

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: WESTERN COLORADO COMMUNITY FOUNDATION INC
 Doing business as: _____
 Number and street (or P O box if mail is not delivered to street address): PO BOX 4334 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: GRAND JUNCTION, CO 815024334

D Employer identification number: 84-1354894
E Telephone number: (970) 243-3767
G Gross receipts \$ 16,675,636

F Name and address of principal officer: DOUG SHAWCROFT, PO BOX 4334, GRAND JUNCTION, CO 815024334

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW WC-CF ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1996 **M** State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROMOTE CHARITABLE GIVING TO BENEFIT THE RESIDENTS AND COMMUNITIES OF WESTERN COLORADO

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	9
6 Total number of volunteers (estimate if necessary)	71
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,118,409	6,975,938
9 Program service revenue (Part VIII, line 2g)	3,500	3,500
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,126,575	1,821,196
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,338,988	1,913,782
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,587,472	10,714,416
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,488,613	3,476,373
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	443,922	516,358
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,603		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,133,295	1,438,866
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,065,830	5,431,597
19 Revenue less expenses Subtract line 18 from line 12	7,521,642	5,282,819

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	61,639,087	73,899,673
21 Total liabilities (Part X, line 26)	1,609,070	1,087,034
22 Net assets or fund balances Subtract line 21 from line 20	60,030,017	72,812,639

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

 Signature of officer: _____ Date: 2018-07-10
 DOUG SHAWCROFT DIRECTOR OF FINANCE AND ADMIN
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SABRINA J HOYT CPA	Preparer's signature SABRINA J HOYT CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00855363
Firm's name ▶ DALBY WENDLAND & CO PC			Firm's EIN ▶ 84-0795096	
Firm's address ▶ P O BOX 430 GRAND JUNCTION, CO 81502			Phone no (970) 243-1921	

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

TO PROMOTE CHARITABLE GIVING, BUILD AND MANAGE CHARITABLE ENDOWMENT FUNDS, AND PROVIDE GRANTS, SCHOLARSHIPS AND OTHER RESOURCES TO BENEFIT THE RESIDENTS AND COMMUNITIES OF WESTERN COLORADO

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$	3,735,274	including grants of \$	3,391,317)	(Revenue \$	3,500)
See Additional Data							
















4b	(Code)	(Expenses \$	47,369	including grants of \$	45,152)	(Revenue \$)
See Additional Data							

4c	(Code)	(Expenses \$	41,137	including grants of \$	39,904)	(Revenue \$)
See Additional Data							

4d	Other program services (Describe in Schedule O)						(Revenue \$)
	(Expenses \$	including grants of \$				(Revenue \$)	

4e	Total program service expenses ▶	3,823,780
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
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		No
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		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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 	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
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 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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		No
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		No
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		No
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)		No
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		No
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		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIE EDWARDS CHAIRMAN	1 00	X		X			0	0	0	
(2) MIKE SEWELL VICE CHAIRMAN	1 00	X		X			0	0	0	
(3) CHRIS WEST SECRETARY/TREASURER	1 00	X		X			0	0	0	
(4) DAVE MURPHY AT LARGE	1 00	X					0	0	0	
(5) LEE AMBROSE AT LARGE	1 00	X					0	0	0	
(6) BARB CHAMBERLIN DIRECTOR	1 00	X					0	0	0	
(7) KIM GIANNONE DIRECTOR	1 00	X					0	0	0	
(8) JIM BROWN DIRECTOR	1 00	X					0	0	0	
(9) ROBIN BROWN DIRECTOR	1 00	X					0	0	0	
(10) RUSSELL GEORGE DIRECTOR	1 00	X					0	0	0	
(11) MICK GRAFF DIRECTOR	1 00	X					0	0	0	
(12) JAY MOSS DIRECTOR	1 00	X					0	0	0	
(13) MIKE RUSHMORE DIRECTOR	1 00	X					0	0	0	
(14) KATIE STEELE DIRECTOR	1 00	X					0	0	0	
(15) STEVE WATSON DIRECTOR	1 00	X					0	0	0	
(16) KATIE MACKLEY DIRECTOR	1 00	X					0	0	0	
(17) MARTHA TJOSSEM DIRECTOR	1 00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE STAHL DIRECTOR	1 00	X						0	0	0
(19) MONIQUE SERRA DIRECTOR	1 00	X						0	0	0
(20) STEVE VANDERHOOF DIRECTOR	1 00	X						0	0	0
(21) ANNE WENZEL PRESIDENT AND EXECUTIVE DI	40 00			X				90,000	0	44,500
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							90,000	0		44,500

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,975,938			
	g Noncash contributions included in lines 1a-1f \$ _____	855,761				
	h Total. Add lines 1a-1f		6,975,938			
Program Service Revenue			Business Code			
	2a MANAGEMENT CONTRACTS		611710	3,500	3,500	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		3,500				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,285,546		1,285,546	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,913,782		1,913,782	
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	6,496,870			
		(ii) Other				
		b Less cost or other basis and sales expenses	5,961,220			
		c Gain or (loss)	535,650			
	d Net gain or (loss)		535,650		535,650	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		10,714,416	3,500	0	3,734,978	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,476,373	3,476,373		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	134,500	72,501	60,864	1,135
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	296,662	159,914	134,244	2,504
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	54,764	29,520	24,782	462
10 Payroll taxes	30,432	16,404	13,771	257
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,825		7,825	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	152,727		152,727	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	880	458	396	26
12 Advertising and promotion	43,705	22,727	19,667	1,311
13 Office expenses	10,220	5,315	4,599	306
14 Information technology	1,282	667	577	38
15 Royalties				
16 Occupancy	39,626	20,605	17,832	1,189
17 Travel	25,833	13,433	11,625	775
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	55,000		55,000	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	930,058		930,058	
23 Insurance	5,875		5,875	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ROYALTY STATE TAX	95,639		95,639	
b FIMS SOFTWARE	34,401		34,401	
c ROYALTY MONITORING	13,403		13,403	
d MISCELLANEOUS	7,949		5,513	2,436
e All other expenses	14,443	5,863	8,416	164
25 Total functional expenses. Add lines 1 through 24e	5,431,597	3,823,780	1,597,214	10,603
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,920,860	1	2,746,041
	2 Savings and temporary cash investments	675,502	2	100,000
	3 Pledges and grants receivable, net	29,095	3	20,617
	4 Accounts receivable, net	106,617	4	60,274
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,070	9	7,841
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	52,499		
	b Less accumulated depreciation	45,869		
		11,317	10c	6,630
	11 Investments—publicly traded securities	53,007,636	11	64,273,722
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	3,866,214	14	3,363,667
15 Other assets See Part IV, line 11	10,776	15	3,320,881	
16 Total assets. Add lines 1 through 15 (must equal line 34)	61,639,087	16	73,899,673	
Liabilities	17 Accounts payable and accrued expenses	109,070	17	87,034
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,500,000	24	1,000,000
	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	
	26 Total liabilities. Add lines 17 through 25	1,609,070	26	1,087,034
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	59,922,363	27	69,429,045
	28 Temporarily restricted net assets	107,654	28	3,383,594
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	60,030,017	33	72,812,639	
34 Total liabilities and net assets/fund balances	61,639,087	34	73,899,673	

Part 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	10,714,416
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,431,597
3	Revenue less expenses Subtract line 2 from line 1	3	5,282,819
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,030,017
5	Net unrealized gains (losses) on investments	5	7,076,979
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	422,824
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,812,639

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 84-1354894

Name: WESTERN COLORADO COMMUNITY FOUNDATION
INC

Form 990 (2017)

Form 990, Part III, Line 4a:

RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED FOR NON-PROFIT PURPOSES IN OR FOR THE BENEFIT OF COMMUNITIES WITHIN THE GEOGRAPHIC AREA OF WESTERN COLORADO

Form 990, Part III, Line 4b:

WESTERN COLORADO COMMUNITY FOUNDATION (WCCF) HAS IDENTIFIED CHILD HUNGER IN WESTERN COLORADO AS A CRITICAL ISSUE THAT IMPACTS HUNDREDS OF CHILDREN AND THEIR ABILITY TO LEARN. WORKING WITH MESA COUNTY VALLEY SCHOOL DISTRICT 51 FOOD AND NUTRITION SERVICES (DISTRICT 51), WCCF IDENTIFIED A GAP IN SUMMER FOOD PROGRAMS DUE TO LOSS OF FEDERAL GRANT FUNDING AND OTHER FINANCIAL CHALLENGES. EVIDENCE SHOWED THAT AN EFFECTIVE WAY TO REACH CHILDREN IN THE SUMMER WAS TO BRING THE MEALS DIRECTLY TO THEM - IN NEIGHBORHOODS AND PARKS WHERE THEY SPEND THEIR SUMMER MONTHS. OUT OF THIS RESEARCH, THE COLORFUL AND INVITING LUNCH LIZARD FOOD TRUCK WAS BORN.

Form 990, Part III, Line 4c:

THE COLORADO OPPORTUNITY SCHOLARSHIP INITIATIVE SUPPORTS DELTA COUNTY STUDENTS WHO DEMONSTRATE FINANCIAL NEED TO ATTEND POST-SECONDARY PROGRAMS AT COLORADO MESA UNIVERSITY OR WESTERN STATE COLORADO UNIVERSITY

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTERN COLORADO COMMUNITY FOUNDATION
INC

Employer identification number
84-1354894

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,195,453	1,646,293	1,590,345	1,724,324	6,975,938	14,132,353
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,195,453	1,646,293	1,590,345	1,724,324	6,975,938	14,132,353
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)						417,936
6	Public support. Subtract line 5 from line 4						13,714,417

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,195,453	1,646,293	1,590,345	1,724,324	6,975,938	14,132,353
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,105,789	1,828,705	1,957,116	2,368,477	3,199,328	12,459,415
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))						
11	Total support. Add lines 7 through 10						26,591,768
12	Gross receipts from related activities, etc. (see instructions)					12	20,500

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	51.570 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	39.950 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in 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 .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013.		
c	From 2014.		
d	From 2015.		
e	From 2016.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2017 from Section D, line 7		
	\$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2018. Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2013.		
b	Excess from 2014.		
c	Excess from 2015.		
d	Excess from 2016.		
e	Excess from 2017.		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
WESTERN COLORADO COMMUNITY FOUNDATION
INC

Employer identification number
84-1354894

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	82	
2 Aggregate value of contributions to (during year)	1,420,235	
3 Aggregate value of grants from (during year)	1,161,684	
4 Aggregate value at end of year	22,939,109	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,535,999	39,675,627	38,562,553	36,816,659	27,261,571
b Contributions	3,978,563	9,282,645	5,483,746	2,430,943	8,551,624
c Net investment earnings, gains, and losses	8,323,519	5,145,128	-916,130	1,522,720	3,234,219
d Grants or scholarships	2,805,436	2,155,675	3,070,706	1,895,060	1,957,837
e Other expenditures for facilities and programs					
f Administrative expenses	538,762	411,726	383,836	312,709	272,918
g End of year balance	60,493,883	51,535,999	39,675,627	38,562,553	36,816,659

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 7 000 %
 - b** Permanent endowment ▶ 93 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		24,455	24,455	0
d Equipment		28,044	21,414	6,630
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,630

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) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. 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. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements 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	16,765,025
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	7,076,979
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-764,316
e	Add lines 2a through 2d	2e	6,312,663
3	Subtract line 2e from line 1	3	10,452,362
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	262,054
c	Add lines 4a and 4b	4c	262,054
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,714,416

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,184,543
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,184,543
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,247,054
c	Add lines 4a and 4b	4c	1,247,054
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,431,597

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-1354894

Name: WESTERN COLORADO COMMUNITY FOUNDATION
INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	FOR THE BENEFIT OF COMMUNITIES IN WESTERN COLORADO

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FAIR MARKET VALUE ADJUSTMENT ROYALTY INTEREST 422,824 INVESTMENT FEES -152,727 ROYALTY I NTEREST DEPLETION -925,371 ROYALTY TAXES -95,639 ROYALTY MONITORING -13,403

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AGENCY INVESTMENT GAIN 179,379 AGENCY CONTRIBUTIONS 82,675

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROYALTY DEPLETION 925,371 AGENCY FUND GRANTS 59,914 ROYALTY TAXES 95,639 ROYALTY MONITORING 13,403 INVESTMENT FEES 152,727

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization WESTERN COLORADO COMMUNITY FOUNDATION INC

Employer identification number 84-1354894

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 72
3 Enter total number of other organizations listed in the line 1 table. 3

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	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Additional Data

Software ID:
Software Version:
EIN: 84-1354894
Name: WESTERN COLORADO COMMUNITY FOUNDATION
INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A LITTLE HELP NORTH FORK PO BOX 1738 PAONIA, CO 81428	83-0494129	501(C)(3)	5,000				GENERAL SUPPORT
ALANO OF GRAND JUNCTION 404 GLENWOOD AVENUE GRAND JUNCTION, CO 81501	84-0833379	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSSWESTERN COLORADO CHAPTER 506 GUNNISON AVENUE GRAND JUNCTION, CO 81501	53-0196805		5,100				GENERAL SUPPORT
BRIGHT BY THREE 3605 MARTIN LUTHER KING BLVD DENVER, CO 80205	84-1382420	501(C)(3)	10,000				MESA COUNTY PROGRAMS, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT FUTURES PO BOX 4216 TELLURIDE, CO 81435	20-2169766	501(C)(3)	20,000				PYRAMID MODEL TRAINING FOR DELTA AND MONTROSE CHILD CARE CENTERS
CASA OF MESA COUNTY 360 GRAND AVENUE SUITE 201 GRAND JUNCTION, CO 81501	84-1409144	501(C)(3)	25,000				MICRO HOUSE PILOT - MATERIALS AND TOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	25,000				PROPERTY PURCHASE FOR TINY HOUSES DEVELOPMENT
CENTRAL CITY OPERA 400 S COLORADO BLVD SUITE 530 DENVER, CO 80246	84-1201337	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND MIGRANT SERVICES PO BOX 1038 PALISADE, CO 81526	84-0831830	501(C)(3)	5,688				GENERAL SUPPORT
CITY OF GRAND JUNCTION - DEPARTMENT OF PARKS AND RECREATION 1340 GUNNISON AVENUE GRAND JUNCTION, CO 81501	84-6000592	170(C)(1)	262,645				LOS COLONIAS AMPHITHEATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CANYONS ASSOCIATION 543 MAIN STREET GRAND JUNCTION, CO 81501	20-2409837	501(C)(3)	12,000				CATALPA PROJECT INFRASTRUCTURE AND PROGRAMS
COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET DENVER, CO 80203	74-2374672	501(C)(3)	5,000				GENERAL SUPPORT, NOVEMBER 2017 LUNCHEON SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO MESA UNIVERSITY FOUNDATION 1450 NORTH 12 STREET GRAND JUNCTION, CO 81501	84-6037667	501(C)(3)	22,715				SCHOLARSHIPS, CULINARY ART, VITICULTURE AND ENOLOGY
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION 500 KENNEDY DRIVE RANGELY, CO 81648	84-0842160	501(C)(3)	10,713				SCHOLARSHIPS, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO PUBLIC RADIO BRIDGES BROADCAST CENTER 7409 S ALTON COURT CENTENNIAL, CO 801122301	74-2324052	501(C)(3)	6,000				GENERAL SUPPORT
COLORADO SKI AND SNOWBOARD MUSEUM HALL OF FAME PO BOX 1976 VAIL, CO 81657	51-0167088	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY FOUNDATION 10 UNIVERSITY SERVICES CENTER FT COLLINS, CO 80523	23-7098397	501(C)(3)	20,000				COMMUNITY ALLIANCE FOR EDUCATION AND HUNGER RELIEF - MESA COUNTY
COLORADO WEST LAND TRUST 1006 MAIN STREET GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	24,065				MONUMENT CORRIDOR 2020, GENERAL SUPPORT, LAND CONSERVATION IN DELTA AND MONTROSE COUNTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502	84-0817696	501(C)(3)	5,000				GENERAL SUPPORT
COUNSELING AND EDUCATION CENTER 2708 PATTERSON ROAD GRAND JUNCTION, CO 81506	74-2232416	501(C)(3)	20,000				CAREGIVER/HELPER FATIGUE TRAINING AND SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA COUNTY SCHOOL DISTRICT 50J 7655 2075 ROAD DELTA, CO 81416	84-6002820	170(C)(1)	57,589				AP TEST FEE WAIVERS FOR FRL STUDENTS, SCIENCE BOXES, VEHICLE FOR CROSS COUNTRY SKI ACTIVITIES
EUREKA MCCONNELL SCIENCE MUSEUM 1400 N 7TH STREET GRAND JUNCTION, CO 81501	20-1641549	501(C)(3)	28,500				CAPITAL CAMPAIGN, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST UNITED METHODIST CHURCH 533 WHITE AVE GRAND JUNCTION, CO 81502	84-0450681	501(C)(3)	6,836				GENERAL SUPPORT
FRIENDS OF CEDAREGE ANIMAL CONTROL PO BOX 853 CEDAREGE, CO 81413	75-3047960	501(C)(3)	5,000				MATCHING FUNDS FOR SHELTER RENOVATION PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRAND JUNCTION SYMPHONY 414 MAIN ST GRAND JUNCTION, CO 81501	84-0759502	501(C)(3)	19,011				GENERAL SUPPORT, NUTCRACKER SPONSORSHIP
GRAND VALLEY CATHOLIC OUTREACH 245 SOUTH 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	173,015				GENERAL SUPPORT, FEEDING FAMILIES, DAY CENTER CAPITAL CAMPAIGN, VETERANS PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRAND VALLEY PEACE & JUSTICE 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	46-3768799	501(C)(3)	6,000				GENERAL SUPPORT, EMERGENCY SHELTER PROGRAM
HABITAT FOR HUMANITY OF MESA COUNTY 200 GRAND AVENUE SUITE 101L GRAND JUNCTION, CO 81501	84-1136660	501(C)(3)	107,471				GENERAL SUPPORT AND HOUSING IN MESA COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HILLTOP HEALTH SERVICES DBA HILLTOP COMMUNITY RESOURCES AND LATIMER HOUSE 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	114,971				GENERAL SUPPORT, LATIMER HOUSE CHILD ADVOCACY PROGRAM
HOLY FAMILY EDUCATION FOUNDATION DBA HOLY FAMILY SCHOOL 786 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0965875	501(C)(3)	78,056				CLASSROOM EDUCATIONAL ENRICHMENT MATERIALS , GENERAL SUPPORT, TUITION ASSISTANCE, CONVERTING MIDDLE SCHOOL MATH CLASSROOMS TO STANDING WORK STATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEWARDBOUND OF THE GRAND VALLEY 2853 NORTH AVENUE GRAND JUNCTION, CO 81501	26-0052916	501(C)(3)	156,471				FAMILY HOUSING, FAMILY CENTER CAPITAL CAMPAIGN, PROGRAMS FOR WOMEN AND CHILDREN
HOPEWEST 3090 N 12TH STREET B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	173,571				HOPE BLOOMS CAPITAL CAMPAIGN, GENERAL SUPPORT, CAMP GOOD GRIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IHM CHURCH 790 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0466724	501(C)(3)	10,838				EDUCATION MINISTRIES
JUNIPER RIDGE COMMUNITY SCHOOL 640 24 1/2 ROAD GRAND JUNCTION, CO 81505	45-5185556	501(C)(3)	5,367				EARLY CHILDHOOD EDUCATION AND DEVELOPMENT, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KARIS INC P O BOX 2837 GRAND JUNCTION, CO 81502	26-4600743	501(C)(3)	30,044				MATCHING FUNDS FOR ZOE HOUSE REPAIRS AND MAINTENANCE, THE HOUSE PROGRAMS, GENERAL SUPPORT, FURNISHINGS FOR NEW HOUSES
KIDS AID PO BOX 2569 GRAND JUNCTION, CO 81502	26-1673162	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KOINONIA CHURCH 730 25 ROAD GRAND JUNCTION, CO 81505	84-0724312	501(C)(3)	5,000				GENERAL SUPPORT
LUTHERAN CHURCH AND SCHOOL OF THE MESSIAH 840 NORTH 11TH STREET GRAND JUNCTION, CO 81501	84-0594613	501(C)(3)	35,031				MATCHING FUNDS FOR THE SCHOOL, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARILLAC CLINIC 2333 NORTH 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	120,241				GENERAL SUPPORT, ACUDETOX SUPPLIES FOR SUBSTANCE ABUSE PREVENTION
MARK & KATHRYN FORD FAMILY FOUNDATION INC 235 NE 4TH AVENUE SUITE 101 DELRAY BEACH, FL 33483	46-3841170	501(C)(3)	5,000				RECOVERY EFFORTS IN NICARAGUA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MESA COUNTY PARTNERS 1169 COLORADO AVE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	125,900				GENERAL SUPPORT, PROGRAMS FOR PALISADE YOUTH, DRUG THREAT OVERSIGHT COMMITTEE, SHARE AND CARE FAMILY SUPPORT, SUBSTANCE ABUSE PREVENTION EDUCATION (MIP)
MESA COUNTY PUBLIC LIBRARY FOUNDATION PO BOX 3668 GRAND JUNCTION, CO 815023668	84-1217217	501(C)(3)	6,609				MUSICAL INSTRUMENTS FOR 970 WEST STUDIO, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MESA COUNTY SCHOOL DISTRICT 51 2280 EAST MAIN STREET GRAND JUNCTION, CO 81501	84-6002839	170(C)(1)	113,050				PRINTERS AND MATERIALS FOR MESA AFTER-SCHOOL PROGRAMS, LUNCH LIZARD 2 0, SUICIDE PREVENTION/CYBER SKILLS TRAINING FOR YOUTH AND PARENTS, AP TEST FEE WAIVERS FOR FRL STUDENTS, CHS ROBOTICS LAB, SPECIAL EDUCATION DEPT FOR TEACHER TRAINING AND RESOURCES, GIFT CARDS FOR HOMELESS STUDENTS FOR MEALS OVER SCHOOL BREAKS
MESA COUNTY SCHOOL DISTRICT 51 - FOUNDATION 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	27-3662704	170(C)(1)	10,200				GENERAL SUPPORT, CHROMEBOOKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MIND SPRINGS HEALTH PO BOX 40 GLENWOOD SPRINGS, CO 81602	84-0625890	501(C)(3)	37,843				CAPITAL CAMPAIGN FOR NEW WEST SPRINGS HOSPITAL, WOMEN'S RECOVERY CENTER
MONTROSE COUNTY SCHOOL DISTRICT RE-1J PO BOX 10000 MONTROSE, CO 81402	84-0517051	170(C)(1)	15,270				MAKERSPACES FOR OLATHE AND NORTHSIDE ELEMENTARY SCHOOLS, SCHOLARSHIPS FOR GRADUATING SENIORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSAIC 2456 INDUSTRIAL BLVD GRAND JUNCTION, CO 815066065	11-3669999	501(C)(3)	5,000				GENERAL SUPPORT FOR WESTERN COLORADO PROGRAMS
MOUNTAIN FAMILY HEALTH CENTERS 1905 BLAKE AVE 101 GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	20,000				TELE-PSYCHIATRY SERVICES FOR RIFLE CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OURAY COUNTY HISTORICAL SOCIETY P O BOX 151 OURAY, CO 81427	84-0623733	501(C)(3)	50,500				COMPUTER TO ARCHIVE HISTORICAL PHOTOS, MATCHING FUNDS FOR CAPITAL CAMPAIGN
OURAY COUNTY PERFORMING ARTS PO BOX 14 OURAY, CO 81427	74-2362156	501(C)(3)	13,500				DAVE AND MARY WOOD CHAMBER CONCERT SERIES, YOUTH ENRICHMENT PERFORMANCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OURAY LIBRARY DISTRICT PO BOX 625 OURAY, CO 81427	84-0868422		12,914				TEEN ROOM RENOVATION, FURNISHINGS AND EQUIPMENT, GENERAL SUPPORT, EXPAND STEM PROGRAMMING FOR YOUTH
OURAY MOUNTAIN RESCUE TEAM PO BOX 220 OURAY, CO 81427	75-2158092	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RAFT RESOURCE AREA FOR TEACHING 3827 STEELE STREET UNIT C DENVER, CO 80205	26-2455607	501(C)(3)	20,000				RAFT-ON-WHEELS TRAINING FOR EAGLE, MONTROSE AND DELTA TEACHERS
RIVERSIDE EDUCATIONAL CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	20-5451495	501(C)(3)	9,850				GENERAL SUPPORT, TASTE OF RIVERSIDE EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROICE-HURST HUMANE SOCIETY 362 28 ROAD GRAND JUNCTION, CO 81501	84-6048416	501(C)(3)	110,203				GENERAL SUPPORT
SALVATION ARMY 1235 NORTH 4TH STREET GRAND JUNCTION, CO 81502	94-1156347	501(C)(3)	25,702				ADDICTION RECOVERY PROGRAM, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAN JUAN RESOURCE CONSERVATION & DEVELOPMENT COUNCIL PO BOX 1006 DURANGO, CO 81302	74-2408579	501(C)(3)	10,000				DURANGO MOUNTAIN CAMP SCHOLARSHIPS
SHARING MINISTRIES INC 121 NORTH RIO GRANDE MONTROSE, CO 81401	84-1338604	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	36-2191608	501(C)(3)	5,500				GENERAL SUPPORT
SIX BASINS PROJECT INC PO BOX 13 RIDGWAY, CO 81432	45-4911087	501(C)(3)	35,000				BOX CANON SIGN PROJECT CHALLENGE MATCH, HIGH ALPINE TOILETS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JAMES EPISCOPAL CHURCH PO BOX 641 MEEKER, CO 81541	84-0707733	501(C)(3)	6,654				STAINED GLASS WINDOW REFURBISHMENT PROJECT
SURFACE CREEK VALLEY HISTORICAL SOCIETY PO BOX 906 CEDAREGE, CO 81413	84-0828179	501(C)(3)	6,248				DISTRIBUTION OF 2016 ENDOWMENT EARNINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TECHNICAL COLLEGE OF THE ROCKIES 7655 - 2075 ROAD DELTA, CO 81416	84-0711990		25,867				ENGAGE INNOVATION CENTER, NURSING SCHOLARSHIPS
THE ASPEN INSTITUTE 1000 NORTH THIRD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	9,509				SOCIETY OF FELLOWS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE MOLINA CENTER PO BOX 127 MOLINA, CO 81646	27-0866903	501(C)(3)	15,000				GENERAL SUPPORT
THE PIC PLACE PARTNERS IN INTEGRATED CARE 1901 TOWNSEND MONTROSE, CO 81401	47-0891200	501(C)(3)	25,000				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITARIAN UNIVERSALIST CONGREGATION OF THE GRAND VALLEY 536 OURAY AVENUE GRAND JUNCTION, CO 81501	84-1554247	501(C)(3)	5,000				GENERAL SUPPORT
UNITED WAY OF MESA COUNTY 422 WHITE AVENUE GRAND JUNCTION, CO 815020153	84-0503686	501(C)(3)	7,489				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UTE INDIAN MUSEUM 1200 BROADWAY DENVER, CO 80203	84-6000482	501(C)(3)	50,000				CAPITAL CAMPAIGN
VOYAGER YOUTH PROGRAM 280 NORTH CORA STREET RIDGWAY, CO 81432	84-1453650	501(C)(3)	12,000				AFTER-SCHOOL AND SUMMER ENRICHMENT PROGRAMS, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WESTERN COLORADO CENTER FOR THE ARTS 1803 NORTH 7TH STREET GRAND JUNCTION, CO 81501	84-0579106	501(C)(3)	8,694				GENERAL SUPPORT, ARTABILITY PROGRAM
WESTERN COLORADO CONGRESS PO BOX 1931 GRAND JUNCTION, CO 815021931	84-0837218	501(C)(3)	6,910				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WESTERN SLOPE FOOD BANK OF THE ROCKIES 120 NORTH RIVER ROAD PALISADE, CO 81526	84-0772672	501(C)(3)	10,500				GENERAL SUPPORT
WESTERN STATE COLORADO UNIVERSITY FOUNDATION PO BOX 1264 GUNNISON, CO 81230	84-0709935	501(C)(3)	16,027				COSI STATE MATCHING FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YOUTHZONE 803 SCHOOL STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	13,000				GENERAL SUPPORT, CARBONDALE PROGRAMS, PROGRAMS IN PARACHUTE AND BATTLEMENT MESA

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTERN COLORADO COMMUNITY FOUNDATION
INC

Employer identification number

84-1354894

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	16	855,686	MARKET VALUE UPON SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ELECTRONICS</u>)	X	1	75	MARKET VALUE UPON SA
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTERN COLORADO COMMUNITY FOUNDATION
INC

Employer identification number

84-1354894

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND ACCOUNTANT IN DRAFT FORM IT IS THE N REVIEWED IN ITS FINAL FORMAT BY THE EXECUTIVE DIRECTOR, ACCOUNTANT, AND TREASURER THE T REASURER IS ON THE EXECUTIVE COMMITTEE FOR THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS IS THEN PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A NEW CONFLICT OF INTEREST FORM IS COMPLETED, SIGNED AND KEPT ON FILE EACH YEAR BY ALL MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR, ONE OR MORE OF THE BOARD OF TRUSTEE'S MEMBERS ARE ELECTED/ASSIGNED FOR COMPENSATION REVIEW TWO OR MORE MEMBERS COMPILE COMPARABLE PAYROLL DATA INFORMATION FROM PUBLIC SOURCES, SUCH AS GUIDESTAR, THE ANNUAL COUNCIL ON FOUNDATIONS SALARY STUDY, AND THE COLORADO NON-PROFIT ASSOCIATION STUDY, AND REPORT BACK TO THE EXECUTIVE COMMITTEE ON THEIR FINDINGS THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR, AND USES THE SOURCES OF INFORMATION PROVIDED TO RECOMMEND AN ANNUAL COMPENSATION PACKAGE THIS PACKAGE IS THEN VOTED ON BY THE BOARD AND IS ENACTED FOR THE PERIOD APPROVED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS OF THE WESTERN COLORADO COMMUNITY FOUNDATION ARE AVAILABLE TO THE PUBLIC AT THE FOUNDATION OFFICES AT 225 NORTH 5TH STREET, SUITE 505, GRAND JUNCTION, COLORADO THESE DOCUMENTS ARE ALSO AVAILABLE BY REQUEST AND CAN BE MAILED OR E-MAILED AS NEEDED THE TAX FORM 990 IS ALSO AVAILABLE AT GUIDESTAR COM, AND THE ANNUAL REPORT IS POSTED ON THE FOUNDATION WEBSITE WC-CF ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FAIR MARKET VALUE ADJUSTMENT, ROYALTY INTEREST 422,824

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WESTERN COLORADO COMMUNITY FOUNDATION
INC

Employer identification number

84-1354894

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WILLIAM G WALDECK LLC PO BOX 4334 GRAND JUNCTION, CO 81502 35-6815453	ROYALTY INTEREST	CO	-450,136	3,754,433	WCCF
(2) WCCF ASSET HOLDING LLC PO BOX 4334 GRAND JUNCTION, CO 81502 46-4259594	TO HOLD CERTAIN DONATED PROPERTY & INTERESTS UNTIL THEY CAN BE LIQUIDATED	CO	-86	10,876	WCCF

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUST (1)	INVESTING	CO	N/A	T					No
(2) CHARITABLE LEAD TRUST (1)	INVESTING	CO	N/A	T					No
(3) CHARITABLE LEAD TRUST (2)	INVESTING	MO	N/A	T					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE LEAD TRUST (1)	S	822	
(2) CHARITABLE LEAD TRUST (2)	S	10,411	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)