

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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) Room/suite
PO BOX 4334

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 \$ 15,899,698

F Name and address of principal officer:
BILLIE NIX
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)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	87
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,985,388	3,734,931
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,978,045	3,468,906
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,663,480	1,399,873
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,626,913	8,603,710
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,390,981	4,454,652
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)	563,822	636,700
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶8,132		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	443,379	474,279
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,398,182	5,565,631
19 Revenue less expenses. Subtract line 18 from line 12	5,228,731	3,038,079
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	74,511,201	88,267,866
21 Total liabilities (Part X, line 26)	656,628	104,099
22 Net assets or fund balances. Subtract line 21 from line 20	73,854,573	88,163,767

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: 2020-11-13
BILLIE NIX ACCOUNTANT Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P00855363
Firm's name ▶ DALBY WENDLAND & CO PC Firm's EIN ▶ 84-0795096
Firm's address ▶ P O BOX 430 Phone no. (970) 243-1921
GRAND JUNCTION, CO 81502

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

Part III Statement of Program Service Accomplishments

Check 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 \$ 4,898,268 including grants of \$ 4,454,652) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 80,042 including grants of \$) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 53,325 including grants of \$) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 2,617 including grants of \$) (Revenue \$)

THE PURPOSE OF THE CONSERVATION, OUTDOOR RECREATION AND ENVIRONMENT (CORE) INITIATIVE IS TO IDENTIFY PROJECTS AND PROVIDE LEADERSHIP AND FINANCIAL SUPPORT THAT ADVANCE THE CONSERVATION AND RESTORATION OF NATURAL AND WORKING LANDSCAPES AND THE PROTECTION AND ENHANCEMENT OF NATURAL ECOSYSTEMS THAT ARE IMPORTANT TO THE QUALITY OF LIFE, ECONOMY AND OUTDOOR RECREATION IN WESTERN COLORADO. WCCF WILL PLAY A ROLE AS A CONVENER AND CONNECTOR RAISING AWARENESS OF ISSUES AND OPPORTUNITIES TO COLLABORATE, FINDING COMMON GROUND AND PROVIDING FINANCIAL SUPPORT AND TECHNICAL ASSISTANCE TO CORE-ALIGNED ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,617 including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 5,034,252

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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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
11c	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
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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	
12b	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
14b	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes/No' and a column for numerical answers.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 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

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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.

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

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

(A) 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) MIKE SEWELL CHAIRMAN	1.00	X		X			0	0	0	
(2) BARB CHAMBERLIN VICE CHAIRMAN	1.00	X		X			0	0	0	
(3) KATIE STEELE TREASURER	1.00	X		X			0	0	0	
(4) KIM GIANNONE SECRETARY	1.00	X		X			0	0	0	
(5) MARY BETH BUESCHER HR COMMITTEE	1.00	X		X			0	0	0	
(6) MONIQUE SERRA INVESTMENT COMMITTEE	1.00	X		X			0	0	0	
(7) JIM BROWN DIRECTOR	1.00	X					0	0	0	
(8) HAZEL PRICE DIRECTOR	1.00	X					0	0	0	
(9) DAN PRINSTER DIRECTOR	1.00	X					0	0	0	
(10) NANCY HOGANSON HANNAH DIRECTOR	1.00	X					0	0	0	
(11) DAVID LIVINGSTON DIRECTOR	1.00	X					0	0	0	
(12) KATIE MACKLEY DIRECTOR	1.00	X					0	0	0	
(13) JAY MOSS DIRECTOR	1.00	X					0	0	0	
(14) MIKE RUSHMORE DIRECTOR	1.00	X					0	0	0	
(15) MARTHA TJSSEM DIRECTOR	1.00	X					0	0	0	
(16) STEVE WATSON DIRECTOR	1.00	X					0	0	0	
(17) BILL WELCH DIRECTOR	1.00	X					0	0	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	3,734,931		
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,640,961		
h Total. Add lines 1a-1f			3,734,931		

Program Service Revenue			Business Code			
	2a					
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,344,782			2,344,782	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			1,334,684			1,334,684	
	6a Gross rents	6a	(i) Real	(ii) Personal				
			6b Less: rental expenses	6b				
		c Rental income or (loss)	6c					
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	8,420,112			
			b Less: cost or other basis and sales expenses	7b	7,295,988			
		c Gain or (loss)	7c	1,124,124				
		d Net gain or (loss)				1,124,124		1,124,124
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a INTEREST AND OTHER INCOME		523000		65,189			65,189	
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				65,189				
12 Total revenue. See instructions				8,603,710	0	0	4,868,779	

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	4,449,081	4,449,081		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,571	5,571		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,700	94,486	55,492	722
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	385,164	241,491	141,828	1,845
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	64,392	40,372	23,711	309
10 Payroll taxes	36,444	22,850	13,419	175
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	145,283		145,283	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,268	23,086	39,037	145
12 Advertising and promotion	12,459	8,320	4,077	62
13 Office expenses	27,132	18,146	8,851	135
14 Information technology	39,753		39,753	
15 Royalties				
16 Occupancy	60,644	40,498	19,843	303
17 Travel	27,968	17,154	10,692	122
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,375		2,375	
23 Insurance	10,668		10,668	
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 TAXES	64,931	64,931		
b OTHER	20,798	8,266	8,218	4,314
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,565,631	5,034,252	523,247	8,132
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	2,514,021	1	2,106,348
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	217,554	4	177,719
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,833	9	33,510
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	44,997		
	b Less: accumulated depreciation	40,336	6,630	10c 4,661
	11 Investments—publicly traded securities	59,037,472	11	71,158,843
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	6,877,745	14	7,366,040
	15 Other assets. See Part IV, line 11	5,829,946	15	7,420,745
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,511,201	16	88,267,866	
Liabilities	17 Accounts payable and accrued expenses	156,628	17	104,099
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	500,000	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	656,628	26	104,099
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	70,830,453	27	84,752,638
	28 Net assets with donor restrictions	3,024,120	28	3,411,129
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	73,854,573	32	88,163,767	
33 Total liabilities and net assets/fund balances	74,511,201	33	88,267,866	

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	8,603,710
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,565,631
3	Revenue less expenses. Subtract line 2 from line 1	3	3,038,079
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,854,573
5	Net unrealized gains (losses) on investments	5	7,672,878
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	3,598,237
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	88,163,767

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 84-1354894

Name: WESTERN COLORADO COMMUNITY FOUNDATION
INC

Form 990 (2019)

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:

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

Form 990, Part III, Line 4c:

WESTERN COLORADO COMMUNITY FOUNDATION (WCCF) IDENTIFIED CHILD HUNGER IN WESTERN COLORADO AS A CRITICAL ISSUE THAT IMPACTS HUNDREDS OF CHILDREN AND THEIR ABILITY TO LEARN. WCCF PILOTED MESA COUNTY'S FIRST FOOD TRUCK IN 2015 WITH MESA COUNTY VALLEY SCHOOL DISTRICT 51 FOOD AND NUTRITION SERVICES TO ENSURE CHILDREN HAVE ACCESS TO MEALS OVER THE SUMMER MONTHS. THIS LEADERSHIP WORK HAS CONTINUED, WITH WCCF RECEIVING A PLANNING GRANT FROM THE COLORADO HEALTH FOUNDATION IN 2018 TO WORK WITH LOCAL HUNGER RELIEF ORGANIZATIONS TO COLLECTIVELY ADDRESS FOOD INSECURITY ISSUES IN THE COMMUNITY.

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

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,590,345	1,724,324	6,975,938	3,985,388	3,734,931	18,010,926
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	1,590,345	1,724,324	6,975,938	3,985,388	3,734,931	18,010,926
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) . . .						712,782
6 Public support. Subtract line 5 from line 4.						17,298,144

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	1,590,345	1,724,324	6,975,938	3,985,388	3,734,931	18,010,926
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,957,116	2,368,477	3,199,328	4,216,326	3,679,466	15,420,713
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						33,431,639
12 Gross receipts from related activities, etc. (see instructions)					12	10,500

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 2019 (line 6, column (f) divided by line 11, column (f))	14	51.740 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	53.160 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 84-1354894

Name: WESTERN COLORADO COMMUNITY FOUNDATION
INC

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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	91	
2 Aggregate value of contributions to (during year)	2,503,673	
3 Aggregate value of grants from (during year)	1,732,137	
4 Aggregate value at end of year	26,104,958	

- 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 7/25/06, 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:

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

	Amount
1c	
1d	
1e	
1f	

- 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	57,848,100	60,493,883	51,535,999	39,675,627	38,562,553
b Contributions	4,145,070	5,866,287	3,978,563	9,282,645	5,483,746
c Net investment earnings, gains, and losses	12,318,421	-5,141,716	8,323,519	5,145,128	-916,130
d Grants or scholarships	2,934,087	2,754,667	2,805,436	2,155,675	3,070,706
e Other expenditures for facilities and programs					
f Administrative expenses	610,970	615,687	538,762	411,726	383,836
g End of year balance	70,766,534	57,848,100	60,493,883	51,535,999	39,675,627

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:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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		20,542	15,881	4,661
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,661

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) BENEFICIAL INTEREST IN LEAD TRUSTS	3,284,540
(2) FUNDS HELD AS AGENCY ENDOWMENTS	4,136,205
(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.

1. (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	18,498,506
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,672,878	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,367,201	
e	Add lines 2a through 2d			2e 10,040,079
3	Subtract line 2e from line 1			3 8,458,427
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	145,283	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 145,283
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 8,603,710

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	5,420,348
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 5,420,348
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	145,283	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 145,283
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 5,565,631

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 1,785,906. FAIR MARKET VALUE ADJUSTMENT SPLIT-INTEREST AGREEMENTS 581,295.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of 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.

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, (g) Description of noncash 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 140
3 Enter total number of other organizations listed in the line 1 table 1

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) SCHOLARSHIPS	1	5,571			
(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
THE COLORADO MISSION OF MERCY 712 NINTH STREET PENROSE, CO 81240	27-1586585	501(C)(3)	5,000				WESTERN SLOPE COMOM DENTAL CLINIC
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	15,050				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 CROSS - WESTERN COLORADO CHAPTER 506 GUNNISON AVENUE GRAND JUNCTION, CO 81501	53-0196805	501(C)(3)	8,300				GENERAL SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS, MI 491040750	38-1627600	501(C)(3)	5,000				SCHOLARSHIPS

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
ARA PARSEGHIAN MEDICAL RESEARCH 1251 NORTH EDDY STREET SUITE 300 SOUTH BEND, IN 466171403	86-0775966	501(C)(3)	50,000				GENERAL SUPPORT
ARIZONA STATE UNIVERSITY PO BOX 870412 TEMPE, AZ 852870412	86-0196696	501(C)(3)	7,000				SCHOLARSHIPS

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
BLACK CANYON BOYS & GIRLS CLUB PO BOX 1907 MONTROSE, CO 81402	84-1508948	501(C)(3)	5,000				CAPITAL CAMPAIGN
BLUE SAGE CENTER FOR THE ARTS PO BOX 700 PAONIA, CO 81428	84-1335434	501(C)(3)	10,000				NFV SMITHSONIAN STORY FESTIVAL/LITERARY SYMPOSIUM

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
BLUE STAR RECYCLERS PO BOX 64435 COLORADO SPRINGS, CO 809624435	27-5071916	501(C)(3)	10,000				ROARING FORK VALLEY EXPANSION
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	20,000				YOUTH ACCESS CTR WORK TRAINING PROGRAM

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
CENTRAL CITY OPERA 400 S COLORADO BOULEVARD STE 530 DENVER, CO 80246	84-1201337	501(C)(3)	10,000				GENERAL SUPPORT IN MEMORY OF DAVE AND MARY WOOD
CHILD AND MIGRANT SERVICES PO BOX 1038 PALISADE, CO 81526	84-0831830	501(C)(3)	5,812				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
CITIZENS FOR CLEAN AIR PO BOX 101 GRAND JUNCTION, CO 81502	83-1472133	501(C)(3)	7,745				CITIZENS OZONE MONITORING INITIATIVE
CLEAN ENERGY ECONOMY FOR THE REGION PO BOX 428 CARBONDALE, CO 81623	20-0563392	501(C)(3)	10,750				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 CANYONS ASSOCIATION 543 MAIN STREET GRAND JUNCTION, CO 81501	20-2409837	501(C)(3)	16,000				GENERAL SUPPORT
COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET DENVER, CO 80203	74-2374672	501(C)(3)	25,000				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 DEPT OF MILITARY AND VETERAN'S AFFAIRS 482 28 ROAD GRAND JUNCTION, CO 81501	84-0644739	170(C)(1)	28,000				WESTERN REGION ONE SOURCE
COLORADO DISCOVER ABILITY 601 STRUTHERS AVENUE GRAND JUNCTION, CO 81501	84-1569050	501(C)(3)	21,000				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 LAWYERS COMMITTEE 1401 LAWRENCE STREET SUITE 2300 DENVER, CO 80202	84-0772677	501(C)(3)	6,000				GENERAL SUPPORT
COLORADO MESA UNIV FOUNDATION 1100 NORTH AVENUE GRAND JUNCTION, CO 815013122	84-6037667	501(C)(3)	10,058				SCHOLARSHIPS

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 BUSINESS OFFICE 1100 NORTH AVENUE GRAND JUNCTION, CO 815013122	84-6001656	501(C)(3)	224,176				SCHOLARSHIPS
COLORADO MESA UNIVERSITY FOUNDATION 1100 NORTH AVENUE GRAND JUNCTION, CO 815013122	84-6037667	501(C)(3)	38,670				MUSIC DEPARTMENT

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 MOUNTAIN COLLEGE 802 GRAND AVENUE GLENWOOD SPRINGS, CO 81601	74-2393418	501(C)(3)	6,500				SCHOLARSHIPS
COLORADO NATIONAL MONUMENT ASSOCIATION 1750 RIMROCK DRIVE FRUITA, CO 81521	84-6035626	501(C)(3)	25,000				MATCHING FUNDS FOR SADDLEHORN 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 NORTHWESTERN COMMUNITY COLLEGE 500 KENNEDY DRIVE RANGELY, CO 81648	84-0842160	501(C)(3)	6,215				SCHOLARSHIPS
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION 500 KENNEDY DRIVE RANGELY, CO 81648	84-0842160	501(C)(3)	25,524				PARTIAL DISTRIBUTION OF 2018 EARNINGS FOR SCHOLARSHIPS

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 PLATEAU MOUNTAIN BIKE TRAIL ASSOCIATION INC PO BOX 4602 GRAND JUNCTION, CO 81502	84-1130981	501(C)(3)	10,500				GENERAL SUPPORT
COLORADO PUBLIC RADIO 7409 SOUTH ALTON COURT CENTENNIAL, CO 801122301	74-2324052	501(C)(3)	5,300				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 SOUTH ALTON COURT CENTENNIAL, CO 801122301	74-2324052	501(C)(3)	100,200				GENERAL SUPPORT
COLORADO SCHOOL OF MINES 1500 ILLINOIS STREET GOLDEN, CO 80401	84-6000551	501(C)(3)	53,800				SCHOLARSHIPS

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 2200 BONFORTE BLVD PUEBLO, CO 810014901	84-6000545	501(C)(3)	139,451				SCHOLARSHIPS
COLORADO WEST LAND TRUST 1006 MAIN STREET GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	22,827				ENDOWMENT EARNINGS FOR 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
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 815023614	84-0817696	501(C)(3)	8,000				GENERAL SUPPORT
COMMUNITY FOUNDATION OF WESTERN NEVADA 50 WASHINGTON STREET SUITE 300 RENO, NV 89503	88-0370179	501(C)(3)	20,000				FBO ELKO COMMUNITY FOUNDATION - 2019 GRANTS

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
COUNSELING AND EDUCATION CENTER 2708 PATTERSON ROAD GRAND JUNCTION, CO 81506	74-2232416	501(C)(3)	15,000				GENERAL SUPPORT
DELTA COUNTY MEMORIAL HOSPITAL FOUNDATION PO BOX 10100 DELTA, CO 814165003	84-1609267	501(C)(3)	35,000				PEDIATRIC RESPIRATORY EQUIPMENT

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

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DELTA COUNTY SCHOOL DISTRICT #50J 145 WEST 4TH STREET DELTA, CO 81516	84-6002820	170(C)(1)	15,000				AG PROGRAM: TRAVEL, LIVESTOCK FACILITY, BIO-DOME
ELIOT SCHOOL PARENT COUNCIL 16 CHARTER STREET BOSTON, MA 02113	32-0268160	501(C)(3)	5,000				FRIENDS OF THE ELIOT (LOWER SCHOOL) IN HONOR OF LAUREN SULLIVAN MCSHAY

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

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EUREKA MCCONNELL SCIENCE MUSEUM 1400 NORTH 7TH STREET GRAND JUNCTION, CO 81501	20-1641549	501(C)(3)	21,500				GENERAL SUPPORT
FAMILY RENEWAL SHELTER 6832 PACIFIC AVENUE TACOMA, WA 98408	91-1347741	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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FORT LEWIS COLLEGE 1000 RIM DRIVE DURANGO, CO 81301	23-7122114	501(C)(3)	7,500				SCHOLARSHIPS
FRIENDS OF THE RIDGWAY LIBRARY PO BOX 563 RIDGWAY, CO 81432	84-1323398	501(C)(3)	31,880				SEWING MACHINES FOR MAKERSPACE PROJECT

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

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FRIENDS OF YOUTH AND NATURE PO BOX 634 HOTCHKISS, CO 81419	83-1389798	501(C)(3)	5,855				FARM TO SCHOOL - RRR PROGRAM
FRONT RANGE COMMUNITY COLLEGE 4616 SOUTH SHIELDS STREET FORT COLLINS, CO 80526	84-1311148	501(C)(3)	8,493				SCHOLARSHIPS

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

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GARFIELD SCHOOL DISTRICT NO RE-2 839 WHITERIVER AVENUE RIFLE, CO 81650	84-0525428	170(C)(1)	57,800				FNS MEAL MONKEY FOOD TRUCK
GRAND JUNCTION IMAGINATION LIBRARY PO BOX 2446 GRAND JUNCTION, CO 81502	26-2580290	501(C)(3)	11,203				GENERAL SUPPORT

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

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GRAND JUNCTION ROTARY CLUB FOUNDATION PO BOX 1888 GRAND JUNCTION, CO 81502	84-1038480	501(C)(3)	11,931				KING 'N TRIO BENEFIT CONCERT FOR D51 FOUNDATION
GRAND JUNCTION SENIOR THEATRE PO BOX 3593 GRAND JUNCTION, CO 81501	84-1414676	501(C)(3)	8,400				ON-SITE ACTIVITIES FOR SENIORS IN HOMES/FACILITIES

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

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GRAND JUNCTION SYMPHONY ORCHESTRA 414 MAIN STREET GRAND JUNCTION, CO 81501	84-0759502	501(C)(3)	5,000				GENERAL SUPPORT
GRAND VALLEY AUDUBON SOCIETY PO BOX 1211 GRAND JUNCTION, CO 815021211	23-7205741	501(C)(3)	10,052				DISTRIBUTION OF 2018 ENDOWMENT EARNINGS

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

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GRAND VALLEY CATHOLIC OUTREACH 245 SOUTH 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	179,755				GENERAL SUPPORT
GRAND VALLEY PETS ALIVE PO BOX 3701 GRAND JUNCTION, CO 81502	80-0886107	501(C)(3)	8,102				GENERAL SUPPORT

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GRAND VALLEY YOUNG LIFE 2500 BROADWAY UNIT B GRAND JUNCTION, CO 81507	84-0385934	501(C)(3)	9,000				GENERAL SUPPORT
GREEK ORTHODOX METROPOLIS OF DENVER 4550 EAST ALAMEDA AVENUE DENVER, CO 80246	56-2564238	501(C)(3)	5,000				BUILDING FUND

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

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HABITAT FOR HUMANITY OF MESA COUNTY PO BOX 4947 GRAND JUNCTION, CO 815024947	84-1136660	501(C)(3)	107,036				GENERAL SUPPORT
HARMONY ACRES EQUESTRIAN CENTER PO BOX 38 FRUITA, CO 81521	68-0508799	501(C)(3)	32,400				GENERAL SUPPORT

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HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	119,536				FOR RESIDENTIAL YOUTH SERVICES PROGRAM IN HONOR AND APPRECIATION OF MIKE STAHL
HISPANIC AFFAIRS PROJECT PO BOX 2024 MONTROSE, CO 81402	27-1276653	501(C)(3)	11,000				GENERAL SUPPORT

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HOLY FAMILY SCHOOL 786 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0965875	501(C)(3)	105,428				LITERATURE FOR CLASSROOM ENRICHMENT
HOMEWARDBOUND OF THE GRAND VALLEY 2853 NORTH AVENUE GRAND JUNCTION, CO 81501	26-0052916	501(C)(3)	148,521				GENERAL SUPPORT

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

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HOPEWEST 3090 NORTH 12TH STREET UNIT B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	135,749				GENERAL SUPPORT
HOPEWEST - GJ 3090 NORTH 12TH STREET UNIT B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	40,365				GENERAL SUPPORT

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

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HOUSING RESOURCES OF WESTERN COLORADO 524 30 ROAD SUITE 3 GRAND JUNCTION, CO 81504	84-0879892	501(C)(3)	5,000				HOUSING REPAIRS FOR SENIORS
HUMANE SOCIETY OF MOAB VALLEY PO BOX 1188 MOAB, UT 84532	87-0644812	501(C)(3)	6,000				GENERAL SUPPORT

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IHM CHURCH 790 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0466724	501(C)(3)	12,641				CHURCH BUILDING AND MAINTENANCE FUND
INDIANA UNIVERSITY PO BOX 780000 DEPT 78867 DETROIT, MI 482780867	35-6001673	501(C)(3)	50,000				RESEARCH STUDY: YOUTH SUICIDE PREVENTION

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

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INVEST IN KIDS 1775 SHERMAN STREET SUITE 2075 DENVER, CO 80203	84-1455282	501(C)(3)	50,000				GENERAL SUPPORT
JUNIPER RIDGE COMMUNITY SCHOOL FOUNDATION 640 24 1/2 ROAD GRAND JUNCTION, CO 81505	32-0538099	501(C)(3)	5,000				EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

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

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KARIS INC PO BOX 2837 GRAND JUNCTION, CO 81502	26-4600743	501(C)(3)	59,400				KARIS APARTMENTS
KIDS AID 2978 GUNNISON AVENUE GRAND JUNCTION, CO 81504	26-1673162	501(C)(3)	7,500				GENERAL SUPPORT

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KOINONIA CHURCH 730 25 ROAD GRAND JUNCTION, CO 81505	84-0724312	501(C)(3)	5,000				GENERAL SUPPORT
LANCASTER BIBLE COLLEGE 910 EDEN ROAD LANCASTER, PA 17601	23-1484178	501(C)(3)	8,000				SCHOLARSHIPS

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LUTHERAN CHURCH AND SCHOOL OF THE MESSIAH 840 NORTH 11TH STREET GRAND JUNCTION, CO 81501	84-0594613	501(C)(3)	36,655				ENDOWMENT EARNINGS DISTRIBUTION
MARILLAC CLINIC 2333 NORTH 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	11,965				GENERAL SUPPORT

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MARILLAC HEALTH 2333 NORTH 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	106,513				GENERAL SUPPORT
MESA COUNTY LIBRARIES FOUNDATION 443 NORTH 6TH STREET GRAND JUNCTION, CO 815012731	84-1217217	501(C)(3)	6,000				GENERAL SUPPORT

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MESA COUNTY PARTNERS 1169 COLORADO AVENUE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	130,544				GENERAL SUPPORT
MESA COUNTY SCHOOL DISTRICT 51 NUTRITION SERVICES 2280 EAST MAIN STREET GRAND JUNCTION, CO 81501	84-6002839	170(C)(1)	20,290				LUNCH LIZARD AWNING INSTALLATION

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MESA COUNTY VALLEY SCHOOL DISTRICT 51 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	84-6002839	170(C)(1)	53,750				WCCF SPONSORSHIP OF INVENTING TOMORROW
METROPOLITAN STATE UNIVERSITY OF DENVER PO BOX 173362 CAMPUS BOX 2 DENVER, CO 802173362	84-0559160	170(C)(1)	9,250				SCHOLARSHIPS

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MIND SPRINGS HEALTH PO BOX 40 GLENWOOD SPRINGS, CO 81602	84-0625890	501(C)(3)	60,754				SCHOOL-BASED THERAPY FOR GARFIELD COUNTY SD 16
MONTROSE COUNTY SCHOOL DISTRICT RE-1J PO BOX 10000 MONTROSE, CO 81402	84-0517051	501(C)(3)	5,607				SCHOLARSHIPS FOR MONTROSE SCHOOL DISTRICT GRADUATING SENIORS

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NAMI WESTERN SLOPE - NATIONAL ALLIANCE ON MENTAL ILLNESS PO BOX 1864 GRAND JUNCTION, CO 81502	84-1159354	501(C)(3)	5,500				END THE SILENCE CAMPAIGN
NORTH FORK VALLEY COMMUNITY RIGHTS ADVOCATES PO BOX 1201 PAONIA, CO 81428	82-3348208	501(C)(3)	5,000				REUSABLE BAGS TO REDUCE PLASTIC USE

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OPERATION REVAMP INC - VETERANS ART CENTER 307 SOUTH 12TH STREET GRAND JUNCTION, CO 81501	27-3262040	501(C)(3)	5,928				VETERANS ART CENTER TRANSPORTATION
OURAY COUNTY PO BOX C OURAY, CO 81427	84-6000791	170(C)(1)	10,000				MATCHING FUNDS FOR COURTHOUSE RESTORATION

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

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OURAY COUNTY PERFORMING ARTS GUILD PO BOX 14 OURAY, CO 81427	74-2362156	501(C)(3)	13,000				DAVE & MARY WOOD CHAMBER CONCERT SERIES
OURAY LIBRARY DISTRICT PO BOX 625 OURAY, CO 81427	84-0868422	501(C)(3)	6,429				ENDOWMENT EARNINGS FOR GENERAL SUPPORT

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OURAY MOUNTAIN RESCUE TEAM PO BOX 220 OURAY, CO 814270220	75-2158092	501(C)(3)	5,000				PURCHASE A NEW RESCUE JEEP
OXFORD HOUSE 1010 WAYNE AVENUE SUITE 300 SILVER SPRINGS, MD 20910	52-1582231	501(C)(3)	5,000				GENERAL SUPPORT FOR GRAND JCT., CO PROGRAMS

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

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REDLANDS MIDDLE SCHOOL BOOSTER CLUB 2200 BROADWAY GRAND JUNCTION, CO 81507	83-1422998	501(C)(3)	9,000				GENERAL SUPPORT
REGIS UNIVERSITY 333 REGIS BOULEVARD A-8 DENVER, CO 802211099	84-0402707	501(C)(3)	8,200				SCHOLARSHIPS

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RIFLE ANIMAL SHELTER PO BOX 1375 RIFLE, CO 81650	84-1500637	501(C)(3)	16,901				GENERAL SUPPORT
RIFLE COMMUNITY FOUNDATION PO BOX 1234 RIFLE, CO 81650	84-1584355	501(C)(3)	10,000				GENERAL SUPPORT

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RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501(C)(3)	12,000				CAPITAL CAMPAIGN
RIVERSEDGE WEST PO BOX 1907 GRAND JUNCTION, CO 81502	27-0007315	501(C)(3)	5,300				GENERAL SUPPORT

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RIVERSIDE EDUCATIONAL CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	20-5451495	501(C)(3)	50,500				GENERAL SUPPORT
ROCKY MOUNTAIN IMMIGRANT ADVOCACY NETWORK 3489 WEST 72ND AVENUE SUITE 211 WESTMINSTER, CO 80030	84-1565542	501(C)(3)	50,000				IN HONOR OF ED KAHN

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

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ROCKY MOUNTAIN PBS 1060 ORCHARD AVENUE SUITE A-140 GRAND JUNCTION, CO 81501	84-0510785	501(C)(3)	20,988				GENERAL SUPPORT
ROICE-HURST HUMANE SOCIETY PO BOX 4040 GRAND JUNCTION, CO 81502	84-6048416	501(C)(3)	105,023				ENDOWMENT EARNINGS FOR GENERAL SUPPORT

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

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RSVP MESA COUNTY PO BOX 1077 GRAND JUNCTION, CO 81502	84-1516029	501(C)(3)	10,000				SENIOR HEALTH INSURANCE ASSISTANCE PROJECT (SHIP)
SALVATION ARMY PO BOX 578 GRAND JUNCTION, CO 81502	94-1156347	501(C)(3)	13,278				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)	30,000				DURANGO MOUNTAIN CAMP, 2020 SEASON
SECOND WIND FUND 839 LOGAN STREET SUITE 311 DENVER, CO 80203	73-1701536	501(C)(3)	10,000				MESA COUNTY PROGRAMS

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

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SELF HELP ALTERNATIVE LIVING OPPORTUNITIES OF MICHIGAN INC PO BOX 265 KALAMAZOO, MI 49004	38-2967006	501(C)(3)	75,000				IN HONOR OF PAT, JOE AND DAVID O'KEEFE
SEVENTH DAY ADVENTIST CHURCH 550 25 1/2 ROAD GRAND JUNCTION, CO 81501	27-4456014	501(C)(3)	10,000				MATCHING FUNDS FOR SCHOOL GYMNASIUM FLOOR AND BASKETBALL HOOPS

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(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
SHARING MINISTRIES INC 49 NORTH 1ST STREET MONTROSE, CO 81401	84-1338604	501(C)(3)	10,000				GARDEN EQUIPMENT SHED AND OTHER NEEDS
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2191608	501(C)(3)	5,500				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
SOLAR ENERGY INTERNATIONAL 39845 MATHEWS LANE PAONIA, CO 81428	84-1223691	501(C)(3)	31,500				SOLAR IN THE SCHOOLS (SIS) FOR GRADE 8
ST CLOUD HOSPITAL 1406 SIXTH AVENUE NORTH ST CLOUD, MN 56303	41-0695596	501(C)(3)	5,000				SCHOLARSHIPS

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
ST MARY'S HOSPITAL FOUNDATION PO BOX 1628 GRAND JUNCTION, CO 815021628	23-7001007	501(C)(3)	25,000				SUPPLIES FOR ST. MARY'S FOOD RECOVERY PROJECT
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	84-6044855	501(C)(3)	179,009				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
SURFACE CREEK VALLEY HISTORICAL SOCIETY PO BOX 906 CEDAREGE, CO 81413	84-0828179	501(C)(3)	6,514				DISTRIBUTION OF 2018 ENDOWMENT EARNINGS
TECHNICAL COLLEGE OF THE ROCKIES 1765 US HIGHWAY 50 DELTA, CO 81416	84-0711990	170(C)(1)	49,243				SCHOLARSHIPS

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
THE ASPEN INSTITUTE 2300 NORTH STREET NW SUITE 700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	6,197				VANGUARD YOUNG DONORS FROM SARA & FRANK TORTI
THE JOSEPH CENTER 2511 BELFORD AVENUE SUITE B GRAND JUNCTION, CO 81501	47-5602713	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
THE JOSEPH CENTER - GJ 2511 BELFORD AVENUE SUITE B GRAND JUNCTION, CO 81501	47-5602713	501(C)(3)	6,000				GAP PROGRAM TO ASSIST HOMELESS FAMILIES
THE PIC PLACE (PARTNERS IN INTEGRATED CARE) 87 MERCHANT DRIVE MONTROSE, CO 81401	47-0891200	501(C)(3)	10,000				ROOF REPLACEMENT

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
THE WESTERN SLOPE CONSERVATION CENTER PO BOX 1612 PAONIA, CO 81428	84-0728032	501(C)(3)	5,000				WATERSHED MANAGEMENT PLANNING
UNITARIAN UNIVERSALIST CONGREGATION OF THE GRAND VALLEY 536 OURAY AVENUE GRAND JUNCTION, CO 81501	84-1554247	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
UNIVERSITY OF COLORADO AT COLORADO SPRINGS 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS, CO 80918	84-6000555	501(C)(3)	21,100				SCHOLARSHIPS
UNIVERSITY OF COLORADO AT DENVER PO BOX 173364 CAMPUS BOX 125 DENVER, CO 802173364	84-6000555	501(C)(3)	14,650				SCHOLARSHIPS

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
UNIVERSITY OF COLORADO BOULDER 77 UCB BOULDER, CO 803090077	84-6000555	501(C)(3)	48,300				SCHOLARSHIPS
UNIVERSITY OF DENVER 2467 SOUTH VINE STREET DENVER, CO 80208	84-0404231	501(C)(3)	9,500				SCHOLARSHIPS

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
UNIVERSITY OF NORTHERN COLORADO CARTER HALL 1005 GREELEY, CO 80639	84-6000546	501(C)(3)	18,700				SEAN JOHNSON CLASS OF 2019 ID#801860780
UTAH STATE UNIVERSITY 0160 OLD MAIN HILL LOGAN, UT 843220160	87-6000528	501(C)(3)	7,368				SCHOLARSHIPS

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
VALLEY ORGANIC GROWERS ASSOCIATION PO BOX 614 HOTCHKISS, CO 81419	02-1328368	501(C)(5)	7,500				AGRICULTURAL EDUCATION AND COMMUNITY OUTREACH
VALLEY SYMPHONY ASSOCIATION PO BOX 3144 MONTROSE, CO 81402	74-2023813	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
VIRGINIA MILITARY INSTITUTE 319 LETCHER AVENUE LEXINGTON, VA 24450	54-0505966	501(C)(3)	8,483				SCHOLARSHIPS
VOYAGER YOUTH PROGRAM PO BOX 709 RIDGWAY, CO 81432	84-1453650	501(C)(3)	17,000				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
WEEHAWKEN CREATIVE ARTS PO BOX 734 RIDGWAY, CO 814320734	75-3145854	501(C)(3)	5,000				SILVERTON CHILDREN'S THEATER PRODUCTION
WESTERN COLORADO ALLIANCE PO BOX 1931 GRAND JUNCTION, CO 815021931	84-0837218	501(C)(3)	6,400				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
WESTERN COLORADO AREA HEALTH EDUCATION CENTER 2938B NORTH AVENUE GRAND JUNCTION, CO 81504	74-2044175	501(C)(3)	8,000				AMERICORPS OPIOID RESPONSE
WESTERN COLORADO CENTER FOR THE ARTS 1803 NORTH 7TH STREET GRAND JUNCTION, CO 81501	84-0579106	501(C)(3)	10,045				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
WESTERN COLORADO COMMUNITY COLLEGE 2508 BLICHMANN AVENUE GRAND JUNCTION, CO 81505	84-6001656	501(C)(3)	10,450				SCHOLARSHIPS
WESTERN COLORADO UNIVERSITY 600 NORTH ADAMS ST TAYLOR HALL L2 GUNNISON, CO 81231	84-6000585	501(C)(3)	16,300				SCHOLARSHIPS

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
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	84-1128554	501(C)(3)	18,644				GENERAL SUPPORT
WESTERN SLOPE FOOD BANK OF THE ROCKIES 268 NORTH RIVER ROAD PALISADE, CO 81526	84-0772672	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
WESTERN SLOPE VIETNAM WAR MEMORIAL PARK PO BOX 340 FRUITA, CO 81521	84-1464060	501(C)(3)	10,000				LEAVE YOUR MARK PROJECT
WESTERN STATE COLORADO UNIVERSITY FOUNDATION PO BOX 1264 GUNNISON, CO 81230	84-0709935	501(C)(3)	23,148				SCHOLARSHIPS

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
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	41,000				CAPITAL CAMPAIGN

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANNE WENZEL PRESIDENT AND EXECUTIVE DI	(i)	105,833	0	0	40,000	4,867	150,700	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	17	1,640,961	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 ▶ (_____)				
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	
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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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't 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
PART I, COLUMN (B):	NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED REPRESENT EACH SEPARATE GIFT RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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 THEN REVIEWED IN ITS FINAL FORMAT BY THE EXECUTIVE DIRECTOR, ACCOUNTANT, AND TREASURER. THE TREASURER 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 1,785,906. FAIR MARKET VALUE ADJUSTMENT, SP LIT-INTEREST AGREEMENTS 581,295. CHANGE IN FUNDS HELD AS AGENCY ENDOWMENTS 1,231,036.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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	453,659	7,679,731	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	15,389	27,241	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	43,915	
(2) CHARITABLE LEAD TRUST (2)	S	177,617	

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).

Return Reference	Explanation