39,786.	47,406.		
<b>b</b> Unrelated business taxable income			_,	1,2020				
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
<b>c</b> Add lines 10a and 10b	332.	2,021.	1,165.	4,102.	39,786.	47,406.		
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	329,051.	1729706.	1457202.	1130324.	1360840.	6007123.		
<b>14</b> First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,		
Section C. Computation of Publ						<u> </u>		
<b>15</b> Public support percentage for 2023					15	<u>68.87</u> %		
16 Public support percentage from 202 Section D. Computation of Inve					16	74.95 %		
					47	.79 %		
<ul><li>17 Investment income percentage for 2</li><li>18 Investment income percentage from</li></ul>					17 18	.79 <u>%</u> .16 %		
19a 33 1/3% support tests - 2023. If the					· · · · ·	,-		
more than 33 1/3%, check this box a								
b 33 1/3% support tests - 2022. If the								
line 18 is not more than 33 1/3%, ch								
0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

<sup>2023.03020</sup> CHAFFEE COUNTY COMMUNITY A3076\_1

1

2

3a

3b

Yes No

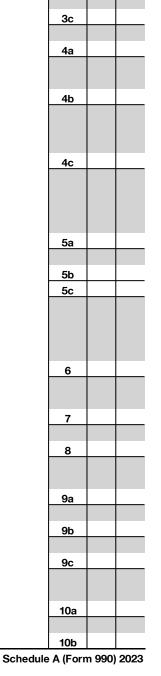
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23



# Schedule A (Form 990) 2023 CHAFFEE COUNTY COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	la	
b	A family member of a person described on line 11a above?	b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
		lc	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
		2	
Sec	tion C. Type II Supporting Organizations		
		Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

09210324 788610 A3076

2023.03020 CHAFFEE COUNTY COMMUNITY A3076\_1

Ра	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on M	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

CHAFFEE COUNTY COMMUNITY FOUNDATION

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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#### CHAFFEE COUNTY COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(contine</sub>	ued)			
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
C	From 2020						
d	From 2021						
e	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
	Excess from 2023						

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023				FOUNDATION	
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b Part IV, Section E	, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3	11c; Part IV, Sectior 3a, and 3b; Part V, lin	line 17a or 17b; Part III, line 12; h B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
332028 12-21-2	3					Schedule A (Form 990) 202

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

Name of the organization

Organization type (check one):

CF

	IAFFEE (	COUNTY	COMMUNITY	FOUNDATION	
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26-4605574

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

CHAFFEE COUNTY COMMUNITY FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 183,765. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 106,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 103,699. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 55,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 52,498. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

09210324 788610 A3076

Name of organization

26-4605574

Employer identification number

Page 2

<sup>323452 12-26-23</sup> 

Schedule B (Form 990) (2023)

Name of organization

CHAFFEE COUNTY COMMUNITY FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 49,837. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 8 X Person Payroll 43,401. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 43,137. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 30,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 20,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

26-4605574

Employer identification number

Page 2

323452 12-26-23

09210324 788610 A3076

CHAFFEE COUNTY COMMUNITY FOUNDATION

Part I Contributors (see instructions) Lise duplicate conies of Part Lif additional space is needed

Farti	Contributors (see instructions). Use duplicate copies of Part I if additiona	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u>10,702.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   16</u>		\$ <u>10,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Name of organization

26-4605574

Employer identification number

09210324 788610 A3076

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

CHAFFEE COUNTY COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$9,804.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ <u>5,396.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll October Payroll Payroll October Part II for noncash contributions.)

Employer identification number

26-4605574

323452 12-26-23

09210324 788610 A3076

323453 12-26-23

CHAFFEE COUNTY COMMUNITY FOUNDATION

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		   \$	

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2023.03020 CHAFFEE COUNTY COMMUNITY

A3076\_\_1

26 - 4605574

Employer identification number

Schedule	B (Form 990) (2023)				Page 4
Name of o	organization				Employer identification number
CHAFE	EE COUNTY COMMUNITY FOUR	NDATION			26-4605574
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations descril	bed in section 50	1(c)(7), (8), or (10) t	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the followin tharitable, etc., contributions of \$	g line entry. For or <b>1,000 or less</b> for th	rganizations ne vear. (Enter this info.	once.) \$
	Use duplicate copies of Part III if additional s	space is needed.		· 、	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Des	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
323454 12-26	6-23				Schedule B (Form 990) (2023)

3 (Form 990) (2

(Form	990)
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# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization

# Go to www.irs.gov/Form990 for instructions and the latest information.

Dai		MUNITY FOUN				26-4605	
	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Fu	nds or Ac	cour	nts. Complete if	the
		(a) Donor adv	ised funds		(b) Fun	nds and other acc	ounts
1	Total number at end of year			6	. ,		
2	Aggregate value of contributions to (during year)		199,90	2.			
3	Aggregate value of grants from (during year)		147,47				
4	Aggregate value at end of year		100,67				
5	Did the organization inform all donors and donor advisors in v	writing that the assets			ds		
	are the organization's property, subject to the organization's					X Yes	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	arant funds ca	n be used o	nlv		
	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?		, , ,		•	X Yes	
Par	rt II Conservation Easements. Complete if the org						
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recrea	tion or education)	Preservati	on of a histo	orically	important land ar	ea
	Protection of natural habitat	l	Preservati	on of a certi	ified his	storic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the f	orm of a co	nserva		
	day of the tax year.					Held at the End of	the Tax Ye
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic stru	ucture included on line	e 2a		2c		
d	Number of conservation easements included on line 2c acqu						
	on a historic structure listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, o	or terminated b	y the organi	zation	during the tax	
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	_	ection, handling	g of			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	iodic monitoring, insp				Yes	
5 6		iodic monitoring, insp holds?					
	violations, and enforcement of the conservation easements it	iodic monitoring, insp holds?					
6	violations, and enforcement of the conservation easements it	iodic monitoring, insp holds? handling of violations,	and enforcing	conservatio	on ease	ements during the	
6 7	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand	iodic monitoring, insp holds? handling of violations, lling of violations, and	and enforcing	conservatio	on ease semen	ements during the	year
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme	and enforcing enforcing cons nts of section 1	conservatio ervation ea 70(h)(4)(B)(i	on ease semen <sup>-</sup> )	ts during the	year
6 7 8	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme	and enforcing enforcing cons nts of section 1	conservatio ervation ea 70(h)(4)(B)(i	on ease semen )	ts during the year	year
6 7	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re	and enforcing enforcing cons nts of section 1 venue and exp	conservation ervation eas 70(h)(4)(B)(i ense statem	on ease semen ) nent an	ts during the year	year
6 7 8	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re	and enforcing enforcing cons nts of section 1 venue and exp	conservation ervation eas 70(h)(4)(B)(i ense statem	on ease semen ) nent an	ts during the year	year
6 7 8 9	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements.	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re tote to the organizatio	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta	conservation ervation eas 70(h)(4)(B)(i ense statem itements that	on ease semen ) hent an at desc	ts during the year	year
6 7 8 9	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re note to the organizatio	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta	conservation ervation eas 70(h)(4)(B)(i ense statem itements that	on ease semen ) hent an at desc	ts during the year	year
6 7 8 9 <b>Pai</b>	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements. <b>It III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re tote to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8.	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b>	conservation ervation eas 70(h)(4)(B)(i ense statem itements that r Other S	on ease semen ) nent an at desc i <b>imila</b>	ts during the year ts during the year Yes d cribes the r Assets.	year
6 7 8 9 <b>Pai</b>	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re tote to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta reasures, o	conservation ervation eas 70(h)(4)(B)(i ense statem itements that r Other S ent and bala	on ease semen ) nent an at desc i <b>mila</b>	ts during the year ts during the year Yes d cribes the r Assets.	year
6 7 8 9 <b>Pai</b>	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re to to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b> evenue statem on, or research	conservation ervation eas 70(h)(4)(B)(i ense statem itements that r Other S ent and bala in furtherar	on ease semen ) nent an at desc i <b>mila</b>	ts during the year ts during the year Yes d cribes the r Assets.	year
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6 7 8 9 <b>Pai</b> 1a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re to to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r plic exhibition, educati incial statements that o 8, to report in its rever	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement	conservation ervation ease 70(h)(4)(B)(i ense statem itements that r Other S ent and bala in furtherar items. and balance	on ease semen ) ient an at desc i <b>mila</b> ance shace of p	ts during the year ts during the year Yes d cribes the r Assets.	year
6 7 8 9 <u>Pai</u> 1a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements. <b>rt III Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re to to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r plic exhibition, educati incial statements that o 8, to report in its rever	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement	conservation ervation ease 70(h)(4)(B)(i ense statem itements that r Other S ent and bala in furtherar items. and balance	on ease semen ) ient an at desc i <b>mila</b> ance shace of p	ts during the year ts during the year Yes d cribes the r Assets.	year
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6 7 8 9 <b>Pai</b> 1a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. <b>rt III Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. <b>(i)</b> Revenue included on Form 990, Part VIII, line 1	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re tote to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r blic exhibition, education exhibition, education	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in	conservation ervation ear 70(h)(4)(B)(i ense statem itements that r Other S ent and balance furtherance	en ease semen ) ant desc imila ance sh ance of p e sheet e of pul	The set works of blic service,	year
6 7 8 9 <b>Pai</b> 1a b	<ul> <li>violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand</li> <li>Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements.</li> <li><b>rt III</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>	iodic monitoring, insp holds? handling of violations, lling of violations, and satisfy the requireme on easements in its re to to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r blic exhibition, education cial statements that c 8, to report in its revel exhibition, education	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in	conservation ervation eas 70(h)(4)(B)(i ense statem itements that r Other S ent and bala in furtherar items. and balance furtherance	in ease sement ient an at desc imila ance sh ance of pul	meet works public works of blic service,	year
6 7 8 9 <u>Pai</u> 1a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. <b>TIII Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re to to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its re plic exhibition, educati ncial statements that c 8, to report in its rever exhibition, education	and enforcing enforcing cons nts of section 1 venue and expo- n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in	conservation ervation eas 70(h)(4)(B)(i ense statem itements that r Other S ent and bala in furtherar items. and balance furtherance	in ease sement ient an at desc imila ance sh ance of pul	meet works public works of blic service,	year
6 7 8 9 <u>Pai</u> 1a b	<ul> <li>violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements.</li> <li><b>TIII</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part X</li> <li>If the organization received or held works of art, historical treation form 990, Part X</li> <li>If the organization received to be reported under FASB ASC 95 of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.</li> </ul>	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r plic exhibition, educati ncial statements that c 8, to report in its rever exhibition, education exhibition, education asures, or other simila SC 958 relating to the	and enforcing enforcing cons nts of section 1 venue and exp n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in , or research in r assets for fina se items:	conservation ervation ease 70(h)(4)(B)(i ense statem itements that <b>r Other S</b> ent and balance furtherance furtherance	on ease sement ) ient an at desc imila ance sh ance of p ance of p of pul	meet works public works of blic service,	year
6 7 8 9 <u>Pai</u> 1a b 2 2	<ul> <li>violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements.</li> <li><b>TIII</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treating to the reported under FASB AR ARevenue included on Form 990, Part VIII, line 1</li> </ul>	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re to to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its r plic exhibition, educati ncial statements that c 8, to report in its rever exhibition, education asures, or other simila SC 958 relating to the	and enforcing enforcing cons nts of section 1 venue and expo- n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in r assets for fina se items:	conservation ervation ease 70(h)(4)(B)(i ense statem itements that <b>r Other S</b> ent and balance furtherance furtherance	on ease sement ) ent an at desc imila ance sh ance of p e sheet e of pul	meet works public works of blic service,	year
6 7 8 9 <u>Pai</u> 1a b 2 a b	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements. <b>rt III Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB ASC 85 ARevenue included on Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB ASC 85 ARevenue included on Form 990, Part X In the organization received or held works of art, historical trea the following amounts required to be reported under FASB A Revenue included on Form 990, Part X	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re note to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its re orical statements that of 8, to report in its rever exhibition, education exhibition, education asures, or other simila SC 958 relating to the	and enforcing enforcing cons nts of section 1 venue and expo- n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in r assets for fina se items:	conservation ervation ease 70(h)(4)(B)(i ense statem itements that <b>r Other S</b> ent and balance furtherance furtherance	on ease sement ) eent an at desc imila ance sh ance of p e sheet e of pul	sements during the year ts during the year ts during the year Yes d r Assets.  heet works of blic service,	year N
6 7 8 9 1a 1a b 2 a b HA	<ul> <li>violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements.</li> <li><b>TIII</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form</li> <li>If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treating to the reported under FASB AR ARevenue included on Form 990, Part VIII, line 1</li> </ul>	iodic monitoring, insp holds? handling of violations, and satisfy the requireme on easements in its re note to the organizatio <b>Art, Historical T</b> 990, Part IV, line 8. 8, not to report in its re orical statements that of 8, to report in its rever exhibition, education exhibition, education asures, or other simila SC 958 relating to the	and enforcing enforcing cons nts of section 1 venue and expo- n's financial sta <b>reasures, o</b> evenue statem on, or research lescribes these nue statement , or research in r assets for fina se items:	conservation ervation ease 70(h)(4)(B)(i ense statem itements that <b>r Other S</b> ent and balance furtherance furtherance	on ease sement ) eent an at desc imila ance sh ance of p e sheet e of pul	meet works public works of blic service,	year N

Sche		COUNTY CO		-		-		26-46			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	<sup>-</sup> Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	make sign	ificant ι	ise of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 L	Loan or exc	change progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizatio	n's exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o			-	-	-					
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV. li			
	reported an amount on Form 990, Pa			- 3			,	, .	,		
1a	Is the organization an agent, trustee, custod		diary for	contributio	ns or other ass	sets not inc	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									L	
			lowing						Amount		
с	Beginning balance						1c				
							1d				
	Additions during the year						1e				
-	Distributions during the year						1f				
f	Ending balance Did the organization include an amount on F						<u> </u>		Yes		No
	-					•	• •••••	∟			
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if										
		(a) Current year	1	Prior year	(c) Two years		Three v	ears back	(e) Four	vears	hack
4	Designing of year balance	(a) ourrent year		nor year	(C) Two years		, mileo y			yours	DUCK
	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are held a	nd administere	ed for the			-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	V, line 11a. S	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Acci	umulate	ed	(d) Book	valu	е
		basis (investr	ment)	basis	; (other)	depre	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X lin≏ 1	IOc. column	(B))						0.
		gear on out out all						Schedule	D (Form	990)	-
										1	

Part VII	Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X. line 12.	
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	J-of-year market value
(1) Financia	l derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	J-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
(1)	()			
(2)				
(3)				
(4)				
( <del>1</del> ) (5)				
<u>(</u> 5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 15, co			
Part X	Other Liabilities	и. (В))		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25	
	(a) Description of liability			(b) Book value
1. (1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, co			
	for uncertain tax positions. In Part XIII, provide			
organiza	tion's liability for uncertain tax positions under	THASE ASC 740. Check he	ere it the text of the foothote has been pro	ovided in Part XIII 📖 🛄

CHAFFEE COUNTY COMMUNITY FOUNDATION

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 CHAFFEE COUNTY COMMUNITY	FOUNDATION	26-4605574 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	s per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	
Pa	t 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.

332054 09-28-23

SCHEDULE I (Form 990) Department of the Treasury	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.								
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection		
Name of the organization		MUNITY FOUNI					Employer identification number $26-4605574$		
Part I General Information on Grants a		MONILI FOUNI	DATION				20-4005574		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
criteria used to award the grants or assis							Yes X No		
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					nization anoward "W	an Form 000 Dort	IV line O1 for any		
recipient that received more than s	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ACHIEVE, INC. 16417 COUNTY ROAD 325 BUENA VISTA, CO 81211-9110	37-1860566		6,950.	0.			2023 SPECIAL NEEDS EMPLOYMENT PROGRAMS		
ARKANSAS VALLEY ADVOCATES FOR DYSLEXIA – 5639 PINON RIDGE TRL – SALIDA, CO 81201–9764	88-3430323		7,525.	0.			CLOSEOUT OF FISCAL SPONSOR FUND		
BESSEY NURSERY Po Box 39 HALSEY, NE 69142-0039	72-0564834		9,215.	0.			SALIDA DECOMMISSIONING PROJECT USFS		
BOYS & GIRLS CLUBS OF CHAFFEE COUNTY - 709 PALMER STREET - SALIDA, CO 81201-2961	55-0907901		27,135.	0.			BOYS & GIRLS CLUBS HEALTHY HABITS CLUB		
CHAFFEE CHILDCARE INITIATIVE PO BOX 324 PONCHA SPRINGS, CO 81242-0324	83-3651956		13,000.	0.			CHAFFEE CHILDCARE INITIATIVE		
CHAFFEE COUNTY EARLY CHILDHOOD COUNCIL - PO BOX 176 - SALIDA, CO 81201-0176 2 Enter total number of section 501(c)(3) a	45-2411953 nd government org	anizations listed in the	12,000. 9 line 1 table	0.			CHAFFEE COUNTY EARLY CHILDHOOD COUNCIL		

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

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

### Schedule I (Form 990) CHAFFEE COUNTY COMMUNITY FOUNDATION

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Part II Continuation of Grants and Other				(Sob	adula I (Earm 000) Da		20-4005574 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAFFEE COUNTY HOSPITALITY INC. 7 PONCHA BLVD SALIDA, CO 81201-1714	85-2811843		15,000.	0.			ADULT MOTEL STAYS & NIGHT MANAGER FUNDING
CHAFFEE HOUSING TRUST PO BOX 692 BUENA VISTA, CO 81211-0692	26-2123010		45,500.	0.			CHAFFEE HOUSING TRUST
COLORADO FARM TO TABLE INC PO BOX 826 SALIDA, CO 81201-0826	20-4006105		6,050.	0.			HEALTHY PRODUCE TO FOOD INSECURE IN CHAFFEE COUNTY
ELEVATEHER PO BOX 5118 BUENA VISTA, CO 81211-5118	81-5367149		7,290.	0.			ELEVATEHER
FULL CIRCLE RESTORATIVE JUSTICE 448 E 1ST ST, STE 208 SALIDA, CO 81201-2866	26-1418606		6,802.	0.			COMMUNITY AWARD PRIZE
GREATER ARKANSAS RIVER NATURE ASSOCIATION - 209 E 3RD ST - SALIDA, CO 81201-2614	84-1321011		39,959.	0.			CHAFFEE REC PLAN 2023- STAFF, MATERIALS, & SUPPLIES
GUIDESTONE COLORADO PO BOX 1056 SALIDA, CO 81201-1056	20-8782291		6,931.	0.			GROWING A VIBRANT AGRICULTURAL FUTURE
SALIDA MOUNTAIN TRAILS PO BOX 612 SALIDA, CO 81201-0612	46-2608985		6,081.	0.			G STREET FUND GRANT
SALIDA SENIOR CITIZEN, INC. DBA SALIDA COMMUNITY CENTER - 305 F ST - SALIDA, CO 81201-2601	84-0718501		11,052.	0.			CHAFFEE GIVES DONATIONS COLLECTED 12.7 - 12.31 2022

Schedule I (Form 990)

#### CHAFFEE COUNTY COMMUNITY FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HINING MOUNTAINS MONTESSORI CHOOL – PO BOX 4995 – BUENA ISTA, CO 81211-4995	87-2255699		12,657.	0.			DISTRIBUTION OF FUNDS FOR CO GIVES, STRIPE, AN FALL GRANTS
HE ALLIANCE DBA THE ALLIANCE GAINST DOMESTIC ABUSE - PO BOX 73 - SALIDA, CO 81201-0173	84-0927490		18,280.	0.			EMPOWERING INDIVIDUALS BEYOND VIOLENCE

Schedule I (Form 990)

#### Schedule I (Form 990) 2023 CHAFFEE COUNTY COMMUNITY FOUNDATION

26-4605574

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

SCHEDULE O (Form 990)

# (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-4605574

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE EXEUCTIVE DIRECTOR AND THE TREASURER, THEN SENT

TO THE ENTIRE BOARD FOR FEEDBACK PRIOR TO SIGNING BY THE BOARD CHAIR.

CHAFFEE COUNTY COMMUNITY FOUNDATION

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD CHAIR AND SECRETARY FOLLOW UP WITH EACH DIRECTOR.

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

THE BOARD REVIEWS STAFF AND DIRECTOR COMPENSATION AS PART OF THE ANNUAL

BUDGET APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

THE PUBLIC CAN CONNECT TO THE TRANSPARENCY PAGE AT THE WEBSITE LISTED ON

THE RETURN. THE FORM 990 IS FILED WITH THE COLORADO SECRETARY OF

STATE/CHARITABLE FILINGS, AS WELL AS GUIDESTAR.ORG. THEY MAY ALSO USE AN

EMBEDDED CONTACT FORM TO REQUEST MORE INFORMATION.

 FORM 990, PART IX, LINE 11G, OTHER FEES:

 PROFESSIONAL FEES:

 PROGRAM SERVICE EXPENSES

 MANAGEMENT AND GENERAL EXPENSES

 FUNDRAISING EXPENSES

 624.

 TOTAL EXPENSES

 314,508.

 DUES AND SUBSCRIPTIONS:

 PROGRAM SERVICE EXPENSES
 2,000.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization CHAFFEE COUNTY COMMUNITY FOUNDATION	Employer identification number
MANAGEMENT AND GENERAL EXPENSES	1,737.
	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	3,737.
PERMITS AND FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	210.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	210.
OTHER :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,255.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,255.
FUNDRAISING, OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	416.
TOTAL EXPENSES	416.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	

332212 11-14-23