

PUBLIC DISCLOSURE COPY

**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](http://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](http://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.

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

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

**ANNE WENZEL**

- The books are in the care of ► **PO BOX 4334 - GRAND JUNCTION, CO 81502**

Telephone No. ► **970-243-3767**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year **2022** 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
Open to Public  
Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>WESTERN COLORADO COMMUNITY FOUNDATION, INC.</b></td> <td rowspan="4"><b>D</b> Employer identification number  <b>84-1354894</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>PO BOX 4334</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>GRAND JUNCTION, CO 81502</b></td> <td><b>E</b> Telephone number <b>970-243-3767</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>ANNE WENZEL</b> <b>SAME AS C ABOVE</b></td> <td><b>G</b> Gross receipts \$ <b>70,582,919.</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.WC-CF.ORG</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1996</b></td> <td><b>M</b> State of legal domicile: <b>CO</b></td> </tr> </table>	<b>C</b> Name of organization <b>WESTERN COLORADO COMMUNITY FOUNDATION, INC.</b>		<b>D</b> Employer identification number  <b>84-1354894</b>	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>PO BOX 4334</b>		City or town, state or province, country, and ZIP or foreign postal code <b>GRAND JUNCTION, CO 81502</b>		<b>E</b> Telephone number <b>970-243-3767</b>	<b>F</b> Name and address of principal officer: <b>ANNE WENZEL</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>70,582,919.</b>	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: <b>WWW.WC-CF.ORG</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: <b>1996</b>		<b>M</b> State of legal domicile: <b>CO</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE CHARITABLE GIVING TO BENEFIT THE RESIDENTS AND COMMUNITIES OF WESTERN COLORADO.</b>																								
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																								
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>15</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>15</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>13</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>101</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>																								
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">7,085,835.</td> <td align="right">13,739,090.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">51,046.</td> <td align="right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">6,103,083.</td> <td align="right">43,444,367.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">3,515.</td> <td align="right">14,053.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">13,243,479.</td> <td align="right">57,197,510.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	7,085,835.	13,739,090.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	51,046.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	6,103,083.	43,444,367.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	3,515.	14,053.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	13,243,479.	57,197,510.						
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**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>ANNE WENZEL, PRESIDENT/CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>PAMELA ALEXANDERSON</b>	<b>PAMELA ALEXANDERSON</b>	<b>10/30/23</b>		<b>P01218925</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>MOSS ADAMS LLP</b>	<b>91-0189318</b>			
	Firm's address	Phone no.			
	<b>6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110</b>	<b>505-878-7200</b>			

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

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.

Form 990 (2022)

84-1354894 Page 2

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

THE MISSION OF THE WESTERN COLORADO COMMUNITY FOUNDATION IS TO PROMOTE CHARITABLE GIVING, BUILD AND MANAGE CHARITABLE FUNDS FOR COMMUNITY GOOD, 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 \$ 6,014,014. including grants of \$ 5,251,492. ) (Revenue \$ 0. )

WESTERN COLORADO COMMUNITY FOUNDATION RECEIVES AND ACCEPTS DONATIONS 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.

**4b** (Code: ) (Expenses \$ 154,465. including grants of \$ 136,000. ) (Revenue \$ 0. )

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 CONTINUED IN 2022.

**4c** (Code: ) (Expenses \$ 28,524. including grants of \$ 27,760. ) (Revenue \$ 0. )

MENTAL HEALTH AND WELLNESS - OUR COMMUNITY IS SEEING INCREASES IN ANXIETY, DEPRESSION, SUBSTANCE ABUSE, AND CONSIDERATIONS OF SUICIDE IN OUR YOUTH. WE ARE ORGANIZING A PROGRAM INITIATIVE CALLED YOUTHSTRONG THAT INCLUDES CREATION AND DISTRIBUTION OF CLASSROOM PROGRAMS, WEBSITE RESOURCES AND WORKSHOPS TO WORK ON THESE ISSUES.

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

(Expenses \$ 77,004. including grants of \$ 65,500. ) (Revenue \$ 0. )

**4e** Total program service expenses 6,274,007.

Form 990 (2022)

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Form 990 (2022)

84-1354894 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>	<b>X</b>	
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> 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. See instructions</i>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....		<b>24a</b> X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		<b>25a</b> X
<b>b</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> .....		<b>25b</b> X
<b>26</b> 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> .....		<b>26</b> X
<b>27</b> 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> .....		<b>27</b> X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 8	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 13		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
<b>4a</b> 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)?			<b>X</b>
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> 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?			<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?			<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 2		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			<b>X</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<b>X</b>
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b> 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 the instructions and file Form 4720, Schedule N.			<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			

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**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 ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	15	
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>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	15	
<b>2</b> 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?	<b>2</b>		<b>X</b>
<b>3</b> 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?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> 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	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**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**  
**PO BOX 4334, GRAND JUNCTION, CO 81502**



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**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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/CEO	40.00			X				127,138.	0.	60,444.
(2) KIM GIANNONE CHAIR	1.00	X		X				0.	0.	0.
(3) MARY BETH BUESCHER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) BARB CHAMBERLIN VICE CHAIR	1.00	X		X				0.	0.	0.
(5) ROBIN TOLAN SECRETARY	1.00	X		X				0.	0.	0.
(6) DAN PRINSTER TREASURER	1.00	X		X				0.	0.	0.
(7) JIM BROWN DIRECTOR THRU MAY 2022	1.00	X						0.	0.	0.
(8) TERRI CHINN DIRECTOR	1.00	X						0.	0.	0.
(9) RAUL DE VILLEGAS-DECKER DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID LANE DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID LIVINGSTON DIRECTOR	1.00	X						0.	0.	0.
(12) CARLTON MASON DIRECTOR	1.00	X						0.	0.	0.
(13) DOUG MAY DIRECTOR	1.00	X						0.	0.	0.
(14) JOEY MONTOYA-BOESE DIRECTOR	1.00	X						0.	0.	0.
(15) MONIQUE SERRA DIRECTOR THRU MAY 2022	1.00	X						0.	0.	0.
(16) KATIE STEELE DIRECTOR THRU MAY 2022	1.00	X						0.	0.	0.
(17) HAZEL STEVENS PRICE DIRECTOR	1.00	X						0.	0.	0.

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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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUDY VANDERLEEST DIRECTOR	1.00	X						0.	0.	0.
(19) BILL WELCH DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								127,138.	0.	60,444.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								127,138.	0.	60,444.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
MASON INVESTMENT ADVISORY SERVICES, INC., 11921 FREEDOM DR, STE 1000, RESTON, VA	INVESTMENT MANAGEMENT	184,979.

**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 1

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	13,739,090.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,371,020.				
	<b>h Total.</b> Add lines 1a-1f .....				13,739,090.		
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,186,717.			2186717.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			4,892.			4,892.
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
			200.				
			<b>6b</b> Less: rental expenses ...	39.			
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	161.				
	<b>d</b> Net rental income or (loss) .....			161.			161.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
			7,427,186.	47215834.			
			<b>7b</b> Less: cost or other basis and sales expenses .....	5,542,453.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,884,733.	39372917.			
	<b>d</b> Net gain or (loss) .....			41,257,650.			41257650.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
			<b>8b</b> Less: direct expenses .....				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b> Less: direct expenses .....					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>10b</b> Less: cost of goods sold .....					
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....	813211	9,000.		9,000.		
	<b>e Total.</b> Add lines 11a-11d .....			9,000.			
<b>12 Total revenue.</b> See instructions .....				57,197,510.	0.	0.	43458420.

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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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,771,749.	4,771,749.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	709,003.	709,003.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	193,754.	77,501.	87,190.	29,063.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	586,579.	353,838.	221,916.	10,825.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,452.	17,185.	8,784.	483.
<b>9</b> Other employee benefits	72,232.	48,440.	22,580.	1,212.
<b>10</b> Payroll taxes	55,968.	31,391.	22,252.	2,325.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	23,716.	13,281.	10,435.	
<b>c</b> Accounting	25,168.		25,168.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	184,954.		184,954.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,724.	17,981.	12,564.	179.
<b>12</b> Advertising and promotion	53,434.	40,893.	10,627.	1,914.
<b>13</b> Office expenses	32,561.	18,160.	13,445.	956.
<b>14</b> Information technology	103,052.	58,739.	41,221.	3,092.
<b>15</b> Royalties				
<b>16</b> Occupancy	58,067.	33,098.	23,227.	1,742.
<b>17</b> Travel	11,957.	6,815.	4,783.	359.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	20,588.	11,094.	9,150.	344.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,783.	1,587.	1,113.	83.
<b>23</b> Insurance	14,344.	8,456.	5,478.	410.
<b>24</b> 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.)				
<b>a</b> ROYALTY TAXES	49,329.	49,329.		
<b>b</b> DONOR CULTIVATION	3,430.	3,088.		342.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	2,379.	2,379.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,032,223.	6,274,007.	704,887.	53,329.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	1,006,676.
	<b>2</b> Savings and temporary cash investments .....	5,608,636.	<b>2</b>	53,526,664.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	220,000.
	<b>4</b> Accounts receivable, net .....	214,273.	<b>4</b>	52,146.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	28,229.	<b>9</b>	87,968.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	181,132.		
	<b>b</b> Less: accumulated depreciation .....	40,297.	<b>10c</b>	140,835.
	<b>11</b> Investments - publicly traded securities .....	94,887,894.	<b>11</b>	92,103,483.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	8,628,846.	<b>14</b>	1,400,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	9,472,686.	<b>15</b>	2,691,835.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	118,852,792.	<b>16</b>	151,229,607.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	132,954.	<b>17</b>	169,863.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	5,997,773.	<b>25</b>	5,337,585.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,130,727.	<b>26</b>	5,507,448.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	108,906,404.	<b>27</b>	141,897,160.
	<b>28</b> Net assets with donor restrictions .....	3,815,661.	<b>28</b>	3,824,999.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	112,722,065.	<b>32</b>	145,722,159.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	118,852,792.	<b>33</b>	151,229,607.

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**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

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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**

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,197,510.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,032,223.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	50,165,287.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	112,722,065.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-17,067,534.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-97,659.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	145,722,159.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b>	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.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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).)
- 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 on 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		
<b>Total</b>						

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule A (Form 990) 2022

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3985388.	3734931.	5150480.	7085835.	13739090.	33695724.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3985388.	3734931.	5150480.	7085835.	13739090.	33695724.
<b>5</b> 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) .....						7199748.
<b>6 Public support.</b> Subtract line 5 from line 4.						26495976.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	3985388.	3734931.	5150480.	7085835.	13739090.	33695724.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4216326.	3679466.	1518568.	3173082.	2191809.	14779251.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			108.		9,000.	9,108.
<b>11 Total support.</b> Add lines 7 through 10						48484083.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	82,140.

**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** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	54.65 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	56.40 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2022



**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule A (Form 990) 2022

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**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule A (Form 990) 2022

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**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2022

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.

Schedule A (Form 990) 2022

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**Part VI**

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2020 AMOUNT: \$ 108.

2022 AMOUNT: \$ 9,000.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.

Employer identification number

84-1354894

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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>3,839,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,714,516.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>807,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>507,770.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</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>6</u>		\$ <u>475,206.</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 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
	(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**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 .....	114	0
2 Aggregate value of contributions to (during year) .....	6,033,010.	0.
3 Aggregate value of grants from (during year) .....	2,022,152.	0.
4 Aggregate value at end of year .....	36,586,536.	0.
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 July 25, 2006, and not on a<br>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 ..... \$ .....

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

Schedule D (Form 990) 2022

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**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	94,069,919.	77,330,195.	70,766,534.	57,848,100.	60,493,883.
b Contributions	54,183,228.	5,420,160.	2,974,913.	4,145,070.	5,866,287.
c Net investment earnings, gains, and losses	-12,115,751.	15,440,990.	7,769,154.	12,318,421.	-5,141,716.
d Grants or scholarships	4,293,083.	3,081,392.	3,386,540.	2,934,087.	2,754,667.
e Other expenditures for facilities and programs	3,523.				
f Administrative expenses	1,034,779.	1,040,034.	793,866.	610,970.	615,687.
g End of year balance	130,806,011.	94,069,919.	77,330,195.	70,766,534.	57,848,100.

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

- a Board designated or quasi-endowment 4.0800 %  
 b Permanent endowment 95.9200 %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations \_\_\_\_\_  
 (ii) Related organizations \_\_\_\_\_

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,371.		25,371.
b Buildings				
c Leasehold improvements		124,455.	24,455.	100,000.
d Equipment		31,306.	15,842.	15,464.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				140,835.

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule D (Form 990) 2022

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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	5,337,585.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,337,585.

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) 2022

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.

Schedule D (Form 990) 2022

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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	39,797,783.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-16,062,379.
b	Donated services and use of facilities	2b	18,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-679,018.
e	Add lines 2a through 2d	2e	-16,723,397.
3	Subtract line 2e from line 1	3	56,521,180.
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	173,953.
b	Other (Describe in Part XIII.)	4b	502,377.
c	Add lines 4a and 4b	4c	676,330.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	57,197,510.

**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	6,797,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	18,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	39.
e	Add lines 2a through 2d	2e	18,039.
3	Subtract line 2e from line 1	3	6,779,650.
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	173,953.
b	Other (Describe in Part XIII.)	4b	78,620.
c	Add lines 4a and 4b	4c	252,573.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,032,223.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENT FUNDS ARE HELD FOR THE BENEFIT OF COMMUNITIES IN WESTERN COLORADO.

**PART X, LINE 2:**

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). ACCORDINGLY, THE FOUNDATION IS NOT SUBJECT TO FEDERAL INCOME TAX, EXCEPT TO THE EXTENT THAT IT HAS UNRELATED BUSINESS TAXABLE INCOME. THE FOUNDATION DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME IN 2022 OR 2021. THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAVE BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION.

**Part XIII** Supplemental Information (continued)

OWNERSHIP IN TWO LLC ENTITIES, TREATED AS DISREGARDED ENTITIES FOR TAX  
PURPOSES, IS INCORPORATED INTO THE FOUNDATION'S TAX FILINGS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF MINERAL ROYALTY INTEREST	-183,068.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	-495,950.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-679,018.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-39.
AGENCY FUND ACTIVITY	502,416.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	502,377.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	39.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND ACTIVITY	78,620.
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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
21ST JUDICIAL DISTRICT ATTORNEY'S OFFICE - PO BOX 20,000 - 5030 - GRAND JUNCTION, CO 81502	84-0700675	MESA COUNTY	110,000.	0.			THE LIGHTHOUSE PROJECT
ANDY ZANCA YOUTH EMPOWERMENT PROGRAM (AZYEP) - PO BOX 1945 - CARBONDALE, CO 81623	84-1567171	501(C)(3)	8,500.	0.			OUTREACH AND GENERAL SUPPORT
ASPCA 424 EAST 92ND STREET NEW YORK, NY 10128-6804	13-1623829	501(C)(3)	6,000.	0.			GENERAL SUPPORT
AVALON THEATRE FOUNDATION PO BOX 2243 GRAND JUNCTION, CO 81502	84-1199582	501(C)(3)	10,000.	0.			CENTENNIAL ANNIVERSARY
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	20,000.	0.			SPARC YOUTH FORUM, VILLAGE AT SAN JUAN, AND YOUTH MENTAL HEALTH AND LIFESKILLS
CATS LEAGUE AND ASSISTANCE OF THE WESTERN SLOPE - 2214 SANFORD DRIVE, #A-5 - GRAND JUNCTION, CO 81505	01-0884285	501(C)(3)	19,500.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **135.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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Schedule I (Form 990) 2022



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAREEDGE PUBLIC LIBRARY FOUNDATION - PO BOX 548 - CEDAREEDGE, CO 81413	84-1336086	501(C)(3)	20,000.	0.			REPLACEMENT ROOF FOR CEDAREEDGE PUBLIC LIBRARY
CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	84-1128554	501(C)(3)	8,390.	0.			GENERAL SUPPORT
CENTRAL CITY OPERA 4875 WARD ROAD, STE 100 WHEAT RIDGE, CO 80033-1943	84-6002285	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CENTRAL HIGH SCHOOL 550 WARRIOR WAY GRAND JUNCTION, CO 81504	84-6002839	MESA COUNTY	33,000.	0.			EXTRACURRICULAR ACTIVITIES
CHILD AND MIGRANT SERVICES PO BOX 1038 PALISADE, CO 81526	84-0831830	501(C)(3)	11,200.	0.			ENGAGEMENT AND EMPOWERMENT PROJECT AND GENERAL SUPPORT
CLIFTON CHRISTIAN CHURCH FOOD BANK 3241 F 1/4 ROAD CLIFTON, CO 81520	86-2800733	501(C)(3)	81,003.	0.			WALK-IN COOLER, WELCOME STATION, CAPITAL CAMPAIGN, AND GENERAL FOOD SUPPORT
COLORADO CANYONS ASSOCIATION 543 MAIN STREET #4 GRAND JUNCTION, CO 81501	20-2409837	501(C)(3)	21,500.	0.			CAPACITY BUILDING AND GENERAL SUPPORT
COLORADO DEPT. OF MILITARY AND VETERANS AFFAIRS - 482 28 ROAD - GRAND JUNCTION, CO 81501	84-0644739	STATE OF CO	23,895.	0.			WESTERN REGION ONE SOURCE EXTERNAL MONUMENT SIGN AND INSTALLATION
COLORADO DISCOVER ABILITY 601 STRUTHERS AVENUE GRAND JUNCTION, CO 81501	84-1569050	501(C)(3)	29,000.	0.			ADVENTURE CAMPS, VETERANS PROGRAMS AND GENERAL SUPPORT

Schedule I (Form 990)

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HORSE RESCUE 10386 N 65TH STREET LONGMONT, CO 80503	84-1095741	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COLORADO MESA UNIVERSITY FOUNDATION - 1450 NORTH 12TH STREET - GRAND JUNCTION, CO 81501	84-6037667	501(C)(3)	130,397.	0.			PANTRY EQUIPMENT AND SUSTAINABILITY PLANNING AND SCHOLARSHIPS
COLORADO NATIONAL MONUMENT ASSOCIATION - 1750 RIMROCK DRIVE - FRUITA, CO 81521	84-6035626	501(C)(3)	30,000.	0.			STRATEGIC BRANDING, MARKETING AND OUTREACH AND GENERAL SUPPORT
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - 500 KENNEDY DRIVE - RANGELY, CO 81648	84-0842160	501(C)(3)	14,100.	0.			SCHOLARSHIPS
COLORADO PUBLIC RADIO 7409 SOUTH ALTON COURT CENTENNIAL, CO 80112-2301	74-2324052	501(C)(3)	11,350.	0.			FIXING THE COLORADO RIVER AND GENERAL SUPPORT
COLORADO RIVER FIRE RESCUE 1850 RAILROAD AVENUE RIFLE, CO 81650	45-5498641	STATE OF CO	14,000.	0.			WILDFIRE DIVISION STEWARDSHIP TRAILER
COLORADO RIVERFRONT FOUNDATION PO BOX 2477 GRAND JUNCTION, CO 81502	84-1069605	501(C)(3)	5,534.	0.			CLIFTON TO PALISADE RIVERFRONT TRAIL PLANNING AND DEVELOPMENT AND GENERAL SUPPORT
COLORADO STATE UNIVERSITY - FOUNDATION - PO BOX 1870 - FORT COLLINS, CO 80522	23-7098397	501(C)(3)	7,000.	0.			CSU EXTENSION 4-H IN RIO BLANCO COUNTY AND NUTRITION ENRICHMENT PROGRAM
COLORADO WEST LAND TRUST 1006 MAIN STREET GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	63,541.	0.			MONUMENT CORRIDOR RESTORATION, CONSERVING LANDSCAPES AND WILDLIFE HABITAT; GENERAL SUPPORT

Schedule I (Form 990)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502-3614	84-0817696	501(C)(3)	90,594.	0.			PROGRAM STAFF, SOFTWARE, OUTREACH AND DELIVERY SUPPORT AND GENERAL SUPPORT
COMMUNITY FOUNDATION OF NORTHERN NEVADA - 50 WASHINGTON STREET, SUITE 300 - RENO, NV 89503	88-0370179	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COUNSELING AND EDUCATION CENTER 2708 PATTERSON ROAD GRAND JUNCTION, CO 81506-4031	74-2232416	501(C)(3)	13,000.	0.			GENERAL SUPPORT
CRIC (CACHE REFUGEE AND IMMIGRANT CONNECTION) - PO BOX 4413 - LOGAN, UT 84323	47-1525678	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DELTA COUNTY SCHOOL DISTRICT #50J 145 WEST 4TH STREET DELTA, CO 81416	84-6002820	DELTA COUNTY	9,000.	0.			FARM TO SCHOOLS PROGRAM
DELTA EGYPTIAN THEATER CORPORATION PO BOX 407 DELTA, CO 81416	88-1357200	501(C)(3)	26,000.	0.			GENERAL SUPPORT
DISTRICT 51 FOUNDATION 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	27-3662704	501(C)(3)	9,860.	0.			GJHS TIGER BOUTIQUE AND GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 10001-5000	13-3433452	501(C)(3)	8,350.	0.			UKRAINE RELIEF EFFORTS AND GENERAL SUPPORT
DOORS 2 SUCCESS 8 FORESIGHT CIRCLE GRAND JUNCTION, CO 81505	26-2807058	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUREKA! MCCONNELL SCIENCE MUSEUM 1400 NORTH 7TH STREET GRAND JUNCTION, CO 81501-3004	20-1641549	501(C)(3)	32,800.	0.			COLORADO RIVERS & CLIMATE, DIG-IN CLASSROOM, AND SCHOLARSHIPS
FAMILY RENEWAL SHELTER 6832 PACIFIC AVENUE TACOMA, WA 98408	91-1347741	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH-GJ 522 WHITE AVENUE GRAND JUNCTION, CO 81502	84-0450681	501(C)(3)	22,413.	0.			TECH IT UP PROGRAM, DIAPER DEPOT MISSION, MAINTENACE PROJECTS, AND GENERAL SUPPORT
FOCUSEDKIDS PO BOX 2042 CARBONDALE, CO 81623	81-4090184	501(C)(3)	15,000.	0.			RIFLE AND PARACHUTE PROGRAMS
FOOD BANK OF THE ROCKIES 10700 EAST 45TH AVENUE DENVER, CO 80239	84-0772672	501(C)(3)	7,000.	0.			CAPITAL CAMPAIGN AND GENERAL SUPPORT
FOSTER ALUMNI MENTORS 750 MAIN STREET, STE 105 GRAND JUNCTION, CO 81501	82-4045594	501(C)(3)	11,500.	0.			GENERAL SUPPORT
FRIENDS OF THE MUSTANGS PO BOX 2771 GRAND JUNCTION, CO 81502	84-1575763	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE OURAY PUBLIC LIBRARY - PO BOX 625 - OURAY, CO 81427	84-0739710	501(C)(3)	7,959.	0.			GENERAL SUPPORT
FRIENDS OF THE WRIGHT OPERA HOUSE PO BOX 17 OURAY, CO 81427	26-2039839	501(C)(3)	12,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF YOUTH AND NATURE PO BOX 634 HOTCHKISS, CO 81419	83-1389798	501(C)(3)	12,500.	0.			BIKE TRAILER AND GENERAL SUPPORT
FRUITA MONUMENT HIGH SCHOOL 1102 WILDCAT AVENUE FRUITA, CO 81521	84-6002839	MESA COUNTY	12,000.	0.			EXTRACURRICULAR ACTIVITIES
GRAND JUNCTION HIGH SCHOOL 1400 NORTH 5TH STREET GRAND JUNCTION, CO 81501	84-6002839	MESA COUNTY	25,000.	0.			EXTRACURRICULAR ACTIVITIES
GRAND JUNCTION ROTARY CLUB FOUNDATION - PO BOX 1888 - GRAND JUNCTION, CO 81502	84-1038480	501(C)(3)	10,281.	0.			SCHOLARSHIPS AND GENERAL SUPPORT
GRAND JUNCTION SYMPHONY ORCHESTRA 414 MAIN STREET GRAND JUNCTION, CO 81501	84-0759502	501(C)(3)	18,702.	0.			GRAND JUNCTION SYMPHONY ACADEMY AND GENERAL SUPPORT
GRAND MESA ARTS AND EVENTS CENTER PO BOX 583 CEDAREDGE, CO 81413	82-2686401	501(C)(3)	20,000.	0.			STUDENT SUMMER THEATER CAMP AND BUILDING PURCHASE
GRAND MESA NORDIC COUNCIL PO BOX 4034 GRAND JUNCTION, CO 81502	84-1138899	501(C)(3)	12,550.	0.			GENERAL SUPPORT AND WEBSITE UPGRADES
GRAND VALLEY CATHOLIC OUTREACH 245 S 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	159,891.	0.			MOTHER THERESA PROJECT, STOP EVICTION PROGRAM, FEEDING FAMILIES AND GENERAL SUPPORT
GRAND VALLEY PEACE & JUSTICE 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	46-3768799	501(C)(3)	5,750.	0.			GENERAL SUPPORT AND FOOD BOX PROGRAM

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VALLEY PETS ALIVE PO BOX 3701 GRAND JUNCTION, CO 81502	80-0886107	501(C)(3)	6,200.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF MESA COUNTY - PO BOX 4947 - GRAND JUNCTION, CO 81502-4947	84-1136660	501(C)(3)	101,177.	0.			HOUSING IN MESA COUNTY AND FLOORING FOR TWO HOMES
HABITAT FOR HUMANITY OF THE ROARING FORK VALLEY - 53 CALOWAY COURT - GLENWOOD SPRINGS, CO 81601	84-1499538	501(C)(3)	40,000.	0.			MODULAR FEASIBILITY STUDY AND WAPITI COMMONS
HABITAT FOR HUMANITY OF THE SAN JUANS - 1601 N. TOWNSEND AVENUE - MONTROSE, CO 81401	84-1140499	501(C)(3)	20,000.	0.			FEASIBILITY STUDY FOR A MODULAR HOME CONSTRUCTION CAMPUS
HARMONY ACRES EQUESTRIAN CENTER PO BOX 38 FRUITA, CO 81521	68-0508799	501(C)(3)	6,000.	0.			SUPPORT FOR ANIMALS
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	142,101.	0.			LATIMER HOUSE, NO ONE SHOULD GO HUNGRY CAMPAIGN, AND GENERAL SUPPORT
HOLY FAMILY SCHOOL 786 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0965875	501(C)(3)	98,362.	0.			CLASSROOM ENRICHMENT, PROFESSIONAL DEVELOPMENT, TEACHERS' RETIREMENT, AND TUITION ASSISTANCE
HOME TRUST OF OURAY COUNTY 95 MEADOWS CIRCLE RIDGWAY, CO 81432	86-1764266	501(C)(3)	10,000.	0.			RIDGWAY DUPLEX AND TRIPLEX
HOMEBARBOUNDED OF THE GRAND VALLEY 562 29 ROAD GRAND JUNCTION, CO 81501	26-0052916	501(C)(3)	136,574.	0.			PATHWAYS FAMILY SHELTER, FOOD RECOVERY PROGRAM, SUPPORT FOR VETERANS, AND GENERAL SUPPORT

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HOPE OF THE GRAND VALLEY PO BOX 532 FRUITA, CO 81521	27-1565337	501(C)(3)	10,600.	0.			GENERAL SUPPORT
HOPEWEST - GJ 3090 NORTH 12TH STREET, UNIT B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	164,133.	0.			HOPEWEST KIDS, EQUINE THERAPY PROGRAM AND GENERAL SUPPORT
HOUSING RESOURCES OF WESTERN COLORADO - 524 30 ROAD, STE 3 - GRAND JUNCTION, CO 81504	84-0879892	501(C)(3)	45,000.	0.			PHOENIX APARTMENTS FOR HOMELESS VETERANS AND CREATION OF NEW PURCHASE ASSISTANCE LOAN PROGRAM
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET NW, SUITE 450 WASHINGTON, DC 20037	52-1769464	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF MOAB VALLEY PO BOX 1188 MOAB, UT 84532	87-0644812	501(C)(3)	12,000.	0.			GENERAL SUPPORT
IHM CHURCH 790 26 1/2 ROAD GRAND JUNCTION, CO 81506	84-0466724	501(C)(3)	12,075.	0.			GENERAL SUPPORT
JOINT DEVELOPMENT ASSOCIATES INTERNATIONAL - 2695 PATTERSON RD, UNIT 2 #188 - GRAND JUNCTION, CO 81506	84-1286934	501(C)(3)	13,000.	0.			GRAND VALLEY RESETTLEMENT PROGRAM
JOURNEY HOME ANIMAL CARE CENTER 1500 PREFONTAINE AVENUE RIFLE, CO 81650	84-1500637	501(C)(3)	8,000.	0.			OUTDOOR PLAY YARD CONSTRUCTION AND GENERAL SUPPORT
KARIS, INC. PO BOX 2837 GRAND JUNCTION, CO 81502	26-4600743	501(C)(3)	46,445.	0.			STRATEGIC PLANNING, LAUREL HOUSE, RENOVATIONS FOR BENNIE'S HOUSE, AND GENERAL SUPPORT

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KIDS AID 2978 GUNNISON AVENUE GRAND JUNCTION, CO 81504	26-1673162	501(C)(3)	9,400.	0.			GENERAL SUPPORT
LIFT-UP PO BOX 1928 RIFLE, CO 81650	84-0896081	501(C)(3)	36,000.	0.			GENERAL SUPPORT
LOVING BEYOND UNDERSTANDING 1000 N 9TH ST., PARKWOOD SUITE #37 GRAND JUNCTION, CO 81501	88-3621951	501(C)(3)	10,000.	0.			LGBTQ+ SUPPORT FOR YOUTH AND FAMILIES
LUTHERAN CHURCH AND SCHOOL OF THE MESSIAH - 840 NORTH 11TH STREET - GRAND JUNCTION, CO 81501	84-0594613	501(C)(3)	16,865.	0.			TRANSPORTATION TO NATIONAL YOUTH GATHERING AND GENERAL SUPPORT
MARILLACHEALTH 2333 N 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	271,637.	0.			NEW DOORS TO HEALTH AND GENERAL SUPPORT
MESA COUNTY BUSINESS EDUCATION FOUNDATION C/O CHAMBER OF COMMERCE - 360 GRAND AVENUE - GRAND JUNCTION, CO 81501	84-1192511	501(C)(3)	19,010.	0.			GENERAL SUPPORT
MESA COUNTY LIBRARIES FOUNDATION 443 NORTH 6TH STREET GRAND JUNCTION, CO 81501-2731	84-1217217	501(C)(3)	122,740.	0.			CLIFTON BRANCH CAPITAL CAMPAIGN AND 2022 TEEN SELF CARE FAIR
MESA COUNTY PUBLIC HEALTH 510 29 1/2 ROAD GRAND JUNCTION, CO 81502	84-6000783	MESA COUNTY	8,000.	0.			TOOLS AND EQUIPMENT FOR GRAND VALLEY TRAIL CREW
MESA COUNTY RSVP PO BOX 1077 GRAND JUNCTION, CO 81502	84-1516029	501(C)(3)	13,500.	0.			SHIP PROGRAM AND HANDYMAN PROJECT

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MESA COUNTY SCHOOL DISTRICT 51 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	84-6002839	MESA COUNTY	36,060.	0.			R.E.A.C.H. PROGRAM
MESA COUNTY SCHOOL DISTRICT 51 NUTRITION SERVICES - 2280 EAST MAIN STREET - GRAND JUNCTION, CO 81501	84-6002839	MESA COUNTY	280,200.	0.			LUNCH LIZARD FOOD TRUCKS
MESA YOUTH SERVICES, INC DBA MESA COUNTY PARTNERS - 1169 COLORADO AVENUE - GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	120,233.	0.			SUBSTANCE ABUSE PREVENTION EDUCATION CLASSES AND GENERAL SUPPORT
MONTROSE COUNTY SCHOOL DISTRICT RE-1J - PO BOX 10,000 - MONTROSE, CO 81402	84-0517051	MONTROSE COUNTY	5,790.	0.			SCHOLARSHIPS FOR DISTRICT RE-1J GRADUATING SENIORS
MUTUAL AID PARTNERS 4364 RACQUET CT. GRAND JUNCTION, CO 81506	85-2492601	501(C)(3)	6,530.	0.			VEHICLE PURCHASE AND FOOD DISTRIBUTION AND RESOURCE DAYS
NORTH FORK VALLEY CREATIVE COALITION - PO BOX 143 - PAONIA, CO 81428	46-2288267	501(C)(3)	7,500.	0.			GENERAL SUPPORT AND MOUNTAIN HARVEST FESTIVAL
OPERATION REVAMP INC. - VETERANS ART CENTER - 307 SOUTH 12TH STREET - GRAND JUNCTION, CO 81501	27-3262040	501(C)(3)	6,902.	0.			TRANSPORTATION AND COMMUNICATION
OURAY COUNTY FOOD PANTRY PO BOX 903 RIDGWAY, CO 81432	45-5053267	501(C)(3)	13,003.	0.			GENERAL SUPPORT
OURAY COUNTY HISTORICAL SOCIETY PO BOX 151 OURAY, CO 81427	84-0623733	501(C)(3)	29,400.	0.			PHOTO ARCHIVE SCANNER AND RESTORATION OF WINDOWS

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OURAY COUNTY PERFORMING ARTS GUILD PO BOX 14 OURAY, CO 81427	74-2362156	501(C)(3)	22,991.	0.			SAN JUAN CHORAL FESTIVAL, CHAMBER CONCERT SERIES, SCHOLARSHIPS AND GENERAL SUPPORT
OURAY COUNTY SCHOOLS COMMUNITY RESOURCE CONSORTIUM DBA VOYAGER YOUTH PROGRAM - PO BOX 709 - RIDGWAY, CO 81432	84-1453650	501(C)(3)	26,694.	0.			GENERAL SUPPORT AND EARLY CHILDHOOD EDUCATION FOR 3-5 YEAR OLDS
OURAY ICE PARK PO BOX 1058 OURAY, CO 81427	84-1367668	501(C)(3)	28,500.	0.			CHALLENGE MATCH AND ICE FESTIVAL COMPETITION TOWER
OURAY MOUNTAIN RESCUE TEAM PO BOX 220 OURAY, CO 81427-0220	75-2158092	501(C)(3)	10,000.	0.			RESCUE BARN UPGRADES
PALISADE HIGH SCHOOL 3679 G ROAD PALISADE, CO 81526	84-6002839	MESA COUNTY	22,000.	0.			EXTRACURRICULAR ACTIVITIES
POLISH AMERICAN FOUNDATION OF CONNECTICUT - 27 GROVE HILL ST - NEW BRITAIN, CT 06052	06-1466812	501(C)(3)	30,000.	0.			UKRAINE HUMANITARIAN RELIEF EFFORTS
POMONA ELEMENTARY SCHOOL - MONTROSE RE-1J - 1045 S. CASCADE AVENUE - MONTROSE, CO 81401	84-0517051	MONTROSE COUNTY	5,860.	0.			EEL AT METAPHORSE AND DREAMCATCHER THERAPY FOR AFFECTIVE NEEDS STUDENTS
PROJECT 1.27 14000 E JEWELL AVENUE AURORA, CO 80012	26-3341511	501(C)(3)	18,500.	0.			MENTAL HEALTH SUPPORT FOR FOSTER KIDS AND FAMILIES IN WESTERN COLORADO AND GENERAL SUPPORT
PROJECT C.U.R.E 10377 E. GEDDES AVENUE, STE. 200 CENTENNIAL, CO 80112	84-1568566	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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R-5 HIGH SCHOOL 455 NORTH 22ND STREET, STE B GRAND JUNCTION, CO 81501	84-6002839	MESA COUNTY	23,000.	0.			EXTRACURRICULAR ACTIVITIES AND OUTDOOR KITCHEN AND GREEN HOUSE RE-CONSTRUCTION
RANGELY OUTDOOR MUSEUM PO BOX 131 RANGELY, CO 81648	23-7114937	501(C)(3)	12,000.	0.			GENERAL SUPPORT
REACH-OUT COLORADO PO BOX 1222 RIFLE, CO 81650	45-5370178	501(C)(3)	5,500.	0.			GENERAL SUPPORT
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501(C)(3)	15,000.	0.			SANE EXAMS AND GENERAL SUPPORT
RIVER CENTER OF NEW CASTLE, INC. PO BOX 272 NEW CASTLE, CO 81647	27-3837160	501(C)(3)	7,247.	0.			GENERAL SUPPORT, TOTES OF HOPE AND MEAL MONKEY
RIVER VALLEY FAMILY HEALTH CENTERS PO BOX 529 OLATHE, CO 81425	27-3757444	501(C)(3)	27,000.	0.			DELTA CLINIC CAPITAL CAMPAIGN AND MOBILE HEALTH CLINICS FOR MIGRANT WORKERS
RIVERSEDGE WEST PO BOX 1907 GRAND JUNCTION, CO 81502	27-0007315	501(C)(3)	40,712.	0.			CONFLUENCE CENTER AT DOS RIOS PROJECT, RIVER STEWARDSHIP AND EDUCATION AND GENERAL SUPPORT
RIVERSIDE EDUCATIONAL CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	20-5451495	501(C)(3)	128,827.	0.			LEADERSHIP DEVELOPMENT, NUTRITIOUS FOODS FOR REC STUDENTS AND GENERAL SUPPORT
ROCKY MOUNTAIN PBS 158 S. PARK SQUARE FRUITA, CO 81521	84-0510785	501(C)(3)	7,470.	0.			GENERAL SUPPORT

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ROICE-HURST HUMANE SOCIETY PO BOX 4040 GRAND JUNCTION, CO 81502	84-6048416	501(C)(3)	120,324.	0.			VETERANS FUND FOR PET SERVICES AND GENERAL SUPPORT
SALVATION ARMY PO BOX 578 GRAND JUNCTION, CO 81502	94-1156347	501(C)(3)	21,456.	0.			FOOD PROCUREMENT COSTS AND GENERAL SUPPORT
SAN JUAN RESOURCE CONSERVATION & DEVELOPMENT COUNCIL - PO BOX 1006 - DURANGO, CO 81302	74-2408579	501(C)(3)	10,000.	0.			DURANGO MOUNTAIN CAMP
SAVE THE CHILDREN FEDERATION INC. 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	7,000.	0.			UKRAINE SUPPORT
SHARING MINISTRIES, INC. 49 NORTH 1ST STREET MONTROSE, CO 81401	84-1338604	501(C)(3)	15,000.	0.			FOOD PROCUREMENT COSTS
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	04-2121377	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SOLAR ENERGY INTERNATIONAL 39845 MATHEWS LANE PAONIA, CO 81428	84-1223691	501(C)(3)	7,000.	0.			GENERAL SUPPORT AND PERMACULTURE AND RAIN CAPTURE LAB
SOLAR UNITED NEIGHBORS 1350 CONNECTICUT AVENUE NW STE. 412 WASHINGTON, DC 20036	46-2462990	501(C)(3)	9,500.	0.			MESA COUNTY SOLAR CO-OP
ST. MARY'S HOSPITAL FOUNDATION PO BOX 1628 GRAND JUNCTION, CO 81502-1628	23-7001007	501(C)(3)	80,000.	0.			MEALS ON WHEELS

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STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	84-6044855	501(C)(3)	6,610.	0.			GENERAL SUPPORT AND BOTANICAL GARDENS
SURFACE CREEK COMMUNITY SERVICES PO BOX 963 CEDAREIDGE, CO 81413	46-0475616	501(C)(3)	9,500.	0.			FOOD ASSISTANCE AND GENERAL SUPPORT
THE ASPEN INSTITUTE 2300 NORTH STREET NW, STE 700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	6,662.	0.			GENERAL SUPPORT
THE JOSEPH CENTER - GJ 2511 BELFORD AVENUE, STE B GRAND JUNCTION, CO 81501	47-5602713	501(C)(3)	13,000.	0.			GENERAL SUPPORT AND REPLACE CARPETING GOLDEN GIRLS AREA
THE NATURE CONNECTION (DELTA COUNTY SCHOOL DISTRICT 50J) - 397 MINERS WAY - HOTCHKISS, CO 81419	84-6002820	501(C)(3)	14,131.	0.			ROCKS AND ROPES PROGRAM, CAMP SCHOLARSHIPS AND GENERAL SUPPORT
THE PIC PLACE (PARTNERS IN INTEGRATED CARE) - 87 MERCHANT DRIVE - MONTROSE, CO 81401	47-0891200	501(C)(3)	20,000.	0.			VACCINES FOR CHILDREN PROGRAM
THE TRUST FOR LAND RESTORATION PO BOX 743 RIDGWAY, CO 81432	84-1523131	501(C)(3)	13,000.	0.			IDARADO HOUSES PRESERVATION AND RESTORATION PROJECT PHASE II
TRAIL LAMP YOUTH SERVICES 568 MILLEMAN STREET PALISADE, CO 81526	85-4271126	501(C)(3)	6,000.	0.			LIFE AND EMPLOYMENT SKILLS FOR AT-RISK YOUTH AND BUSINESS ART MENTORSHIP PROGRAM
TRAILHEAD INSTITUTE 1999 BROADWAY, SUITE 600 DENVER, CO 80202	84-1267213	501(C)(3)	25,000.	0.			SANA PROGRAM EXPANSION

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UPROOT COLORADO PO BOX 6016 AVON, CO 81620	82-1407915	501(C)(3)	8,500.	0.			GENERAL SUPPORT FOR WESTERN SLOPE EFFORTS
WALKING MOUNTAINS SCIENCE CENTER PO BOX 9469 AVON, CO 81620	84-1436731	501(C)(3)	50,000.	0.			SWEETWATER CLASSROOM AND OUTDOOR BASE CAMP
WEST MOUNTAIN REGIONAL HEALTH ALLIANCE - PO BOX 1909 - GLENWOOD SPRING, CO 81602-1909	47-2360654	501(C)(3)	21,500.	0.			HOMELESS SUPPORT AND FOOD TOTE PROGRAM FOR CLINICAL PARTNERS
WESTERN COLORADO ALLIANCE PO BOX 1931 GRAND JUNCTION, CO 81502-1931	84-0837218	501(C)(3)	6,970.	0.			CLIMATE PROJECTS AND PROGRAMMING, YOUTH VOICE PROJECT AND GENERAL SUPPORT
WESTERN COLORADO AREA HEALTH EDUCATION CENTER - 2938B NORTH AVENUE - GRAND JUNCTION, CO 81504	74-2044175	501(C)(3)	11,500.	0.			OPIOID AWARENESS SUPPORT
WESTERN COLORADO CENTER FOR THE ARTS - 1803 NORTH 7TH STREET - GRAND JUNCTION, CO 81501	84-0579106	501(C)(3)	31,327.	0.			KEPHART GALLERY SUPPORT AND GENERAL SUPPORT
WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, STE 200 BOULDER, CO 80302	84-1113831	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	84-1128554	501(C)(3)	13,835.	0.			GENERAL SUPPORT
WESTERN SLOPE CONSERVATION CENTER PO BOX 1612 PAONIA, CO 81428	84-0728032	501(C)(3)	8,500.	0.			WATERSHED PROGRAM, GUNNISON RIVER ACCESS AND ENHANCEMENTS, AND GENERAL SUPPORT

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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	257	709,003.	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:

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

OTHER CHARITABLE ORGANIZATIONS 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,

CREED, SEX, RELIGION, AGE, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS,



**Part IV** Supplemental Information

OR NATIONAL ORIGIN.

AS PART OF THE GRANTMAKING DUE DILIGENCE, THE FOLLOWING MINIMUM, BASIC INFORMATION IS ACCESSED AND DOCUMENTED THROUGH THE ONLINE 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 UNDER \$25,000 REQUIRE THE ABOVE PLUS ALL OF THE FOLLOWING:

- CURRENT LIST OF BOARD OF DIRECTORS
- CURRENT OPERATING BUDGET AND PROJECT BUDGET
- DESCRIPTION OF PROJECT AND HOW THE FUNDS WILL BE USED
- DESCRIPTION OF OBJECTIVES AND OUTCOMES AND HOW THOSE WILL BE MEASURED
- REVIEW OF CURRENT 990 (VIA GUIDESTAR CHARITY CHECK)
- PHONE CALL WITH STAFF AND/OR SITE VISIT
- CAPITAL CAMPAIGN/PROJECT MATERIALS

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

- SITE VISIT
- CAPITAL CAMPAIGN/PROJECT FUNDRAISING PLAN
- FINAL REPORT

**Part IV** Supplemental Information

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 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,

**Part IV** Supplemental Information

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 AT AN

EDUCATIONAL INSTITUTION AND ROOM AND BOARD. 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 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 AND ROOM AND BOARD. 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 .....

**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? .....

**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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

## Schedule J (Form 990) 2022

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, 2022, THE  
ORGANIZATION AWARDED THE PRESIDENT/CEO 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**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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	15	621,020.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <u>OIL AND GAS ROY</u> )	X	1	1,750,000.	OPINION OF EXPERTS
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 3 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) 2022

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.

Schedule M (Form 990) 2022

84-1354894

Page 2

**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 FOUNDATION IS REPORTING THE TOTAL NUMBER OF CONTRIBUTORS IN PART I,  
COLUMN (B).



**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.

Employer identification number

84-1354894

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUR ENVIRONMENT INITIATIVE CORE STANDS FOR CONSERVATION, OUTDOOR

RECREATION AND ENVIRONMENT. WE ORGANIZE SITE VISITS, EDUCATION

OPPORTUNITIES, AND AN ANNUAL DONOR GIVING CIRCLE FOR PEOPLE INTERESTED

IN FUNDING PROJECTS THAT PRESERVE OUR LANDSCAPES, EXPAND OUTDOOR

RECREATION OPPORTUNITIES FOR NEW POPULATION GROUPS, AND WORK ON ISSUES

RELATED TO CLEAN AIR, WATER AND ALTERNATIVE ENERGY.

EXPENSES \$ 77,004. INCLUDING GRANTS OF \$ 65,500. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE ACCOUNTANT AND CONTROLLER IN DRAFT FORM. IT

IS THEN REVIEWED IN ITS FINAL FORMAT BY THE ACCOUNTANT, CONTROLLER, AND

FINANCE COMMITTEE. 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. IF A CONFLICT ARISES, THE PERSON WITH SUCH CONFLICT IS

NOT ALLOWED TO PARTICIPATE OR VOTE ON THE MATTER AT ISSUE.

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

EACH YEAR, ONE OR MORE OF THE BOARD OF TRUSTEE'S MEMBERS ARE

ELECTED/ASSIGNED FOR COMPENSATION REVIEW. TWO OR MORE MEMBERS COMPILE

COMPARABLE PAYROLL DATA INFORMATION FROM PUBLIC SOURCES, SUCH AS GUIDESTAR,

THE ANNUAL COUNCIL ON FOUNDATIONS SALARY STUDY, AND THE COLORADO NON-PROFIT

ASSOCIATION STUDY, AND REPORT BACK TO THE EXECUTIVE COMMITTEE ON THEIR

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

Schedule O (Form 990) 2022

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

Employer identification number  
**84-1354894**

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 128 NORTH 5TH ST.,  
GRAND JUNCTION, COLORADO, 81501. THESE DOCUMENTS ARE ALSO AVAILABLE BY  
REQUEST AND CAN BE MAILED OR E-MAILED AS NEEDED. THE TAX FORM 990 IS  
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:

CHANGE IN VALUE OF MINERAL ROYALTY INTEREST	-183,068.
CHANGE IN VALUE OF BENEFICIAL INTERESTS	-495,950.
CHANGE IN AGENCY FUND	581,359.
TOTAL TO FORM 990, PART XI, LINE 9	-97,659.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**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	39,372,953.	352,260.	WESTERN COLORADO COMMUNITY FOUNDATION, INC.
WCCF ASSET HOLDING LLC - 46-4259594 PO BOX 4334 GRAND JUNCTION, CO 81502	HOLD CERTAIN DONATED PROPERTY & INTERESTS UNTIL THEY CAN BE LIQUIDATED	COLORADO	1,755,113.	1,468,001.	WESTERN COLORADO COMMUNITY FOUNDATION, INC.

**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) 2022

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule R (Form 990) 2022

**84-1354894** Page **2**

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

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

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

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

**WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

Schedule R (Form 990) 2022

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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	<b>X</b>
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	<b>X</b>

**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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

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

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **WESTERN COLORADO COMMUNITY  
FOUNDATION, INC.**

EIN or SSN  
**84-1354894**

Name and title of officer or person subject to tax **ANNE WENZEL  
PRESIDENT/CEO**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here .....	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> .....
<b>6a</b> Form 990-T check here .....	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> .....
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> .....
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> .....
<b>10a</b> Form 8038-CP check here .....	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> .....

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **MOSS ADAMS LLP** to enter my PIN **11111**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**8533482222**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date **10/30/23**

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)



**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](http://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](http://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.

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

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

0	7
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

**ANNE WENZEL**

- The books are in the care of ► **PO BOX 4334 - GRAND JUNCTION, CO 81502**

Telephone No. ► **970-243-3767**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2022** 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>WESTERN COLORADO COMMUNITY FOUNDATION, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 4334</b> City or town, state or province, country, and ZIP or foreign postal code <b>GRAND JUNCTION, CO 81502</b> <b>C</b> Book value of all assets at end of year ..... <b>151,229,607.</b>	<b>D</b> Employer identification number  <b>84-1354894</b> <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
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**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university  
**H** Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439  
**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐  
**J** Enter the number of attached Schedules A (Form 990-T) ..... **1**  
**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation.  
**L** The books are in care of **ANNE WENZEL** Telephone number **970-243-3767**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b>	Other credits (see instructions) .....	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
<b>6a</b>	Did the organization change its method of accounting? (see instructions) .....		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	10/30/23	
	Firm's name	Firm's EIN		PTIN
	MOSS ADAMS LLP	91-0189318		P01218925
	Firm's address	Phone no.		
	6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110	505-878-7200		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>WESTERN COLORADO COMMUNITY FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>84-1354894</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **NO UNRELATED TRADE OR BUSINESS - SEE PART XI**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>0.</b>	
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>0.</b>	
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>	
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2022

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

**Part XI Supplemental Information** (see instructions)

SCHEDULE A, LINE E: THE ORGANIZATION DID NOT HAVE ANY UNRELATED TRADE OR BUSINESS ACTIVITY IN 2022. AN EXTENSION WAS FILED PROTECTIVELY PENDING PREPARATION OF THE RETURN.