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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	103,928.	22	200,746.
23 Land and buildings	0.	23	0.
24 Other assets (describe in Schedule O)	0.	24	3,000.
25 Total assets	103,928.	25	203,746.
26 Total liabilities (describe in Schedule O)	7,660.	26	6,760.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,268.	27	196,986.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? CHARITABLE PROGRAMS FOR YOUTH  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <u>DISTRIBUTING TO NUMEROUS COMMUNITY ORGANIZATIONS PROVIDING SERVICES PRIMARILY TO YOUTH</u>			
(Grants \$ <u>30,098.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a		30,098.
29 <u>PROVIDING SCHOLARSHIPS AS DIRECTED BY DONORS</u>			
(Grants \$ <u>12,850.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a		12,850.
30 _____			
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a		
31 Other program services (describe in Schedule O) _____			
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a		
32 Total program service expenses (add lines 28a through 31a)	32		42,948.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANNETTE ABEYTA DIRECTOR	1.00	0.	0.	0.
BEVERLY TROFSTER PAST PRESIDENT	1.00	0.	0.	0.
RITA CRUMPTON PRESIDENT	1.00	0.	0.	0.
LYNN THOMPSON PRESIDENT ELECT	1.00	0.	0.	0.
CATHY STATEN TREASURER	4.00	400.	0.	0.
STEWART CRUICKSHANK VICE PRESIDENT	1.00	0.	0.	0.
HEATHER SMITH ROB BURKEY	1.00	0.	0.	0.
DEANNA COLAIZZI DIRECTOR	1.00	0.	0.	0.
LEE KREIDLER DIRECTOR	1.00	0.	0.	0.
DAVID PRIDDY DIRECTOR	1.00	0.	0.	0.
WOODY WALCHER DIRECTOR	1.00	0.	0.	0.
DARLENE HALLMARK DIRECTOR	1.00	0.	0.	0.
CHRIS HOWARD SECRETARY	4.00	400.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed Colorado

42a The organization's books are in care of ALAN WATKINS CPA Telephone no (970) 242-3260
Located at 2754 COMPASS DRIVE STE 200 GRAND JUNCTION CO ZIP + 4 81506
42b 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)?
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
At any time during the calendar year, did the organization maintain an office outside of the U S ?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .	46	X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49 a	X
b If 'Yes,' was the related organization a section 527 organization? . . . . .	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

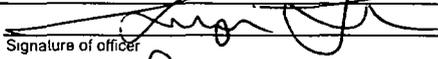
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

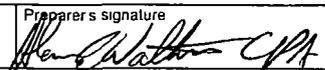
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . .  Yes  No

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 02/02/15
	Type or print name and title <b>President</b>	PRESIDENT

<b>Paid Preparer Use Only</b>	Pnnl/Type preparer's name	Preparer's signature 	Date 2/2/15	Check <input type="checkbox"/> if self-employed	PTIN P01623461
	Firm's name	Grand Mesa CPAs, LLC		Firm's EIN	20-4883397
	Firm's address	2754 Compass Dr, Suite 200 Grand Junction		Phone no	(970) 242-3260
		CO	81506		

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization <b>GRAND JUNCITON KIWANIS FOUNDATION</b>	Employer identification number <b>74-2286109</b>
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11 g (i)	
(ii) A family member of a person described in (i) above? . . . . .	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here.</b>	<input type="checkbox"/>					

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a <b>33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the 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 type="checkbox"/>	
b <b>33-1/3% support test – 2012.</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"/>	
17a <b>10%-facts-and-circumstances test – 2013.</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 IV 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 – 2012.</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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>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"/>	

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

(Complete only if you checked the box on line 9 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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	200.	1,991.	3,762.	3,972.	4,781.	14,706.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	83,459.	83,036.	76,921.	93,413.	78,810.	415,639.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	83,659.	85,027.	80,683.	97,385.	83,591.	430,345.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						430,345.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	83,659.	85,027.	80,683.	97,385.	83,591.	430,345.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	986.	2,619.	1,529.	1,780.	1,837.	8,751.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	986.	2,619.	1,529.	1,780.	1,837.	8,751.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add lines 9, 10c, 11 and 12)	84,645.	87,646.	82,212.	99,165.	85,428.	439,096.

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

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.01 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.21 %

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.99 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.79 %

19a 33-1/3% support tests – 2013. 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 – 2012. 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 II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PANKCAKE SALES (event type)	GOLF TOURNEY (event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts . . . . .	69,521.	8,269.	77,790.
	2	Less Charitable contributions . . . . .			
	3	Gross income (line 1 minus line 2). . . . .	69,521.	8,269.	77,790.
DIRECT EXPENSES	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .		300.	300.
	6	Rent/facility costs . . . . .	3,585.	2,844.	6,429.
	7	Food and beverages . . . . .	20,345.	784.	21,129.
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	12,362.	788.	13,150.
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			41,008.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			36,782.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		REVENUE	1	Gross revenue . . . . .	
EXPENSES	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .			

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If 'No,' explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If 'Yes,' explain. \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_



Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

AKTION CLUB EXPENSE	1,299.
JUCO SPONSORSHIP	1,279.
KEY LEADER/CLUB EXPENSE	946.
KNOWLEDGE BOWL	250.
BUGS TERRIFIC KIDS PROGRAM	577.
BANK CHARGES	80.
INSURANCE	250.
SECRETARY TREASURER WEB	1,200.
SECRETARY TREASURER WEB	
MISCELLANEOUS	
<b>Total</b>	<b>5,881.</b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SAFETY	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> GRAND JUNCTION POLICE DEPARTMENT 555 UTE AVE GJ CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CAMP FOR KIDS	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> CAMP HOPE 763 24.5 ROAD GJ CO 81505	NA	3,098.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
LEGAL SUPPORT FOR KIDS	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> CASA OF MESA COUNTY 744 HORIZON DR, STE 230 GRAND JUNCTION CO 81506	NA	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FOOD CLOTHING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> CATHOLIC OUTREACH 245 S 1ST ST GJ CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD COUNSELING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> CHILD AND COUNSELING CENTER 2708 PATTERSON ROAD GJ CO 81506	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ACTIVITIES FOR DISABLED	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> COLORADO DISCOVER ABILITIES 740 GUNNISON AVE GJ CO 81502	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
MENTORING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> ST MARY'S FOSTER GRANDPARENT 2232 N 7TH ST, STE 2 GJ CO 81501	NA	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
READING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> FRUITA THRIFT SHOP 142 S PARK SQ FRUITA CO 81521	NA	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FEMALE DEVELOPMENT	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> GIRLS ON THE RUN 1445 N 7TH ST STE A GJ CO 81501	NA	750.

If property other than cash was given, the following additional information needs to be provided.

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FEMALE DEVELOPMENT	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> GIRL SCOUTS 580 24.5 ROAD GJ CO 81505	NA	750.

If property other than cash was given, the following additional information needs to be provided.

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD DEVELOPMENT	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> HILLTOP RESOURCES 1331 HERMOSA AVE GJ CO 81506	NA	1,250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD GREIVING ASSISTANCE	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> HOPE WEST 3090 N. 12TH ST, STE B GJ CO 81506	NA	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD NUTRITION	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> HOW ARE THE CHILDREN 1129 COLORADO AVE GJ CO 81501	NA	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
READING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> GJ IMAGINATION LIBRARY 2793 SKYLINE CT GJ CO 81506	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
VOCAL DEVELOPMENT	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> GRAND VALLEY CHILDRENS CHOIR 414 MAIN STREET GJ CO 81501	NA	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD VOTING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> KIDS VOTING MESA COUNTY 2523 N WESTGATE DR GJ CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
MEDICAL CLINIC	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> MARILLAC CLINIC 2333 NORTH 6TH ST GJ CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
COUNSELING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> STRIVE 950 GRAND AVE GJ CO 81501	NA	750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SAFETY AWARENESS	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> MESA COUNTY SAFETY COUNCIL PO BOX 4863 GJ CO 81502	NA	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
COUNSELING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> NEURAL ACTIVITY INC 1055 HILL AVE GJ CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
MENTORING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> PARTNERS 1169 COLORADO AVE GJ CO 81501	NA	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
VOLUNTEER SERVICES	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> RSVP 422 W WHITE AVE GJ CO 81501	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
DISABLED ATHLETICS	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> SPECIAL OLYMPICS 384 INVERNESS PKWY ENGLEWOOD CO _____	NA	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
FOOD AND CLOTHING	Business . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> SALVATION ARMY 1235 NORTH 4TH ST GJ CO 81501	NA	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
HORSE RESCUE	Business . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> STEADFAST SEEDS 1411 SOUTH 16.5 RD GLADE PARK CO 81523	NA	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SUICIDE PREVENTION	Business . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> WESTERN SLOPE SUICIDE PREVENTION PO BOX 4329 GJ CO 81502	NA	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHILD DEVELOPMENT	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> WESTERN SLOPE CENTER FOR CHILDREN 259 GRAND AVE GJ _____ CO 81501	NA	1,500.

If property other than cash was given, the following additional information needs to be provided.

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
TUTORING	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> RIVERSIDE EDUCATION CENTER 552 W MAIN ST GJ _____ CO 81501	NA	750.

If property other than cash was given, the following additional information needs to be provided.

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> COLORADO MESA UNIVERSITY 1100 NORTH AVE GJ _____ CO 81501	NA	4,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> UCLA 405 HILGARD AVE LOS ANGELES CA 90095	NA	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> UNIVERSITY OF COLORADO 941 BROADWAY BOULDER CO 80309	NA	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . . SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATION	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> WESTERN COLORADO COMMUNITY COLLEGE 110 NORTH AVE GJ CO 81501	NA	4,850.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
UNREALIZED GAINS ON INVESTMENT ACCOUNTS CARRIED AT MARKET VALUE	14,773.
Total	<u>14,773.</u>