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PUBLIC DISCLOSURE COPY

COPY

Public disclosure requirements that apply to tax-exempt organizations

In general, exempt organizations must make available for public inspection certain annual returns and applications for exemption, and must provide copies of such returns and applications to individuals who request them. Copies usually must be provided immediately in the case of in-person requests, and within 30 days in the case of written requests. The tax-exempt organization may charge a reasonable copying fee plus actual postage, if any. The IRS must also make this same information available to the general public.

An exempt organization must make available for public inspection its exemption application. An exemption application includes the Form 1023 (for organizations recognized as exempt under § 501(c)(3)), Form 1024 (for organizations recognized as exempt under most other paragraphs of § 501(c)), or the letter submitted under the paragraphs for which no form is prescribed, together with supporting documents and any letter or document issued by the IRS concerning the application.

In addition, an exempt organization must make available for public inspection and copying its annual return. Such returns include Form 990 , Return of Organization Exempt From Income Tax, Form 990-EZ , Short Form Return of Organization Exempt From Income Tax, Form 990-PF, Return of Private Foundation, and the Form 1065 , U.S. Partnership Return of Income.

An organization exempt under § 501(c)(3) must make available for public inspection and copying any Form 990-T, Exempt Organization Business Income Tax Return, filed after August 17, 2006. Returns must be available for a three-year period beginning with the due date of the return (including any extension of time for filing). For this purpose, the return includes any schedules, attachments, or supporting documents that relate to the imposition of tax on the unrelated business income of the charity.

With the exception of private foundations, an exempt organization is not required to disclose the name and address of any contributor to the organization. Attached to this letter is a copy of your Form 990 for the current year that you can use to meet the above public disclosure requirement. Schedule B has been omitted where applicable.

DALBY, WENDLAND & CO., P.C.

Updated July 01,2017

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WESTERN COLORADO COMMUNITY FOUNDATION, INC. Doing business as		D Employer identification number 84-1354894	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4334		E Telephone number 970 243-3767	
	City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81502-4334		G Gross receipts \$ 16,675,636.	
	F Name and address of principal officer: DOUG SHAWCROFT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.WC-CF.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1996	
			M State of legal domicile: CO	

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 9	
	6 Total number of volunteers (estimate if necessary)	6 71	
	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 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,118,409.	Current Year 6,975,938.
	9 Program service revenue (Part VIII, line 2g)	3,500.	3,500.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,126,575.	1,821,196.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,338,988.	1,913,782.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,587,472.	10,714,416.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,488,613.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		443,922.	516,358.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,603.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,133,295.	1,438,866.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,065,830.	5,431,597.	
19 Revenue less expenses. Subtract line 18 from line 12	7,521,642.	5,282,819.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 61,639,087.	End of Year 73,899,673.
	21 Total liabilities (Part X, line 26)	1,609,070.	1,087,034.
	22 Net assets or fund balances. Subtract line 21 from line 20	60,030,017.	72,812,639.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ DOUG SHAWCROFT, DIRECTOR OF FINANCE AND ADMIN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SABRINA J. HOYT, CPA				P00855363
Firm's name ▶ DALBY, WENDLAND & CO., P.C.			Firm's EIN ▶ 84-0795096		
Firm's address ▶ P O BOX 430 GRAND JUNCTION, CO 81502			Phone no. (970) 243-1921		

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

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

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

4a (Code:) (Expenses \$ 3,735,274. including grants of \$ 3,391,317.) (Revenue \$ 3,500.) 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.

4b (Code:) (Expenses \$ 47,369. including grants of \$ 45,152.) (Revenue \$) WESTERN COLORADO COMMUNITY FOUNDATION (WCCF) HAS IDENTIFIED CHILD HUNGER IN WESTERN COLORADO AS A CRITICAL ISSUE THAT IMPACTS HUNDREDS OF CHILDREN AND THEIR ABILITY TO LEARN. WORKING WITH MESA COUNTY VALLEY SCHOOL DISTRICT 51 FOOD AND NUTRITION SERVICES (DISTRICT 51), WCCF IDENTIFIED A GAP IN SUMMER FOOD PROGRAMS DUE TO LOSS OF FEDERAL GRANT FUNDING AND OTHER FINANCIAL CHALLENGES. EVIDENCE SHOWED THAT AN EFFECTIVE WAY TO REACH CHILDREN IN THE SUMMER WAS TO BRING THE MEALS DIRECTLY TO THEM - IN NEIGHBORHOODS AND PARKS WHERE THEY SPEND THEIR SUMMER MONTHS. OUT OF THIS RESEARCH, THE COLORFUL AND INVITING LUNCH LIZARD FOOD TRUCK WAS BORN.

4c (Code:) (Expenses \$ 41,137. including grants of \$ 39,904.) (Revenue \$) THE COLORADO OPPORTUNITY SCHOLARSHIP INITIATIVE SUPPORTS DELTA COUNTY STUDENTS WHO DEMONSTRATE FINANCIAL NEED TO ATTEND POST-SECONDARY PROGRAMS AT COLORADO MESA UNIVERSITY OR WESTERN STATE COLORADO UNIVERSITY.

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

4e Total program service expenses 3,823,780.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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: **ANNE WENZEL - 970 243-3767**
225 NORTH 5TH STREET, SUITE 505, GRAND JUNCTION, CO 81502

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIE EDWARDS CHAIRMAN	1.00	X		X				0.	0.	0.
(2) MIKE SEWELL VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) CHRIS WEST SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(4) DAVE MURPHY AT LARGE	1.00	X						0.	0.	0.
(5) LEE AMBROSE AT LARGE	1.00	X						0.	0.	0.
(6) BARB CHAMBERLIN DIRECTOR	1.00	X						0.	0.	0.
(7) KIM GIANNONE DIRECTOR	1.00	X						0.	0.	0.
(8) JIM BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) ROBIN BROWN DIRECTOR	1.00	X						0.	0.	0.
(10) RUSSELL GEORGE DIRECTOR	1.00	X						0.	0.	0.
(11) MICK GRAFF DIRECTOR	1.00	X						0.	0.	0.
(12) JAY MOSS DIRECTOR	1.00	X						0.	0.	0.
(13) MIKE RUSHMORE DIRECTOR	1.00	X						0.	0.	0.
(14) KATIE STEELE DIRECTOR	1.00	X						0.	0.	0.
(15) STEVE WATSON DIRECTOR	1.00	X						0.	0.	0.
(16) KATIE MACKLEY DIRECTOR	1.00	X						0.	0.	0.
(17) MARTHA TJSOSSEM DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE STAHL DIRECTOR	1.00	X						0.	0.	0.
(19) MONIQUE SERRA DIRECTOR	1.00	X						0.	0.	0.
(20) STEVE VANDERHOOF DIRECTOR	1.00	X						0.	0.	0.
(21) ANNE WENZEL PRESIDENT AND EXECUTIVE DI	40.00			X				90,000.	0.	44,500.
1b Sub-total								90,000.	0.	44,500.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								90,000.	0.	44,500.

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

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

Section B. Independent Contractors

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

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

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

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

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

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Part IX Statement of Functional Expenses

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

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

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

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

WESTERN COLORADO COMMUNITY FOUNDATION,
INC.

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Part X Balance Sheet

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

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

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,714,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,431,597.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,282,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,030,017.
5	Net unrealized gains (losses) on investments	5	7,076,979.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	422,824.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,812,639.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
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?		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2017

Open to Public Inspection

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 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,195,453.	1,646,293.	1,590,345.	1,724,324.	6,975,938.	14,132,353.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2,195,453.	1,646,293.	1,590,345.	1,724,324.	6,975,938.	14,132,353.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						417,936.
6 Public support. Subtract line 5 from line 4.						13,714,417.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2,195,453.	1,646,293.	1,590,345.	1,724,324.	6,975,938.	14,132,353.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,105,789.	1,828,705.	1,957,116.	2,368,477.	3,199,328.	12,459,415.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						26,591,768.
12 Gross receipts from related activities, etc. (see instructions)					12	20,500.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	51.57 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	39.95 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

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)? 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).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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? 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.	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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):		
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		(A) Prior Year	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 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

WESTERN COLORADO COMMUNITY FOUNDATION,
INC.

Employer identification number

84-1354894

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization WESTERN COLORADO COMMUNITY FOUNDATION, INC.	Employer identification number 84-1354894
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 252,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 677,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 378,787.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 213,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 686,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WESTERN COLORADO COMMUNITY FOUNDATION, INC.	Employer identification number 84-1354894
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK <hr/> <hr/> <hr/>	\$ 378,787.	12/29/17
4	7,314.207 SHS OF TEMPLETON GROWTH FUND STOCK <hr/> <hr/> <hr/>	\$ 190,389.	08/28/17
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization WESTERN COLORADO COMMUNITY FOUNDATION, INC.	Employer identification number 84-1354894
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization WESTERN COLORADO COMMUNITY FOUNDATION, INC. Employer identification number 84-1354894

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for types of easements, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

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

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

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

- a Board designated or quasi-endowment 7.00 %
- b Permanent endowment 93.00 %
- 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)		X
3a(ii)		X
3b		

b If "Yes" on line 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		28,044.	21,414.	6,630.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,630.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

FOR THE BENEFIT OF COMMUNITIES IN WESTERN COLORADO

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FAIR MARKET VALUE ADJUSTMENT ROYALTY INTEREST	422,824.
INVESTMENT FEES	-152,727.
ROYALTY INTEREST DEPLETION	-925,371.
ROYALTY TAXES	-95,639.
ROYALTY MONITORING	-13,403.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-764,316.

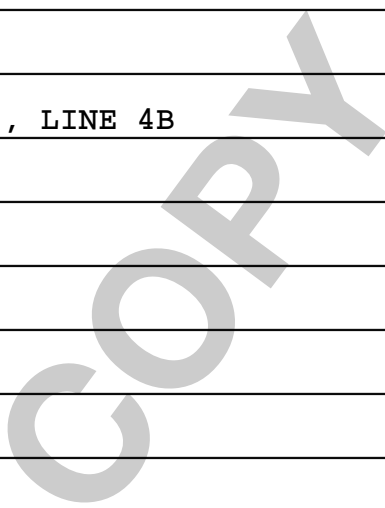
PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

AGENCY INVESTMENT GAIN	179,379.
AGENCY CONTRIBUTIONS	82,675.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	262,054.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROYALTY DEPLETION	925,371.
AGENCY FUND GRANTS	59,914.
ROYALTY TAXES	95,639.
ROYALTY MONITORING	13,403.
INVESTMENT FEES	152,727.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,247,054.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" 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

2017

**Open to Public
Inspection**

Name of the organization **WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

**Employer identification number
84-1354894**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LITTLE HELP NORTH FORK PO BOX 1738 PAONIA, CO 81428	83-0494129	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ALANO OF GRAND JUNCTION 404 GLENWOOD AVENUE GRAND JUNCTION, CO 81501	84-0833379	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS/WESTERN COLORADO CHAPTER - 506 GUNNISON AVENUE - GRAND JUNCTION, CO 81501	53-0196805		5,100.	0.			GENERAL SUPPORT
BRIGHT BY THREE 3605 MARTIN LUTHER KING BLVD. DENVER, CO 80205	84-1382420	501(C)(3)	10,000.	0.			MESA COUNTY PROGRAMS, GENERAL SUPPORT
BRIGHT FUTURES PO BOX 4216 TELLURIDE, CO 81435	20-2169766	501(C)(3)	20,000.	0.			PYRAMID MODEL TRAINING FOR DELTA AND MONTROSE CHILD CARE CENTERS
CASA OF MESA COUNTY 360 GRAND AVENUE, SUITE 201 GRAND JUNCTION, CO 81501	84-1409144	501(C)(3)	25,000.	0.			MICRO HOUSE PILOT - MATERIALS AND TOOLS

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

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

WESTERN COLORADO COMMUNITY FOUNDATION,
INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	25,000.	0.			PROPERTY PURCHASE FOR TINY HOUSES DEVELOPMENT
CENTRAL CITY OPERA 400 S. COLORADO BLVD. SUITE 530 DENVER, CO 80246	84-1201337	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILD AND MIGRANT SERVICES PO BOX 1038 PALISADE, CO 81526	84-0831830	501(C)(3)	5,688.	0.			GENERAL SUPPORT
CITY OF GRAND JUNCTION - DEPARTMENT OF PARKS AND RECREATION - 1340 GUNNISON AVENUE - GRAND JUNCTION, CO 81501	84-6000592	170(C)(1)	262,645.	0.			LOS COLONIAS AMPHITHEATER
COLORADO CANYONS ASSOCIATION 543 MAIN STREET GRAND JUNCTION, CO 81501	20-2409837	501(C)(3)	12,000.	0.			CATALPA PROJECT INFRASTRUCTURE AND PROGRAMS
COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET DENVER, CO 80203	74-2374672	501(C)(3)	5,000.	0.			GENERAL SUPPORT, NOVEMBER 2017 LUNCHEON SPONSORSHIP
COLORADO MESA UNIVERSITY FOUNDATION - 1450 NORTH 12 STREET - GRAND JUNCTION, CO 81501	84-6037667	501(C)(3)	22,715.	0.			SCHOLARSHIPS, CULINARY ART, VITICULTURE AND ENOLOGY
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - 500 KENNEDY DRIVE - RANGELY, CO 81648	84-0842160	501(C)(3)	10,713.	0.			SCHOLARSHIPS, GENERAL SUPPORT
COLORADO PUBLIC RADIO BRIDGES BROADCAST CENTER - 7409 S. ALTON COURT - CENTENNIAL, CO 80112-2301	74-2324052	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SKI AND SNOWBOARD MUSEUM HALL OF FAME - P.O. BOX 1976 - VAIL, CO 81657	51-0167088	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COLORADO STATE UNIVERSITY FOUNDATION - 10 UNIVERSITY SERVICES CENTER - FT. COLLINS, CO 80523	23-7098397	501(C)(3)	20,000.	0.			COMMUNITY ALLIANCE FOR EDUCATION AND HUNGER RELIEF - MESA COUNTY
COLORADO WEST LAND TRUST 1006 MAIN STREET GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	24,065.	0.			MONUMENT CORRIDOR 2020, GENERAL SUPPORT, LAND CONSERVATION IN DELTA AND MONTROSE COUNTIES
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502	84-0817696	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COUNSELING AND EDUCATION CENTER 2708 PATTERSON ROAD GRAND JUNCTION, CO 81506	74-2232416	501(C)(3)	20,000.	0.			CAREGIVER/HELPER FATIGUE TRAINING AND SUPPORT
DELTA COUNTY SCHOOL DISTRICT 50J 7655 2075 ROAD DELTA, CO 81416	84-6002820	170(C)(1)	57,589.	0.			AP TEST FEE WAIVERS FOR FRL STUDENTS, SCIENCE BOXES, VEHICLE FOR CROSS COUNTRY SKI ACTIVITIES
EUREKA! MCCONNELL SCIENCE MUSEUM 1400 N 7TH STREET GRAND JUNCTION, CO 81501	20-1641549	501(C)(3)	28,500.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 533 WHITE AVE. GRAND JUNCTION, CO 81502	84-0450681	501(C)(3)	6,836.	0.			GENERAL SUPPORT
FRIENDS OF CEDAREGE ANIMAL CONTROL - PO BOX 853 - CEDAREGE, CO 81413	75-3047960	501(C)(3)	5,000.	0.			MATCHING FUNDS FOR SHELTER RENOVATION PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND JUNCTION SYMPHONY 414 MAIN ST GRAND JUNCTION, CO 81501	84-0759502	501(C)(3)	19,011.	0.			GENERAL SUPPORT, NUTCRACKER SPONSORSHIP
GRAND VALLEY CATHOLIC OUTREACH 245 SOUTH 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	173,015.	0.			GENERAL SUPPORT, FEEDING FAMILIES, DAY CENTER CAPITAL CAMPAIGN, VETERANS PROGRAMS
GRAND VALLEY PEACE & JUSTICE 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	46-3768799	501(C)(3)	6,000.	0.			GENERAL SUPPORT, EMERGENCY SHELTER PROGRAM
HABITAT FOR HUMANITY OF MESA COUNTY - 200 GRAND AVENUE, SUITE 101L - GRAND JUNCTION, CO 81501	84-1136660	501(C)(3)	107,471.	0.			GENERAL SUPPORT AND HOUSING IN MESA COUNTY
HILLTOP HEALTH SERVICES DBA HILLTOP COMMUNITY RESOURCES AND LATIMER HOUSE - 1331 HERMOSA AVENUE - GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	114,971.	0.			GENERAL SUPPORT, LATIMER HOUSE CHILD ADVOCACY PROGRAM
HOLY FAMILY EDUCATION FOUNDATION DBA HOLY FAMILY SCHOOL - 786 26 1/2 ROAD - GRAND JUNCTION, CO 81506	84-0965875	501(C)(3)	78,056.	0.			CLASSROOM EDUCATIONAL ENRICHMENT MATERIALS, GENERAL SUPPORT, TUITION ASSISTANCE, CONVERTING
HOMewardBOUND OF THE GRAND VALLEY 2853 NORTH AVENUE GRAND JUNCTION, CO 81501	26-0052916	501(C)(3)	156,471.	0.			FAMILY HOUSING, FAMILY CENTER CAPITAL CAMPAIGN, PROGRAMS FOR WOMEN AND CHILDREN
HOPEWEST 3090 N 12TH STREET #B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	173,571.	0.			HOPE BLOOMS CAPITAL CAMPAIGN, GENERAL SUPPORT, CAMP GOOD GRIEF
IHM CHURCH 790 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0466724	501(C)(3)	10,838.	0.			EDUCATION MINISTRIES

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JUNIPER RIDGE COMMUNITY SCHOOL 640 24 1/2 ROAD GRAND JUNCTION, CO 81505	45-5185556	501(C)(3)	5,367.	0.			EARLY CHILDHOOD EDUCATION AND DEVELOPMENT, GENERAL SUPPORT
KARIS, INC. P. O. BOX 2837 GRAND JUNCTION, CO 81502	26-4600743	501(C)(3)	30,044.	0.			MATCHING FUNDS FOR ZOE HOUSE REPAIRS AND MAINTENANCE, THE HOUSE PROGRAMS, GENERAL
KIDS AID PO BOX 2569 GRAND JUNCTION, CO 81502	26-1673162	501(C)(3)	7,500.	0.			GENERAL SUPPORT
KOINONIA CHURCH 730 25 ROAD GRAND JUNCTION, CO 81505	84-0724312	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LUTHERAN CHURCH AND SCHOOL OF THE MESSIAH - 840 NORTH 11TH STREET - GRAND JUNCTION, CO 81501	84-0594613	501(C)(3)	35,031.	0.			MATCHING FUNDS FOR THE SCHOOL, GENERAL SUPPORT
MARILLAC CLINIC 2333 NORTH 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	120,241.	0.			GENERAL SUPPORT, ACUDETOK SUPPLIES FOR SUBSTANCE ABUSE PREVENTION
MARK & KATHRYN FORD FAMILY FOUNDATION INC. - 235 NE 4TH AVENUE, SUITE 101 - DELRAY BEACH, FL 33483	46-3841170	501(C)(3)	5,000.	0.			RECOVERY EFFORTS IN NICARAGUA
MESA COUNTY PARTNERS 1169 COLORADO AVE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	125,900.	0.			GENERAL SUPPORT, PROGRAMS FOR PALISADE YOUTH, DRUG THREAT OVERSIGHT COMMITTEE, SHARE AND CARE
MESA COUNTY PUBLIC LIBRARY FOUNDATION - PO BOX 3668 - GRAND JUNCTION, CO 81502-3668	84-1217217	501(C)(3)	6,609.	0.			MUSICAL INSTRUMENTS FOR 970 WEST STUDIO, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESA COUNTY SCHOOL DISTRICT 51 2280 EAST MAIN STREET GRAND JUNCTION, CO 81501	84-6002839	170(C)(1)	113,050.	0.			PRINTERS AND MATERIALS FOR MESA AFTER-SCHOOL PROGRAMS, LUNCH LIZARD 2.0, SUICIDE
MESA COUNTY SCHOOL DISTRICT 51 - FOUNDATION - 2115 GRAND AVENUE - GRAND JUNCTION, CO 81501	27-3662704	170(C)(1)	10,200.	0.			GENERAL SUPPORT, CHROMEBOOKS
MIND SPRINGS HEALTH PO BOX 40 GLENWOOD SPRINGS, CO 81602	84-0625890	501(C)(3)	37,843.	0.			CAPITAL CAMPAIGN FOR NEW WEST SPRINGS HOSPITAL, WOMEN'S RECOVERY CENTER
MONTROSE COUNTY SCHOOL DISTRICT RE-1J - PO BOX 10,000 - MONTROSE, CO 81402	84-0517051	170(C)(1)	15,270.	0.			MAKERSPACES FOR OLATHE AND NORTHSIDE ELEMENTARY SCHOOLS, SCHOLARSHIPS FOR GRADUATING SENIORS
MOSAIC 2456 INDUSTRIAL BLVD. GRAND JUNCTION, CO 81506-6065	11-3669999	501(C)(3)	5,000.	0.			GENERAL SUPPORT FOR WESTERN COLORADO PROGRAMS
MOUNTAIN FAMILY HEALTH CENTERS 1905 BLAKE AVE #101 GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	20,000.	0.			TELE-PSYCHIATRY SERVICES FOR RIFLE CLINIC
OURAY COUNTY HISTORICAL SOCIETY P. O. BOX 151 OURAY, CO 81427	84-0623733	501(C)(3)	50,500.	0.			COMPUTER TO ARCHIVE HISTORICAL PHOTOS, MATCHING FUNDS FOR CAPITAL CAMPAIGN
OURAY COUNTY PERFORMING ARTS PO BOX 14 OURAY, CO 81427	74-2362156	501(C)(3)	13,500.	0.			DAVE AND MARY WOOD CHAMBER CONCERT SERIES, YOUTH ENRICHMENT PERFORMANCES
OURAY LIBRARY DISTRICT P.O. BOX 625 OURAY, CO 81427	84-0868422		12,914.	0.			TEEN ROOM RENOVATION, FURNISHINGS AND EQUIPMENT, GENERAL SUPPORT, EXPAND STEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OURAY MOUNTAIN RESCUE TEAM PO BOX 220 OURAY, CO 81427	75-2158092	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RAFT RESOURCE AREA FOR TEACHING 3827 STEELE STREET, UNIT C DENVER, CO 80205	26-2455607	501(C)(3)	20,000.	0.			RAFT-ON-WHEELS TRAINING FOR EAGLE, MONTROSE AND DELTA TEACHERS
RIVERSIDE EDUCATIONAL CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	20-5451495	501(C)(3)	9,850.	0.			GENERAL SUPPORT, TASTE OF RIVERSIDE EVENT
ROICE-HURST HUMANE SOCIETY 362 28 ROAD GRAND JUNCTION, CO 81501	84-6048416	501(C)(3)	110,203.	0.			GENERAL SUPPORT
SALVATION ARMY 1235 NORTH 4TH STREET GRAND JUNCTION, CO 81502	94-1156347	501(C)(3)	25,702.	0.			ADDICTION RECOVERY PROGRAM, GENERAL SUPPORT
SAN JUAN RESOURCE CONSERVATION & DEVELOPMENT COUNCIL - PO BOX 1006 - DURANGO, CO 81302	74-2408579	501(C)(3)	10,000.	0.			DURANGO MOUNTAIN CAMP SCHOLARSHIPS
SHARING MINISTRIES, INC. 121 NORTH RIO GRANDE MONTROSE, CO 81401	84-1338604	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN 2900 N. ROCKY POINT DRIVE TAMPA, FL 33607	36-2191608	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SIX BASINS PROJECT INC. P.O. BOX 13 RIDGWAY, CO 81432	45-4911087	501(C)(3)	35,000.	0.			BOX CANON SIGN PROJECT CHALLENGE MATCH, HIGH ALPINE TOILETS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JAMES EPISCOPAL CHURCH PO BOX 641 MEEKER, CO 81541	84-0707733	501(C)(3)	6,654.	0.			STAINED GLASS WINDOW REFURBISHMENT PROJECT
SURFACE CREEK VALLEY HISTORICAL SOCIETY - PO BOX 906 - CEDAREGE, CO 81413	84-0828179	501(C)(3)	6,248.	0.			DISTRIBUTION OF 2016 ENDOWMENT EARNINGS
TECHNICAL COLLEGE OF THE ROCKIES 7655 - 2075 ROAD DELTA, CO 81416	84-0711990		25,867.	0.			ENGAGE INNOVATION CENTER, NURSING SCHOLARSHIPS
THE ASPEN INSTITUTE 1000 NORTH THIRD STREET ASPEN, CO 81611	84-0399006	501(C)(3)	9,509.	0.			SOCIETY OF FELLOWS PROGRAM
THE MOLINA CENTER PO BOX 127 MOLINA, CO 81646	27-0866903	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE PIC PLACE PARTNERS IN INTEGRATED CARE - 1901 TOWNSEND - MONTROSE, CO 81401	47-0891200	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
UNITARIAN UNIVERSALIST CONGREGATION OF THE GRAND VALLEY - 536 OURAY AVENUE - GRAND JUNCTION, CO 81501	84-1554247	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF MESA COUNTY 422 WHITE AVENUE GRAND JUNCTION, CO 81502-0153	84-0503686	501(C)(3)	7,489.	0.			GENERAL SUPPORT
UTE INDIAN MUSEUM 1200 BROADWAY DENVER, CO 80203	84-6000482	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN

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

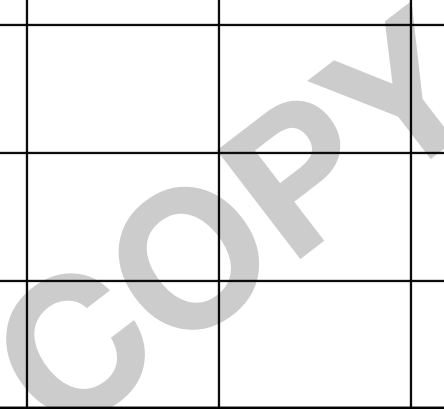
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOYAGER YOUTH PROGRAM 280 NORTH CORA STREET RIDGWAY, CO 81432	84-1453650	501(C)(3)	12,000.	0.			AFTER-SCHOOL AND SUMMER ENRICHMENT PROGRAMS, GENERAL SUPPORT
WESTERN COLORADO CENTER FOR THE ARTS - 1803 NORTH 7TH STREET - GRAND JUNCTION, CO 81501	84-0579106	501(C)(3)	8,694.	0.			GENERAL SUPPORT, ARTABILITY PROGRAM
WESTERN COLORADO CONGRESS PO BOX 1931 GRAND JUNCTION, CO 81502-1931	84-0837218	501(C)(3)	6,910.	0.			GENERAL SUPPORT
WESTERN SLOPE FOOD BANK OF THE ROCKIES - 120 NORTH RIVER ROAD - PALISADE, CO 81526	84-0772672	501(C)(3)	10,500.	0.			GENERAL SUPPORT
WESTERN STATE COLORADO UNIVERSITY FOUNDATION - PO BOX 1264 - GUNNISON, CO 81230	84-0709935	501(C)(3)	16,027.	0.			COSI STATE MATCHING FUNDS
YOUTHZONE 803 SCHOOL STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	13,000.	0.			GENERAL SUPPORT, CARBONDALE PROGRAMS, PROGRAMS IN PARACHUTE AND BATLEMENT MESA

Schedule I (Form 990)

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance



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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

HOLY FAMILY EDUCATION FOUNDATION DBA HOLY FAMILY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASSROOM EDUCATIONAL ENRICHMENT

MATERIALS , GENERAL SUPPORT, TUITION ASSISTANCE, CONVERTING MIDDLE SCHOOL

MATH CLASSROOMS TO STANDING WORK STATIONS

NAME OF ORGANIZATION OR GOVERNMENT: KARIS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MATCHING FUNDS FOR ZOE HOUSE REPAIRS

Part IV Supplemental Information

AND MAINTENANCE, THE HOUSE PROGRAMS, GENERAL SUPPORT, FURNISHINGS FOR NEW HOUSES

NAME OF ORGANIZATION OR GOVERNMENT: MESA COUNTY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROGRAMS FOR PALISADE YOUTH, DRUG THREAT OVERSIGHT COMMITTEE, SHARE AND CARE FAMILY SUPPORT, SUBSTANCE ABUSE PREVENTION EDUCATION (MIP)

NAME OF ORGANIZATION OR GOVERNMENT: MESA COUNTY SCHOOL DISTRICT 51

(H) PURPOSE OF GRANT OR ASSISTANCE: PRINTERS AND MATERIALS FOR MESA AFTER-SCHOOL PROGRAMS, LUNCH LIZARD 2.0, SUICIDE PREVENTION/CYBER SKILLS TRAINING FOR YOUTH AND PARENTS, AP TEST FEE WAIVERS FOR FRL STUDENTS, CHS ROBOTICS LAB, SPECIAL EDUCATION DEPT. FOR TEACHER TRAINING AND RESOURCES, GIFT CARDS FOR HOMELESS STUDENTS FOR MEALS OVER SCHOOL BREAKS

NAME OF ORGANIZATION OR GOVERNMENT: OURAY LIBRARY DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TEEN ROOM RENOVATION, FURNISHINGS AND EQUIPMENT, GENERAL SUPPORT, EXPAND STEM PROGRAMMING FOR YOUTH

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **WESTERN COLORADO COMMUNITY FOUNDATION, INC.** Employer identification number **84-1354894**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	855,686.	MARKET VALUE UPON SA
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 (ELECTRONICS)	X	1	75.	MARKET VALUE UPON SA
26 Other				
27 Other				
28 Other				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

WESTERN COLORADO COMMUNITY FOUNDATION,
INC.

Employer identification number
84-1354894

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.

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

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.

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

Name of the organization WESTERN COLORADO COMMUNITY FOUNDATION, INC.	Employer identification number 84-1354894
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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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 FAIR MARKET VALUE ADJUSTMENT, ROYALTY INTEREST 422,824.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **WESTERN COLORADO COMMUNITY FOUNDATION, INC.** Employer identification number **84-1354894**

Part I 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
WILLIAM G WALDECK LLC - 35-6815453 P.O. BOX 4334 GRAND JUNCTION, CO 81502	ROYALTY INTEREST	COLORADO	<450,136.>	3,754,433.	W.C.C.F.
WCCF ASSET HOLDING, LLC - 46-4259594 P.O. BOX 4334 GRAND JUNCTION, CO 81502	TO HOLD CERTAIN DONATED PROPERTY & INTERESTS UNTIL THEY CAN BE LIQUIDATED	COLORADO	<86.>	10,876.	W.C.C.F.

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

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

Schedule R (Form 990) 2017

WESTERN COLORADO COMMUNITY FOUNDATION,
INC.

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
CHARITABLE REMAINDER UNITRUST (1)	INVESTING	CO	N/A	TRUST					X
CHARITABLE LEAD TRUST (1)	INVESTING	CO	N/A	TRUST					X
CHARITABLE LEAD TRUST (2)	INVESTING	MO	N/A	TRUST					X

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE LEAD TRUST (1)	S	822.	
(2) CHARITABLE LEAD TRUST (2)	S	10,411.	
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WESTERN COLORADO COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or 84-1354894
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4334	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND JUNCTION, CO 81502-4334	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANNE WENZEL - 225 NORTH 5TH STREET, SUITE 505 - GRAND JUNCTION, CO 81502

- The books are in the care of ▶ **JUNCTION, CO 81502**
Telephone No. ▶ **970 243-3767** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**