

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
WESTERN COLORADO COMMUNITY FOUNDATION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 4334
City or town, state or province, country, and ZIP or foreign postal code
GRAND JUNCTION, CO 81502
F Name and address of principal officer: **ANNE WENZEL**
SAME AS C ABOVE

D Employer identification number

84-1354894

E Telephone number
970-243-3767

G Gross receipts \$ **9,040,063.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.WC-CF.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1996** **M** State of legal domicile: **CO**

Part I Summary

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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	99
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,734,931.	Current Year 5,150,480.
	9 Program service revenue (Part VIII, line 2g)	0.	31,094.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,468,906.	960,172.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,399,873.	3,289.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,603,710.	6,145,035.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,454,652.	4,717,177.
Expenses	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)	636,700.	690,498.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,599.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	474,279.	458,338.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,565,631.	5,866,013.
	19 Revenue less expenses. Subtract line 18 from line 12	3,038,079.	279,022.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 88,267,866.	End of Year 99,414,963.
	21 Total liabilities (Part X, line 26)	4,240,304.	5,037,723.
	22 Net assets or fund balances. Subtract line 21 from line 20	84,027,562.	94,377,240.

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		
	ANNE WENZEL, PRESIDENT/EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KYLE FRITCH, CPA	KYLE FRITCH, CPA	11/04/21		P01313374
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958			
	Firm's address ▶ 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429	Phone no. 970-223-8825			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

WESTERN COLORADO COMMUNITY FOUNDATION,
INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,183,411. including grants of \$ 4,683,329.) (Revenue \$ 31,094.)

CWESTERN COLORADO COMMUNITY FOUNDATION RECEIVES AND ACCEPTS PROPERTY TO BE ADMINISTERED TO PROMOTE CHARITABLE GIVING, BUILD AND MANAGE CHARITABLE FUNDS FOR THE COMMUNITY GOOD, AND PROVIDE GRANTS, SCHOLARSHIPS, AND OTHER RESOURCES TO BENEFIT THE RESIDENTS AND COMMUNITIES OF WESTERN COLORADO.

THE COMMUNITY FOUNDATION DEVELOPED FOUR INITIATIVES IN 2020 IN RESPONSE TO THE COVID PANDEMIC WHICH INCLUDE A VIRTUAL CANNED FOOD DRIVE (TO RAISE FUNDS FOR FOOD PANTRIES), CARING FOR OUR HOME COMMUNITY (AN EFFORT TO RAISE FUNDS FROM BUSINESS LEADERS TO PURCHASE MEALS FROM RESTAURANTS FOR HUNGER RELIEF AND HELP SUPPORT THE STRUGGLING RESTAURANTS), WEST SLOPE CARES AND #GJSTRONG EMERGENCY GRANTS.

4b (Code:) (Expenses \$ 66,744. including grants of \$ 11,348.) (Revenue \$)

BLUEPRINT TO END HUNGER - WITH FUNDING FROM A PRIVATE FOUNDATION, WE PROVIDED STAFF SUPPORT TO THE MESA COUNTY HUNGER ALLIANCE, A COALITION OF 20+ HUNGER RELIEF ORGANIZATIONS, AND FACILITATED PLANNING AND PREPARATION OF A 5-YEAR PLAN, MESA COUNTY BLUEPRINT TO END HUNGER. IMPLEMENTATION OF ACTION STEPS BEGAN IN 2020 AND CONTINUES IN 2021 WITH THE ASSISTANCE OF A 2-YEAR GRANT.

4c (Code:) (Expenses \$ 35,733. including grants of \$ 22,500.) (Revenue \$)

MENTAL HEALTH AND WELLNESS - THE COVID PANDEMIC HAD A SIGNIFICANT IMPACT ON PEOPLE'S STRESS LEVELS AND MENTAL HEALTH. OUR COMMUNITY SAW A RISE IN ANXIETY, DEPRESSION, SUBSTANCE ABUSE, DOMESTIC VIOLENCE, AND CONSIDERATIONS OF SUICIDE. WE DEVELOPED A NEW INITIATIVE CALLED YOUTHSTRONG TO WORK ON THESE ISSUES, AND ARE PROVIDING PROGRAM SUPPORT AND TECHNICAL ASSISTANCE TO ORGANIZATIONS WORKING IN THIS SPACE, AND GRANT FUNDING FOR NEW MATERIALS AND RESOURCES (FOCUSED ON MENTAL WELLNESS FOR CHILDREN AND YOUTH). MOST OF THE FUNDING FOR THIS PROJECT CAME IN LATE 2020, CONTINUING EFFORTS FOR 2021.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,285,888.

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INC.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 donor-restricted endowments or in 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
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	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

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	1a 5	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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.	13a		
b 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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

☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CO

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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
P.O. BOX 4334, GRAND JUNCTION, CO 81501

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ANNE WENZEL PRESIDENT/EXECUTIVE DIRECTOR	40.00			X				112,701.	0.	56,763.
(2) BARB CHAMBERLIN CHAIR	1.00	X		X				0.	0.	0.
(3) MARY BETH BUESCHER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) KIM GIANNONE SECRETARY	1.00	X		X				0.	0.	0.
(5) KATIE STEELE TREASURER	1.00	X		X				0.	0.	0.
(6) MONIQUE SERRA DIRECTOR	1.00	X						0.	0.	0.
(7) SUSAN CORLE DIRECTOR	1.00	X						0.	0.	0.
(8) JIM BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) NANCY HOGANSON HANNAH DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID LIVINGSTON DIRECTOR	1.00	X						0.	0.	0.
(11) KATIE MACKLEY DIRECTOR	1.00	X						0.	0.	0.
(12) JAY MOSS DIRECTOR	1.00	X						0.	0.	0.
(13) HAZEL STEVENS PRICE DIRECTOR	1.00	X						0.	0.	0.
(14) DAN PRINSTER DIRECTOR	1.00	X						0.	0.	0.
(15) MIKE RUSHMORE DIRECTOR	1.00	X						0.	0.	0.
(16) MARTHA TJOSSEM DIRECTOR	1.00	X						0.	0.	0.
(17) BILL WELCH DIRECTOR	1.00	X						0.	0.	0.

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

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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			
1b Subtotal								112,701.	0.	56,763.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								112,701.	0.	56,763.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, 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**

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

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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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	502,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,648,480.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,429,604.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PROGRAM FEES	Business Code					
		900099		29,394.	29,394.		
	b						
	c						
	d						
	e						
	f All other program service revenue	900099		1,700.	1,700.		
	g Total. Add lines 2a-2f			31,094.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,515,387.			1,515,387.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			3,181.			3,181.
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
			2,339,813.				
	b Less: cost or other basis and sales expenses	7b	2,895,028.				
	c Gain or (loss)	7c	-555,215.				
	d Net gain or (loss)			-555,215.			-555,215.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099		108.			108.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			108.			
12 Total revenue. See instructions				6,145,035.	31,094.	0.	963,461.

**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	4,004,824.	4,004,824.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	712,353.	712,353.		
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	169,463.	93,205.	67,785.	8,473.
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	419,929.	263,621.	156,308.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	62,570.	39,011.	23,559.	
10 Payroll taxes	38,536.	23,507.	15,029.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,253.	1,368.	874.	11.
c Accounting	36,413.		36,413.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	143,904.		143,904.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	47,580.	28,894.	18,448.	238.
12 Advertising and promotion	22,232.	13,495.	8,626.	111.
13 Office expenses	18,757.	11,402.	7,261.	94.
14 Information technology	49,594.		49,594.	
15 Royalties	232.	141.	90.	1.
16 Occupancy	50,984.	30,947.	19,782.	255.
17 Travel	7,056.	3,083.	3,948.	25.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,975.		1,975.	
23 Insurance	11,338.		11,338.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ROYALTY TAXES	58,108.	58,108.		
b BANK FEES	2,163.		2,163.	
c DONOR CULTIVATION	1,386.			1,386.
d				
e All other expenses	4,363.	1,929.	2,429.	5.
25 Total functional expenses. Add lines 1 through 24e	5,866,013.	5,285,888.	569,526.	10,599.
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.**

Form 990 (2020)

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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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,106,348.	2	4,107,260.
	3 Pledges and grants receivable, net		3	74,000.
	4 Accounts receivable, net	177,719.	4	137,817.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,510.	9	20,681.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	51,714.		
	b Less: accumulated depreciation	38,252.		
		4,661.	10c	13,462.
	11 Investments - publicly traded securities	71,158,843.	11	77,911,840.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	7,366,040.	14	8,923,309.
15 Other assets. See Part IV, line 11	7,420,745.	15	8,226,594.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	88,267,866.	16	99,414,963.	
Liabilities	17 Accounts payable and accrued expenses	104,099.	17	104,706.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	114,100.
	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	4,136,205.	25	4,818,917.
	26 Total liabilities. Add lines 17 through 25	4,240,304.	26	5,037,723.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	80,616,433.	27	90,602,167.
	28 Net assets with donor restrictions	3,411,129.	28	3,775,073.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	84,027,562.	32	94,377,240.
	33 Total liabilities and net assets/fund balances	88,267,866.	33	99,414,963.

Form **990** (2020)

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

Form 990 (2020)

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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 ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,145,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,866,013.
3	Revenue less expenses. Subtract line 2 from line 1	3	279,022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,027,562.
5	Net unrealized gains (losses) on investments	5	6,862,508.
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 on Schedule O)	9	3,208,148.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,377,240.

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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____	3a	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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2020)

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

2020

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 ☒ 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).

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

WESTERN COLORADO COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2020 INC.

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1724324.	6975938.	3985388.	3734931.	5150480.	21571061.
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	1724324.	6975938.	3985388.	3734931.	5150480.	21571061.
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)						1198530.
6 Public support. Subtract line 5 from line 4.						20372531.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1724324.	6975938.	3985388.	3734931.	5150480.	21571061.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2368477.	3199328.	4216326.	3679466.	1518568.	14982165.
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.)					108.	108.
11 Total support. Add lines 7 through 10						36553334.
12 Gross receipts from related activities, etc. (see instructions)					12	38,094.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	55.73 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	51.74 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
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.		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

WESTERN COLORADO COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2020 **INC.**

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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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 **INC.**

Part VI

032028 01-25-21

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

2020

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

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).

Name of organization

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

Employer identification number

84-1354894**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
<u>1</u>		\$ <u>123,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>161,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>204,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>220,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>234,978.</u>	Person <input checked="" 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**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
<u>7</u>		\$ <u>343,956.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>502,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>1,043,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>1,171,855.</u>	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.)

Employer identification number

84-1354894

Part II

[illegible]

Name of organization

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

Employer identification number

84-1354894**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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2020**Open to Public Inspection****Name of the organization** WESTERN COLORADO COMMUNITY FOUNDATION, INC.**Employer identification number**
84-1354894**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	103	119
2 Aggregate value of contributions to (during year)	3,742,097.	3,197,799.
3 Aggregate value of grants from (during year)	2,135,417.	1,216,077.
4 Aggregate value at end of year	29,875,294.	23,382,903.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	70,766,534.	57,848,100.	60,493,883.	51,535,999.	39,675,627.
b Contributions	2,974,913.	415,070.	5,866,287.	3,978,563.	9,282,645.
c Net investment earnings, gains, and losses	7,769,154.	12,318,421.	-5,141,716.	8,323,519.	5,145,128.
d Grants or scholarships	3,386,540.	2,934,087.	2,754,667.	2,805,436.	2,155,675.
e Other expenditures for facilities and programs					
f Administrative expenses	793,866.	610,970.	615,687.	538,762.	411,726.
g End of year balance	77,330,195.	70,766,534.	57,848,100.	60,493,883.	51,535,999.

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

a Board designated or quasi-endowment ☒ .0000 %

b Permanent endowment ☒ 93.5900 %

c Term endowment ☒ 6.4100 %

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		10,776.		10,776.
b Buildings				
c Leasehold improvements		24,455.	24,455.	0.
d Equipment		16,483.	13,797.	2,686.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,462.

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

Schedule D (Form 990) 2020

84-1354894 Page **3**

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) FUNDS HELD AS AGENCY ENDOWMENTS	4,818,917.
(2) BENEFICIAL INTEREST IN LEAD TRUST	3,407,677.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,226,594.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD IN TRUSTS	4,818,917.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,818,917.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

**WESTERN COLORADO COMMUNITY FOUNDATION,
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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	16,092,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,070,656.
b	Donated services and use of facilities	2b	21,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,091,656.
3	Subtract line 2e from line 1	3	6,001,131.
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	143,904.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	143,904.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,145,035.

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

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

1	Total expenses and losses per audited financial statements	1	5,743,109.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	21,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	21,000.
3	Subtract line 2e from line 1	3	5,722,109.
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	143,904.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	143,904.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,866,013.

Part XIII Supplemental Information.

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

PART X, LINE 2:

WE ARE ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAVE BEEN
 RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL
 INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN
 ORGANIZATION DESCRIBED IN SECTION 501(C)(3). WE QUALIFY FOR THE CHARITABLE
 CONTRIBUTION DEDUCTION AND HAVE BEEN DETERMINED NOT TO BE A PRIVATE
 FOUNDATION. OUR OWNERSHIP IN TWO LLC ENTITIES, TREATED AS DISREGARDED
 ENTITIES FOR TAX PURPOSES, IS INCORPORATED INTO OUR TAX FILINGS. WE ARE
 ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
 (FORM 990) WITH THE IRS. IN ADDITION, WE ARE SUBJECT TO INCOME TAX ON NET
 INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO OUR
 EXEMPT PURPOSE. WE HAVE DETERMINED THAT WE ARE NOT SUBJECT TO UNRELATED

Part XIII Supplemental Information *(continued)*

BUSINESS INCOME TAX AND HAVE NOT FILED AN EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN (FORM 990T) WITH THE IRS.

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

2020

**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
AMERICAN LUTHERAN CHURCH 631 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0515496	501(C)(3)	45,000.	0.			RELIGIOUS SUPPORT
AMERICAN RED CROSS - WESTERN COLORADO CHAPTER - 506 GUNNISON AVENUE - GRAND JUNCTION, CO 81501	53-0196805	501(C)(3)	25,100.	0.			DISASTER RELIEF
BLACK CANYON BOYS & GIRLS CLUB PO BOX 1907 MONTROSE, CO 81402	84-1508948	501(C)(3)	60,000.	0.			YOUTH DEVELOPMENT
CAMP HOPE 509 BEACH AVENUE FRUITA, CO 81521	27-1841692	501(C)(3)	30,000.	0.			YOUTH DEVELOPMENT
CASA OF MESA COUNTY 360 GRAND AVENUE, STE 201 GRAND JUNCTION, CO 81501	84-1409144	501(C)(3)	6,500.	0.			YOUTH DEVELOPMENT
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	67,745.	0.			CHILD ABUSE/NEGLECT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **110.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CENTRAL CITY OPERA 4875 WARD ROAD, STE 100 WHEAT RIDGE, CO 80033-1943	84-1201337	501(C)(3)	10,000.	0.			ARTS, CULTURE
CITY OF OURAY/OURAY FIRE DEPT. 320 6TH AVENUE OURAY, CO 81427	84-9000914	CITY OF OURAY	10,000.	0.			COMMUNITY SUPPORT
COLORADO CANYONS ASSOCIATION 543 MAIN STREET GRAND JUNCTION, CO 81501	20-2409837	501(C)(3)	25,000.	0.			RECREATION
COLORADO DEPT. OF MILITARY AND VETERANS AFFAIRS - 482 28 ROAD - GRAND JUNCTION, CO 81501	84-0644739	STATE OF COLORAD	7,082.	0.			VETERANS SUPPORT
COLORADO DISCOVER ABILITY 601 STRUTHERS AVENUE GRAND JUNCTION, CO 81501	84-1569050	501(C)(3)	10,000.	0.			HUMAN SERVICE
COLORADO MESA UNIV FOUNDATION 1450 NORTH 12TH STREET GRAND JUNCTION, CO 81505	84-6037667	501(C)(3)	87,903.	0.			EDUCATIONAL SUPPORT
COLORADO MESA UNIVERSITY BUSINESS OFFICE - 1450 NORTH 12TH STREET - GRAND JUNCTION, CO 81505	84-6001656	STATE OF COLORAD	7,961.	0.			EDUCATIONAL SUPPORT
COLORADO WEST LAND TRUST 1248 OURAY AVENUE GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	20,960.	0.			ENVIRONMENTAL SUPPORT
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502-3614	84-0817696	501(C)(3)	203,001.	0.			FOOD, NUTRITION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF WESTERN NEVADA - 50 WASHINGTON STREET, SUITE 300 - RENO, NV 89503	88-0370179	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
COUNSELING AND EDUCATION CENTER 2708 PATTERSON ROAD GRAND JUNCTION, CO 81506	74-2232416	501(C)(3)	33,727.	0.			MENTAL HEALTH
DISTRICT 51 FOUNDATION 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	27-3662704	501(C)(3)	28,511.	0.			EDUCATIONAL SUPPORT
DOORS 2 SUCCESS 8 FORESIGHT CIRCLE GRAND JUNCTION, CO 81505	26-2807058	501(C)(3)	56,000.	0.			HOUSING, SHELTER
EUREKA! MCCONNELL SCIENCE MUSEUM 1400 NORTH 7TH STREET GRAND JUNCTION, CO 81501	20-1641549	501(C)(3)	22,500.	0.			EDUCATIONAL SUPPORT
FAMILY RENEWAL SHELTER 6832 PACIFIC AVENUE TACOMA, WA 98408	91-1347741	501(C)(3)	6,000.	0.			CHILD ABUSE/NEGLECT
FRIENDS OF THE WRIGHT OPERA HOUSE PO BOX 17 OURAY, CO 81427	26-2039839	501(C)(3)	13,500.	0.			ARTS, CULTURE
FRIENDS OF YOUTH AND NATURE PO BOX 634 HOTCHKISS, CO 81419	83-1389798	501(C)(3)	10,500.	0.			EDUCATIONAL SUPPORT
GLENWOOD SPRINGS KIWANIS CLUB FOUNDATION - PO BOX 1598 - GLENWOOD SPRINGS, CO 81602	84-1577926	501(C)(3)	15,392.	0.			COMMUNITY SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND JUNCTION SYMPHONY FOUNDATION 414 MAIN STREET GRAND JUNCTION, CO 81501	20-3258849	501(C)(3)	50,394.	0.			PHILANTHROPY
GRAND JUNCTION SYMPHONY ORCHESTRA 414 MAIN STREET GRAND JUNCTION, CO 81501	84-0759502	501(C)(3)	32,468.	0.			ARTS, CULTURE
GRAND VALLEY CATHOLIC OUTREACH 245 SOUTH 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	202,523.	0.			FOOD, NUTRITION
HABITAT FOR HUMANITY OF MESA COUNTY - PO BOX 4947 - GRAND JUNCTION, CO 81502-4947	84-1136660	501(C)(3)	102,923.	0.			HOUSING, SHELTER
HABITAT FOR HUMANITY OF MONTROSE COUNTY - 1601 N. TOWNSEND AVENUE - MONTROSE, CO 81401	84-1140499	501(C)(3)	10,000.	0.			HOUSING, SHELTER
HABITAT FOR HUMANITY OF THE ROARING FORK VALLEY - 53 CALOWAY COURT - GLENWOOD SPRINGS, CO 81601	84-1499538	501(C)(3)	12,500.	0.			HOUSING, SHELTER
HARMONY ACRES EQUESTRIAN CENTER PO BOX 38 FRUITA, CO 81521	68-0508799	501(C)(3)	25,000.	0.			DISABLED SUPPORT
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	203,173.	0.			HUMAN SERVICE
HOLY FAMILY SCHOOL 786 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0965875	501(C)(3)	98,711.	0.			EDUCATIONAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMewardBOUND OF THE GRAND VALLEY 2853 NORTH AVENUE GRAND JUNCTION, CO 81501	26-0052916	501(C)(3)	240,050.	0.			HOUSING, SHELTER
HOPE OF THE GRAND VALLEY PO BOX 532 FRUITA, CO 81521	27-1565337	501(C)(3)	12,000.	0.			HUMAN SERVICE
HOPEWEST - GJ 3090 NORTH 12TH STREET, UNIT B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	168,323.	0.			BEREAVEMENT SUPPORT
HOPEWEST - MEEKER 575 3RD STREET MEEKER, CO 81641	84-1207388	501(C)(3)	37,357.	0.			BEREAVEMENT SUPPORT
HOUSING RESOURCES OF WESTERN COLORADO - 524 30 ROAD, STE 3 - GRAND JUNCTION, CO 81504	84-0879892	501(C)(3)	30,000.	0.			HOUSING, SHELTER
IHM CHURCH 790 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0466724	501(C)(3)	11,090.	0.			RELIGIOUS SUPPORT
JUNIPER RIDGE COMMUNITY SCHOOL FOUNDATION - 640 24 1/2 ROAD - GRAND JUNCTION, CO 81505	32-0538099	501(C)(3)	21,000.	0.			EDUCATIONAL SUPPORT
KARIS, INC. PO BOX 2837 GRAND JUNCTION, CO 81502	26-4600743	501(C)(3)	102,800.	0.			HOUSING, SHELTER
KIDS AID 2978 GUNNISON AVENUE GRAND JUNCTION, CO 81504	26-1673162	501(C)(3)	88,804.	0.			FOOD, NUTRITION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT-UP PO BOX 1928 RIFLE, CO 81650	84-0896081	501(C)(3)	46,169.	0.			FOOD, NUTRITION
LUTHERAN CHURCH AND SCHOOL OF THE MESSIAH - 840 NORTH 11TH STREET - GRAND JUNCTION, CO 81501	84-0594613	501(C)(3)	6,103.	0.			RELIGIOUS SUPPORT
MARILLAC CLINIC 2333 NORTH 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	80,982.	0.			HEALTH, GENERAL
MARILLACHEALTH 2333 NORTH 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	28,123.	0.			HEALTH, GENERAL
MESA COUNTY PARTNERS 1169 COLORADO AVENUE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	116,423.	0.			YOUTH DEVELOPMENT
MESA COUNTY SCHOOL DISTRICT 51 NUTRITION SERVICES - 2280 EAST MAIN STREET - GRAND JUNCTION, CO 81501	84-6002839	MESA COUNTY	12,475.	0.			EDUCATIONAL SUPPORT
MESA COUNTY VALLEY SCHOOL DISTRICT 51 - 2115 GRAND AVENUE - GRAND JUNCTION, CO 81501	84-6002839	MESA COUNTY	28,000.	0.			EDUCATIONAL SUPPORT
MIND SPRINGS FOUNDATION PO BOX 4554 GRAND JUNCTION, CO 81502	35-2667413	501(C)(3)	34,725.	0.			MENTAL HEALTH
MONTROSE COUNTY SCHOOL DISTRICT RE-1J - PO BOX 10,000 - MONTROSE, CO 81402	84-0517051	MONTROSE COUNTY	5,613.	0.			EDUCATIONAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION REVAMP INC. - VETERANS ART CENTER - 307 SOUTH 12TH STREET - GRAND JUNCTION, CO 81501	27-3262040	501(C)(3)	5,501.	0.			VETERANS SUPPORT
PARTNERS OF DELTA, MONTROSE & OURAY - 315 SOUTH 7TH STREET - MONTROSE, CO 81401	74-2486206	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
RIFLE ANIMAL SHELTER PO BOX 1375 RIFLE, CO 81650	84-1500637	501(C)(3)	60,698.	0.			ANIMAL-RELATED SUPPORT
RIVERSIDE EDUCATIONAL CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	20-5451495	501(C)(3)	47,000.	0.			EDUCATIONAL SUPPORT
ROCKY MOUNTAIN PBS 1060 ORCHARD AVENUE, SUITE A-140 GRAND JUNCTION, CO 81501	84-0510785	501(C)(3)	19,642.	0.			EDUCATIONAL SUPPORT
ROICE-HURST HUMANE SOCIETY PO BOX 4040 GRAND JUNCTION, CO 81502	84-6048416	501(C)(3)	156,661.	0.			ANIMAL-RELATED SUPPORT
RSVP MESA COUNTY PO BOX 1077 GRAND JUNCTION, CO 81502	84-1516029	501(C)(3)	10,000.	0.			DISASTER RELIEF
SALVATION ARMY PO BOX 578 GRAND JUNCTION, CO 81502	94-1156347	501(C)(3)	59,185.	0.			HUMAN SERVICE
SHARING MINISTRIES, INC. 49 NORTH 1ST STREET MONTROSE, CO 81401	84-1338604	501(C)(3)	43,150.	0.			FOOD, NUTRITION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERD OF THE VALLEY LUTHERAN CHURCH - 3133 F ROAD - GRAND JUNCTION, CO 81504	84-0913466	501(C)(3)	10,000.	0.			RELIGIOUS SUPPORT
SIX BASINS PROJECT INC. PO BOX 13 OURAY, CO 81427	45-4911087	501(C)(3)	18,500.	0.			SPORTS/LEISURE
ST. MARY'S HOSPITAL FOUNDATION 3026 PHEASANT RUN STREET GRAND JUNCTION, CO 81506	23-7001007	501(C)(3)	77,000.	0.			HEALTH, GENERAL
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	84-6044855	501(C)(3)	11,509.	0.			DISABLED SUPPORT
SUMMIT 54 625 EAST MAIN STREET, SUITE 102B-11 ASPEN, CO 81611	27-2978700	501(C)(3)	7,500.	0.			EDUCATIONAL SUPPORT
SUMMITWEST CARE DBA HOME CARE OF THE GRAND VALLEY - 2800 PRINTERS WAY - GRAND JUNCTION, CO 81506	02-0565600	501(C)(3)	27,000.	0.			SENIORS SUPPORT
SURFACE CREEK VALLEY HISTORICAL SOCIETY - 310 SOUTHWEST 12TH STREET - CEDAREGE, CO 81413	84-0828179	501(C)(3)	8,081.	0.			ARTS, CULTURE
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	84-1530768	501(C)(3)	10,000.	0.			PHILANTHROPY
THE BUDDY PROGRAM 520 SOUTH 3RD STREET, UNIT 30 CARBONDALE, CO 81623	74-2594693	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

84-1354894

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE CYCLE EFFECT PO BOX 1503 EAGLE, CO 81631	46-0961369	501(C)(3)	12,500.	0.			SPORTS/LEISURE
THE JOSEPH CENTER - GJ 2511 BELFORD AVENUE, STE B GRAND JUNCTION, CO 81501	47-5602713	501(C)(3)	88,500.	0.			HOUSING, SHELTER
THE NATURE CONNECTION 397 BULLDOG STREET HOTCHKISS, CO 81419	84-6002820	501(C)(3)	9,000.	0.			YOUTH DEVELOPMENT
THE PIC PLACE (PARTNERS IN INTEGRATED CARE) - 87 MERCHANT DRIVE - MONTROSE, CO 81401	47-0891200	501(C)(3)	30,000.	0.			HEALTH, GENERAL
THE TRUST FOR LAND RESTORATION INC P O BOX 743 RIDGWAY, CO 81432	84-1523131	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
VALLEY ORGANIC GROWERS ASSOCIATION PO BOX 614 HOTCHKISS, CO 81419	26-2519936	501(C)(3)	8,575.	0.			FOOD, NUTRITION
VFW WESTERN SLOPE POST 3981 503 1/2 FLORENCE ROAD GRAND JUNCTION, CO 81504	80-0802868	501(C)(3)	8,700.	0.			VETERANS SUPPORT
VOLUNTEERS OF AMERICA - DEN 1247 SANTA FE DRIVE DENVER, CO 80204	84-0430995	501(C)(3)	10,500.	0.			VETERANS SUPPORT
WESTERN COLORADO AREA HEALTH EDUCATION CENTER - 2938B NORTH AVENUE - GRAND JUNCTION, CO 81504	74-2044175	501(C)(3)	12,000.	0.			HEALTH, GENERAL

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

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WESTERN COLORADO CENTER FOR THE ARTS - 1803 NORTH 7TH STREET - GRAND JUNCTION, CO 81501	84-0579106	501(C)(3)	33,098.	0.			ARTS, CULTURE
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	84-1128554	501(C)(3)	18,798.	0.			CHILD ABUSE/NEGLECT
WESTERN SLOPE FOOD BANK OF THE ROCKIES - 268 NORTH RIVER ROAD - PALISADE, CO 81526	84-0772672	501(C)(3)	10,000.	0.			FOOD, NUTRITION
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	41,000.	0.			EDUCATIONAL SUPPORT
ADVOCATE SAFEHOUSE PORJECT PO BOX 2036 GLENWOOD SPRINGS, CO 81602	84-1047611	501(C)(3)	5,250.	0.			HUMAN SERVICE SUPPORT
ALL POINTS TRANSIT PO BOX 1416 MONTROSE, CO 81402	74-2561376	501(C)(3)	6,000.	0.			TRANSPORTATION SUPPORT
CASA OF THE NINTH PO BOX 3004 GLENWOOD SPRINGS, CO 81602	45-2663126	501(C)(3)	6,000.	0.			CHILD ABUSE/NEGLECT
CHILD AND MIGRANT SERVICES PO BOX 1038 PALISADE, CO 81526	84-0831830	501(C)(3)	6,093.	0.			MIGRANT SUPPORT
CITZENS FOR A HEALTHY COMMUNITY PO BOX 1283 PAONIA, CO 81428	27-2139467	501(C)(3)	5,500.	0.			ENVIRONMENTAL SUPPORT

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

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CLIFTON CHRISTINA CHURCH 3241 F 1/4 ROAD CLIFTON, CO 81520	86-2800783	501(C)(3)	23,785.	0.			FOOD, NUTRITION
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - 500 KENNEDY DRIVE - RANGELY, CO 81648	84-0842160	501(C)(3)	6,800.	0.			EDUCATIONAL SUPPORT
COLORADO PUBILC RADIO 7409 SOUTH ALTON COURT CENTENNIAL, CO 80112	74-2324052	501(C)(3)	5,900.	0.			EDUCATIONAL SUPPORT
DELTA COUNTY CITIZENS FOR ANIMAL WELFARE AND SHELTER - PO BOX 1736 - PAONIA, CO 81428	84-1478297	501(C)(3)	5,500.	0.			ANIMAL RELATED SUPPORT
DELTA FOOD PANTRY PO BOX 903 DELTA, CO 81416	27-0062309	501(C)(3)	7,100.	0.			FOOD, NUTRITION
FRIENDS OF THE PARADISE THEATRE PO BOX 886 PAONIA, CO 81428	46-4780502	501(C)(3)	5,500.	0.			ARTS, CULTURE
FOSTER ALUMNI MENTORS 750 MAIN STREET, STE. 105 GRAND JUNCTION, CO 81501	82-4045594	501(C)(3)	5,578.	0.			YOUTH DEVELOPMENT
GRAND JUNCTION ROTARY FOUNDATION PO BOX 1888 GRAND JUNCTION, CO 81502	84-1038480	501(C)(3)	9,901.	0.			COMMUNITY SUPPORT
GRAND VALLEY PEACE AND JUSTICE 740 GUNNISON AVE. GRAND JUNCTION, CO 81501	84-6012862	501(C)(3)	6,500.	0.			HOUSING, SHELTER

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HAVEN HOUSE OF MONTROSE 4806 NORTH RIVER ROAD OLATHE, CO 81425	27-3747144	501(C)(3)	6,245.	0.			HOUSING, SHELTER
HUMANE SOCIETY OF MOAD VALLEY PO BOX 1188 MOAB, UT 84532	87-0644812	501(C)(3)	6,000.	0.			ANIMAL RELATED SUPPORT
NAMI WESTERN SLOPE - NATIONAL ALLIANCE ON MENTAL ILLNESS - PO BOX 1864 - GRAND JUNCTION, CO 81502	84-1159354	501(C)(3)	5,510.	0.			MENTAL HEALTH SUPPORT
OURAY COUNTY FOOD PANTRY PO BOX 903 RIDGWAY, CO 81432	45-5053267	501(C)(3)	15,000.	0.			FOOD, NUTRITION
OURAY COUNTY PERFORMING ARTS GUILD, INC. - PO BOX 251 - OURAY, CO 81427	82-2496350	501(C)(3)	6,761.	0.			RECREATION SUPPORT
OURAY ICE PARK PO BOX 1058 OURAY, CO 81427	84-1367668	501(C)(3)	6,000.	0.			RECREATION SUPPORT
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501(C)(3)	9,000.	0.			CHILD ABUSE/NEGLECT
SECOND WIND FUND 899 LOGAN STREET, STE. 208 DENVER, CO 80203	73-1701536	501(C)(3)	6,000.	0.			MENTAL HEALTH
SHRINERS HOSPITAL FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2191608	501(C)(3)	10,500.	0.			DISEASE/DISORDER

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SURFACE CREEK COMMUNITY SERVICES PO BOX 963 CEDAREIDGE, CO 81413	46-0475616	501(C)(3)	6,800.	0.			HUMAN SERVICE SUPPORT
THE ASPEN INSTITUTE 2300 NORTH STREET NORTHWEST, STE. 7 WASHINGTON, DC 20037	84-0399006	501(C)(3)	6,201.	0.			EDUCATIONAL SUPPORT
THE MUSEUM OF WESTERN COLORADO PO BOX 20000 GRAND JUNCTION, CO 81502	84-0588068	501(C)(3)	5,600.	0.			ARTS, CULTURE
VOYAGER YOUTH PROGRAM PO BOX 709 RIDGWAY, CO 81432	87-1453650	501(C)(3)	17,000.	0.			EDUCATIONAL SUPPORT
WEEHAWKEN CREATIVE ARTS PO BOX 734 RIDGWAY, CO 81432	75-3145854	501(C)(3)	5,750.	0.			ARTS, CULTURE

Schedule I (Form 990)

WESTERN COLORADO COMMUNITY FOUNDATION,
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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
SCHOLARSHIPS	318	712,353.	0.		

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

PART I, LINE 2:

GRANTS TO ORGANIZATIONS:

GRANT RECIPIENT ORGANIZATIONS MUST BE QUALIFIED 501(C) (3) ORGANIZATION OR

OTHER CHARITABLE ORGANIZATION RECOGNIZED AND CURRENTLY IN GOOD STANDING

WITH THE IRS, AS CAN BE VERIFIED THROUGH GUIDESTAR CHARITY CHECK AND/OR IRS

EXEMPT ORGANIZATIONS SELECT CHECK. OTHER QUALIFYING ORGANIZATIONS (AS

DESCRIBED IN IRS CODE SECTIONS LISTED) INCLUDE: RELIGIOUS ORGANIZATIONS,

SCHOOLS, AND GOVERNMENTAL AGENCIES (CODE 509(A)(1-3) AND 170(A-C)(1); AND

MUST SERVE THE PUBLIC WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR,

Part IV Supplemental Information

CREED, SEX, RELIGION, AGE, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS,
OR NATIONAL ORIGIN.

AS PART OF THE GRANTMAKING DUE DILIGENCE, THE FOLLOWING MINIMUM, BASIC
INFORMATION IS ACCESSED AND DOCUMENTED THROUGH THE ON-LINE GRANTS
MANAGEMENT SYSTEM INTERFACE WITH GUIDESTAR, INCLUDING THE CHARITY CHECK
COMPONENT, TO VERIFY INFORMATION THAT THE NONPROFIT HAS ENTERED WHEN
REGISTERING, OR THE INFORMATION ON THE ORGANIZATION SUBMITTED BY THE DONOR
ADVISOR:

- IRS TAX-EXEMPT STATUS CHECKED AND VERIFIED THROUGH AUTOMATIC AND/OR
MANUAL GUIDESTAR (NOW CANDID) CHARITY CHECK
- VERIFICATION OF COLORADO SECRETARY OF STATE REGISTRATION (COLORADO
ORGANIZATIONS ONLY)
- CONFIRMATION OF OTHER BASIC ORGANIZATIONAL INFORMATION INCLUDING BUT NOT
LIMITED TO PRIMARY CONTACT, WEBSITE, EMAIL, ADDRESS, MISSION STATEMENT,
YEAR FOUNDED
- DESCRIPTION OF HOW THE FUNDS WILL BE UTILIZED

GRANT REQUESTS OVER \$5,000 REQUIRE THE ABOVE PLUS ALL OF THE FOLLOWING:

- CURRENT LIST OF BOARD OF DIRECTORS
- CURRENT OPERATING BUDGET AND PROJECT BUDGET
- DETERMINATION THAT THE ORGANIZATION HAS BEEN IN OPERATION FOR 2 YEARS OR
MORE
- DESCRIPTION OF PROJECT AND HOW THE FUNDS WILL BE USED
- DESCRIPTION OF OBJECTIVES AND OUTCOMES AND HOW THOSE WILL BE MEASURED

GRANT REQUESTS OF \$10,000 AND OVER REQUIRE THE ABOVE PLUS ALL OF THE
FOLLOWING:

Part IV Supplemental Information

- REVIEW OF CURRENT 990 (VIA GUIDESTAR CHARITY CHECK)

- PHONE CALL WITH STAFF AND/OR SITE VISIT

- CURRENT BALANCE SHEET AND/OR FINANCIALS

- CAPITAL CAMPAIGN/PROJECT MATERIALS

-

GRANT REQUESTS \$25,000 AND OVER REQUIRE THE ABOVE PLUS ALL OF THE
FOLLOWING:

- SITE VISIT

- CAPITAL CAMPAIGN/PROJECT FUNDRAISING PLAN

- INTERIM REPORT

- FINAL REPORT

FOR ALL GRANT DISTRIBUTIONS, WCCF STAFF WILL CONFIRM THAT THE RECOMMENDED
GRANT OR DISTRIBUTION MATCHES THE PURPOSE AND RESTRICTIONS OF THE FUND FROM
WHICH IT IS DISTRIBUTED, BASED ON THE DOCUMENTED FUND AGREEMENT.

SCHOLARSHIP FUNDS:

SCHOLARSHIP RECIPIENTS ARE TO BE SELECTED ON AN OBJECTIVE AND
NONDISCRIMINATORY BASIS. THE GROUP FROM WHICH SCHOLARSHIP RECIPIENTS ARE
SELECTED MUST BE SUFFICIENTLY BROAD SO THAT GIVING SCHOLARSHIPS TO ONE OR
MORE MEMBERS OF THE GROUP FULFILLS A CHARITABLE PURPOSE. CRITERIA FOR
SCHOLARSHIPS RECIPIENTS MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING:

- PRIOR ACADEMIC PERFORMANCE.

- PERFORMANCE OF EACH APPLICANT ON TESTS DESIGNED TO MEASURE ABILITY AND
APTITUDE FOR EDUCATIONAL WORK.

- RECOMMENDATIONS FROM INSTRUCTORS OF SUCH APPLICANT AND ANY OTHERS WHO
HAVE KNOWLEDGE OF THE APPLICANT'S CAPABILITIES.

- FINANCIAL NEED SCORES BASED ON INFORMATION SUCH AS THE ESTIMATED FAMILY

Part IV Supplemental Information

CONTRIBUTION (EFC) DETERMINED BY THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) OR A FINANCIAL AID AWARD LETTER FROM AN EDUCATIONAL INSTITUTION.

- ADDITIONAL BIOGRAPHICAL INFORMATION REGARDING AN APPLICANT'S CAREER, ACADEMIC AND OTHER RELEVANT EXPERIENCES, FINANCIAL NEED, LONG-TERM GOALS; AND

- THE SCHOLARSHIP SELECTION COMMITTEE'S CONCLUSIONS AS TO THE APPLICANT'S MOTIVATION, CHARACTER, ABILITY, OR POTENTIAL.

CRITERIA MAY ALSO INCLUDE THE APPLICANT'S PLACE OF RESIDENCE, PAST OR FUTURE ATTENDANCE AT A PARTICULAR SCHOOL, PAST OR PROPOSED COURSE OF STUDY, OR EVIDENCE OF HIS OR HER ARTISTIC, SCIENTIFIC, OR OTHER SPECIAL TALENT. PREFERENCE MAY BE GIVEN TO APPLICANTS OF A PARTICULAR SEX, ETHNIC BACKGROUND, OR RELIGION SO LONG AS SUCH PREFERENCE DOES NOT VIOLATE PUBLIC POLICY.

SCHOLARSHIPS MUST BE USED FOR QUALIFIED EDUCATIONAL EXPENSES (SEE DEFINITION) AT AN EDUCATIONAL INSTITUTION (SEE DEFINITION). WCCF RESERVES THE RIGHT TO IMPOSE ADDITIONAL, MINOR REASONABLE RESTRICTIONS AND/OR REQUIREMENTS UPON THE AWARDING OF SCHOLARSHIPS AND THE ADMINISTRATION OF SUCH. ANY SUBSTANTIAL OR MATERIAL CHANGES WILL BE MADE ONLY WITH APPROVAL OF WCCF'S BOARD OF DIRECTORS.

WCCF WILL PAY SCHOLARSHIPS DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR THE USE OF THE SCHOLARSHIP RECIPIENT. THE EDUCATIONAL INSTITUTION IS INSTRUCTED IN WRITING TO USE THE SCHOLARSHIP FUNDS TO DEFRAY THE SCHOLARSHIP RECIPIENT'S EXPENSES OR TO PAY THE FUNDS (OR A PORTION THEREOF) TO THE RECIPIENT ONLY IF THE RECIPIENT IS ENROLLED AT SUCH EDUCATIONAL INSTITUTION

Part IV Supplemental Information

AND HIS OR HER STANDING AT SUCH EDUCATIONAL INSTITUTION IS CONSISTENT WITH THE PURPOSES AND CONDITIONS OF THE SCHOLARSHIP. OTHERWISE, IT IS EXPECTED THAT UNUSED SCHOLARSHIP FUNDS WILL BE RETURNED TO WCCF.

A CONDITION OF EACH SCHOLARSHIP IS THAT IT WILL BE USED ONLY FOR QUALIFIED EDUCATIONAL EXPENSES. AN ADDITIONAL CONDITION IS THAT NO PART OF THE SCHOLARSHIP SHALL BE USED AS PAYMENT FOR TEACHING, RESEARCH, OR OTHER SERVICES BY THE SCHOLARSHIP RECIPIENT REQUIRED AS A CONDITION FOR RECEIVING THE SCHOLARSHIP.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

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

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 2

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

[illegible]

Part III Supplemental Information

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

PART I, LINE 7:

THE ORGANIZATION ANNUALLY REVIEWS THE PERFORMANCES OF THE EXECUTIVE STAFF
AND OTHER STAFF TO DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF
BONUSES WILL BE PAID. DURING CALENDAR YEAR ENDING DECEMBER 31, 2020, THE
ORGANIZATION AWARDED THE PRESIDENT/EXECUTIVE DIRECTOR A BONUS BASED ON
REVIEW OF HER PERFORMANCE AND SERVICES TO THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ **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 instructions and 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	20	1,429,604.	PER TDA INSTITUTIONA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0

	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) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,
COLUMN B.

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

2020

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 GUI DEST
AR, 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

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:

RECLASS IN REPORTING OF FUNDS HELD AS AGENCY ENDOWMENTS

CHANGE IN VALUE OF BENEFICIAL INTERESTS 376,328.

CHANGE IN VALUE OF MINERAL ROYALTY INTEREST 2,831,820.

TOTAL TO FORM 990, PART XI, LINE 9 3,208,148.

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

2020

**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 PO BOX 4334 GRAND JUNCTION, CO 81502	ROYALTY INTEREST	COLORADO	63.	8,923,309.	WESTERN COLORADO COMMUNITY FOUNDATION
WCCF ASSET HOLDING, LLC - 46-4259594 PO BOX 4334 GRAND JUNCTION, CO 81502	HOLD CERTAIN DONATED PROPERTY & INTERESTS UNTIL THEY CAN BE LIQUIDATED	COLORADO	3,382.	27,651.	WESTERN COLORADO COMMUNITY FOUNDATION

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) 2020

Schedule R (Form 990) 2020

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Part III

[illegible]

Part IV

[illegible]

**WESTERN COLORADO COMMUNITY FOUNDATION,
INC.**

Schedule R (Form 990) 2020

84-1354894 Page **3**

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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 (2)	S	204,251.	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. WESTERN COLORADO COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 84-1354894
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4334	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND JUNCTION, CO 81502	

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

- The books are in the care of ► **P.O. BOX 4334 - GRAND JUNCTION, CO 81501**
 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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2020** 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.