Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2017

Open to Public

Inter	nal Rever	nue Service	► Go to	www.irs.gov/Form9	90 for instructions ar	nd the latest inform	nation.		Inspection
A	For the	e 2017 calend	lar year, or tax year begi	nning		, 2017, and e	nding		, 20
В	Check if	applicable;	C Name of organization YOU.	R COMMUNITY F	TOUNDATION			D E	mployer identification no.
X	Address	change	Doing business as	32	-				-1923000
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite						elephone number		
	initial ret	urn	PO BOX 44				5		20)380-6154
	Final retu	urn/terminated	City or town, state or province	e, country, and ZIP or fore	ign postal code		-	V0001 000	Gross receipts
	Amended	d return	IOLA, KS 66749					s	\$1. 1/19 (BH) (E597) \$100 (F)
	Applicati	on pending	F Name and address of princip		PRINGER		H(a) is this a group reti		
			Same as C abov				H(b) Are all subordi		= =
<u> </u>	Tax-exen	npt status:	501(c)(3) 501(c) () 《 (insert no.)	4947(a)(1) or				(see instructions)
J	Website	Window Co.	.GIVINGMAKESADIE				H(c) Group exemp		Exercises tenderated research and the
K	Form of a	organization: X		sociation Other		L Year of formation: 2	measurable and man of the		50. 201 50.7 (Bullion Co.)
	ırt I	Summar					<u> </u>	14941 4011	112
	1	Briefly descri	ibe the organization's miss	sion or most significa	int activities: TO F	ENGAGE IN E	NCOURAGE AND	PROM	
dı		10000000000000000000000000000000000000	LE AND PUBLIC PR	ALCOHOL SIVE PUBLISHED FOR STATE AND	Avaine White A. Court West Software	William Ac-			
Š			ERMENT OF THE RE						
rna					201110111111111111111111111111111111111	ND DOMEOONDI	NO ZEEDEN COO.	,,,	T(B
Activities & Governance	2	Check this be	ox ▶ ☐ if the organizatio	n discontinued its or	perations or disposed o	of more than 25% o	f its net assets		<u></u>
ŏ	3		oting members of the gove					3	8
აგ	4		ndependent voting membe	Management - Committee (1997)	1000000 ALVOOR-1		<u> </u>	4	8
itie	5		r of individuals employed in					5	2
ξ	6		r of volunteers (estimate if				-	6	20
Ă			ed business revenue from	ALLAN THE SECOND STATE OF			-	7a	0
	T e						1	7b	0
<u> </u>		b Net unrelated business taxable income from Form 990-T, line 34							Current Year
	8	Contributions	s and grants (Part VIII, line	1h)			807,1	50	280,060
e	9		vice revenue (Part VIII, lin			 	807,1	,33	00
en	10		ncome (Part VIII, column (8		-	20,2	262	<u>0</u> 14,871
Revenue	11		ue (Part VIII, column (A), li			_	31,8		
-	12		e - add lines 8 through 11				859,2		115,052
	13		similar amounts paid (Part				141 200-00-00-00-0	and the same of	409,983
	14		to or for members (Part I		14 D0 W12	The second secon	230,1	. 74	325,511 0
	15		er compensation, employe				78,2) E 1	
es	162		fundraising fees (Part IX,	and the same of th		_	10,2	.51	37,850
Expenses	h		sing expenses (Part IX, co	and the second				-	0
X	17		ses (Part IX, column (A), li		_ 		24 0	202	E2 070
ш		15	es. Add lines 13-17 (must		15		34,8 343,2		53,879 417,240
	19		s expenses. Subtract line		15 300001 NO VEST		516,0	100 TO 10	100000 000001.00000
— <u> </u>		revende les	3 CAPOTIOCO. CUBITACE IIIIC	TO HOM IMO 12			Beginning of Current Ye		(7,257 End of Year
ts o	20	Total assets	(Part X, line 16)				1,493,0	Assertation 1	1,468,276
Asse	21		VEGO OF 1999 AND SHOWN				11,493,6		1,400,270
Net Assets or	22		r fund balances. Subtract				1,481,3		1,468,276
	irt II		re Block	IIIC 21 HOIH IIIC 20			1,401,3	94	1,400,270
			clare that I have examined this rel	turn, including accompany	ing schedules and statement	ts, and to the best of my	knowledge and belief, it is	 3	
true	, correct,	and complete. De-	claration of preparer (other than o	officer) is based on all infor	mation of which preparer has	s any knowledge.			
		TOR	SPRINGER						
Sig	ın		re of officer					Date	
He	re	TOR	SPRINGER, BOARD	DDFGTDFNT					
			print name and title	PRESIDENT			<u> </u>		****
		F 2.	parer's name	Preparer's signature		Date	Check	f PTIN	
Рa	id	IVY KEE		IVY KEPLEY		01-28-2019	self-employed	S SECTION S	01880433
	epare		9	CCOUNTING LLC	•	MI-70-7013	Firm's EIN		0.1000433
	e Onl		5 4 5 11		•		Phone no.		
	not co rd elication	, addres		T KS 66748				-473-	-2831

	m 990 (2017) YOUR COMMUNITY FOUNDATION	43-1923000	Page 2
Pa	ort III Statement of Program Service Accomplishments		_
-	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	[]
1	Briefly describe the organization's mission:	-	
	TO ENGAGE IN, ENCOURAGE AND PROMOTE CHARITABLE AND PUBLIC PROGRAMS, ACTIVITI	ES,	
	ORGANIZATIONS, AND INSTITUTIONS FOR THE BENEFIT AND BETTERMENT OF THE RESIDE	NTS AND COM	MUNITY
	IN AND SURROUNDING ALLEN COUNTY, KS		
	Did the second of the second o		
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	X No
2	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?	· · · L Yes	X No
4	if "Yes," describe these changes on Schedule O.		
7	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	ers,	
	the total expenses, and revenue, it any, for each program service reported.		
4a	(Code:) (Expenses \$325,511 including grants of \$ 325,511) (Revenue	<u> </u>	
	THE FOUNDATION PROVIDED GRANTS TO CHARITABLE ORGANIZATIONS IN THE ALLEN COUN		/
	CONTINUING ITS MISSION TO CONNECT DONORS TO THE CHARITABLE CAUSES THEY CARE		<u></u>
	CONTINUING ITS MISSION TO CONNECT DONORS TO THE CHARITABLE CAUSES THEY CARE	ABOUT	
		<u> </u>	37.0
			
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4b	(Code:) (Expenses Sincluding grants of \$) (Revenue	\$	Y
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		and colored	
		53611	7.00
_			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	s)
		40 - 10	4
			
		<u> </u>	
		<u>-</u>	
		28	
Asl	Other average position (Describe in Cabadult C.)		.
4d	Other program services (Describe in Schedule O.)	`	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 325,511)	
+4	Total program service expenses > 325, 511		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
_=	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		***
سر.	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	220		
_	Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		7.7
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	.,,		37
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9		0		X
3	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			22
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		- 1 1	
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
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? If "Yes," complete Schedule D, Part VII	11b		Χ
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	, ,	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	539A 25C567		A Page Culto
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			**
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b	9	v
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13	100	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
Ų	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
ceo(76)	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	G. C. Carrer		Special
·	If "Yes," complete Schedule G, Part III	19		X

Part IV

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

	990 (2017) YOUR COMMUNITY FOUNDATION	43-19	2300	00	F	age :
Pa	rt 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			8 A 383		
8/2/00			-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0	20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			8		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a		2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
20	account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts					
1 <u></u>	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		٠.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			100		
	organization solicit any contributions that were not tax deductible as charitable contributions?		• •	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
-	gifts were not tax deductible?		• •	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			_		
L.	and services provided to the payor?		• •	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		• •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			_		5.7
A	If "Yes," indicate the number of Forms 8282 filed during the year		• •	7¢		Χ
d	10 Table 10			٠,		7.7
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		• •	7f		X
g h			• •	7g 7h		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			713		Χ
Ü	sponsoring organization have excess business holdings at any time during the year?			8	85 10	X
9	Sponsoring organizations maintaining donor advised funds.			•		Λ
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	8.	
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12			1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:			İ		
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	60-100 / January	
	Note. See the instructions for additional information the organization must report on Schedule O.					74.000
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					
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Χ

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

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Form 990 (2017) YOUR COMMUNITY FOUNDATION 43-1923000 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 ******************** 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? ******************** 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization *********************** X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records:

J J ACCOUNTING (620)473-2831, 610 BRIDGE, Humboldt, KS 66748

financial statements available to the public during the tax year.

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Form	990	(201	7

YOUR COMMUNITY FOUNDATION

43-1923000

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable box, unless person is both an Estimated hours per officer and a director/trustee) compensation compensation from amount of week (list any from related other hours for organizations the compensation Individual trustee or director related Institutional trustee Highest compensated employee organization (W-2/1099-MISC) from the Key employee organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) GARY MCINTOSH _5.00 ADVISOR Χ 0 0 0 (2) JOB SPRINGER PRESIDENT 0 0 0 (3) LINDA LEONARD SECRETARY X O 0 0 (4) CAROL SAGER TREASURER 0 0 0 (5) SUSAN MICHAEL VICE PRESIDENT X X a 0 0 (6) DON COPLEY DIRECTOR X 0 0 (7) ROBIN SCHALLIE 5.00 DIRECTOR X 0 0 (8) LORI STONE 0 (9) (10)(11)(12) (13)

Part VII Section A	. Officers, Directors, Trustees,		es, an	d H	ighe	st C	ompe	nsat	ed Employees (c	43-19231 ontinued)	000		-aye
Nan	(A) ne and title	week (list any from related		(B) Position (D) (do not check more than one Average box, unless person is both an hours per officer and a director/trustee) Compens		Reportable compensation from	500	(F) stimate mount o					
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensat from the ganizati nd relate ganizatio	e ion ed
(15)					100						1		
(16)				_		-		V 335					<u> </u>
(17)		 				62							
(18)						1							
(19)						-							*
(20)			7			+		_				- 1/4	
(21)						+						==	
(22)						+		+	<u>~</u>	20 20			
(23)							-			-			
(24)													
(25)		-		12		1				<u> </u>			•
10-10-10-10-10-10-10-10-10-10-10-10-10-1	uation sheets to Part VII, Section				 				70				_
d Total (add lines 1k	o and 1c)		_				ed m	ore t	0 han \$100,000 of	0			0
	sation from the organization			C) 11	110)		-	0101	11011 \$ 100,000 01	0	- 1000	Yes	No
	n list any <mark>former</mark> officer, director, d a? <i>If "Yes," complete Schedule J t</i>								nsated		3	163	
4 For any individual li	isted on line 1a, is the sum of replated organizations greater than \$	ortable compe	ensatio	n ar	nd of	her o	compe	ensat	ion from the		3		X
	ed on line 1a receive or accrue co										4	<u> </u>	Х
for services rendere Section B. Independ	ed to the organization? If "Yes," co	omplete Sche	dule J	for s	such	pers	on	J. =			5	20	X
1 Complete this table	for your five highest compensate the organization. Report comper										_		
, out.	(A)		-						(B)			(C)	-
	Name and business address								Description of s	ervices	Comp	ensatio	n
			_										
	ependent contractors (including b				sted	abov	ve) wh	10	<i>*</i>				

William	Check if Schedul	e O contains a response o	r note to any line in this	Part VIII			[
\$200f				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रे दे	1a Federated campaig	jns 1	la				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues		lb				
S, G	c Fundraising events	1	lc				
ar A	NO. 1240 1.7 10 10 10 10 10 10 10 10 10 10 10 10 10		id				E 9
S, E		-	le				
no i	f All other contribution	1 APROXIDE DESCRIPTION PROPERTY					
ig H	AND AND AND PROPERTY OF A PARTY AND A PART		f 280,060	i			8
d of		ons included in lines 1a-1f:			į		
कें ट		ı-1f		280,060			
0			Business Code	200,000			-
nue	2a					99	20
eve	La la						· · · · · · · · · · · · · · · · · · ·
es R							<u> </u>
ervi			1				
S	e	-					
Program Service Revenue	f All other program se	rvice revenue · · · · ·			-		
ų.	, -	2f					· · · · · · · · · · · · · · · · · · ·
	3 Investment income (including dividends, interes	st,				
	420000000000000000000000000000000000000	Section 10 and 1		20,971	20,971		* *
	10000 USAN UR 100	nent of tax-exempt bond pro	F		_01		
	5 Royallies		3800 94 40			20. 20	525-0
	Co Creas manda	(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expense						
	c Rental income or (los						
	1000 M	(loss)					
	7a Gross amount from s assets other than inv		(ii) Other				8
	b Less: cost or other b	asis	26 38				
	and sales expenses	33,8	83				
	c Gain or (loss)	(6,1	00)				
	d Net gain or (loss) -			(6,100)	(6,100)		
nne	8a Gross income from f	undraising				3866 B	
	events (not including	\$				61	
Other Reve	of contributions repo	rted on line 1c).					
her	See Part IV, line 18		a				
₹	b Less: direct expense	s	b				
	c Net income or (loss)	from fundraising events	. <u> </u>		27 3000		
	9a Gross income from g	gaming activities.					-
	See Part IV, line 19		a				
	b Less: direct expense	s	b				
	 Net income or (loss) 	from gaming activities .	· <u>· · · · · · • </u>				
	10a Gross sales of inven	tory, less					
	returns and allowand	es · · · · · · · · ·	a		6		
	b Less: cost of goods s	sold · · · · · · · ·	b				
	c Net income or (loss)	from sales of inventory .					
	Miscellane	ous Revenue	Business Code		1200		
	11a UNREALIZED GA	INS & LOSS	561000	115,052	115,052		
	b						
	С		20	70			
	d All other revenue .		1				
	e Total. Add lines 11a	-11d · · · · · · · · ·		115,052		2000	
	12 Total revenue. See	instructions		409 983	129 923	n	n

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations	ons must complete column (A).
Check if Schodula C contains a response or note to any line in this Doubly	

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
8b, 5	b, and 10b of Part VIII.	Total Cxpclises	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				. Ox 67 V
	and domestic governments. See Part IV, line 21	<u>3</u> 25,511	325,511		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				5000
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			A Common do	
5	Compensation of current officers, directors,				
	trustees, and key employees				8
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,123		35,123	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			2	
9	Other employee benefits				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	2,727	, W	2,727	
11	Fees for services (non-employees):			A	
a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
C	Accounting	9,456		9,456	
d	Lobbying	22			
e	Professional fundraising services. See Part IV, line 17	7.90 			
f	Investment management fees	20,048	-	20,048	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (O.)				<u> </u>
12 13	Advertising and promotion	1,179		1,179	
14	Office expenses	17,286		17,286	- 10
15	Royalties		-		
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel	1,165		1,165	
18	Payments of travel or entertainment expenses				
107	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	636	9	636	<u> </u>
20	Interest			050	
21	Payments to affiliates		-	1000	
22	Depreciation, depletion, and amortization				
23	Insurance	4,109		4,109	
24	Other expenses. Itemize expenses not covered			-,	*
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	<u></u>	33 3430 3030			
b					
С					28
d					<u> </u>
е	All other expenses	_			
25	Total functional expenses. Add lines 1 through 24e	417,240	325,511	91,729	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 📙 if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X

yi.		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	344,481	1	157,187
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u></u>
	5	Loans and other receivables from current and former officers, directors,			8538 3.
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			-
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
4		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	****	8	
455	9	Prepaid expenses and deferred charges		9	<u> </u>
	10a	Land, buildings, and equipment: cost or	<u> </u>		<u> </u>
		other basis. Complete Part VI of Schedule D 10a 2,329			
	b	Less: accumulated depreciation 10b 1,477	36,828	10c	852
	11	Investments - publicly traded securities		11	852
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,111,700	15	1 210 227
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,493,009	16	1,310,237
	17	Accounts payable and accrued expenses	1,493,009	17	1,468,276
	18	Grants payable		18	
	19	Deferred revenue	_	19	
	20	Tax-exempt bond liabilities		20	<u> </u>
5	21	Escrow or custodial account liability. Complete Part IV of Schedule D	*	21	
S	22	Loans and other payables to current and former officers, directors,	8 8 8		
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	10.000	22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,615	26	0
		Organizations that follow SFAS 117 (ASC 958), check here X and		5.0000000	
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	828	27	853
Bal	28	Temporarily restricted net assets	1,226,368	28	1,213,225
В	29	Permanently restricted net assets	254,198	29	254,198
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌 and			<i>i</i> <u></u>
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	721 VX	32	
Z	33	Total net assets or fund balances	1,481,394	33	1,468,276
	34	Total liabilities and net assets/fund balances	1,493,009	34	1,468,276
EEA					Form 990 (2017)

Form	990	(201)	7)

VOLIB	COMMITMETTY	FOUNDATION

12	_ 1	923000
43	$ \perp$	94.3000

Page 12

Pai	rt XI Reconciliation of Net Assets				
3	Check if Schedule O contains a response or note to any line in this Part XI				· [⊽]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		409,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	417,	
3	Revenue less expenses. Subtract line 2 from line 1	3			257)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	481,	
5	Net unrealized gains (losses) on investments	5		401,	334
6	Donated services and use of facilities	6	<u> </u>		
7	Investment expenses	7		· 98	
8	Prior period adjustments	8		_	- 23
9	Other changes in net assets or fund balances (explain in Schedule O)	9			 861)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		4 - 20 - 100	(3,	201)
	33, column (B))	10	7	468,2	276
Pai	rt XII Financial Statements and Reporting			400,2	270
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				i i
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				-
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		į.		ž
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ŋ.		ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			3	_
12	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EA			Forn	3 000 /2	204.7\

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		OMMUNITY FOUNDATION					43-19230	00
	ırt I						.) See instruction	IS.
The	orga	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check onl	y one box.)		
1		A church, convention of churches, or	association of churc	ches described in <mark>sectio</mark> i	n 170(b)(1))(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or 9	990-EZ).)			
3		A hospital or a cooperative hospital se				i).		
4	П	A medical research organization opera					(A)(iii) Enter the	
	_	hospital's name, city, and state:		a noopia, aooonoo	m Scotion	170(0)(1)	(A)(III). Enter the	
5	П	An organization operated for the bene	ofit of a college or u	niversity owned or opera	tod by a ge		al unit described in	
•	ш	section 170(b)(1)(A)(iv). (Complete F		iliversity owned or opera	ieu by a go	ovenninents	ai unii described in	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
	17 17							
7								
_		described in section 170(b)(1)(A)(vi)	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10					
8	님	A community trust described in section						
9	Ш	An agricultural research organization of						
		or university or a non-land-grant colle university:	ge of agriculture (se	ee instructions). Enter the	e name, cit	y, and state	e of the college or	
10		An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	3
		receipts from activities related to its e.						
		support from gross investment incom-						
		acquired by the organization after Jun-				24 ACC 2500 CM		
11		An organization organized and operate	ed exclusively to tes	t for public safety. See s	ection 509	(a)(4).		
12	П	An organization organized and operat					carry out the purpose	es
		of one or more publicly supported orga						
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization						9.
	.1	the supported organization(s) the						
		supporting organization. You mus		The court of the contract of t	2 (3) (3)((3)((3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3			
	b	Type II. A supporting organization	NAC STREET, STATE OF	2	its support	ed organiz	ation(s) by having	
		control or management of the sup						i
		organization(s). You must compl			JOHN HIGH	SOUTH OF TH	manage the supported	·
	С	Type III functionally integrated.			action with	and function	anally intograted with	
	·	its supported organization(s) (see					A NO. 1000 40 00 00	
	d		AT 00 000000 I					. \
	u	Type III non-functionally integrated.				Actividado de provincio.		
							t and an attentivenes	S
	_	requirement (see instructions). Yo					F. U.Y. W	
	е	Check this box if the organization				a rype i,	rype II, Type III	
	£	functionally integrated, or Type III						[-
	f	Enter the number of supported organi						
	g	Provide the following information abou		100 M	V 20 200 200	<u> </u>		
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
			× 9		Yes	No	-	
(A)								
)
(B)								
(C)								
(D)								
—— (E)		<u> </u>		<u>=</u>				
(C)	ì			×				<u> </u>

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

Sec	tion A. Public Support	<u> </u>			ioace complete	or art m.,	2005
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17, <u>618</u>	729,427	365,988	807,159	280,060	2,200,252
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	17,618	729,427	365,988	807,159	280,060	2,200,252
5	The portion of total contributions by				<u> </u>	200,000	2,200,232
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount				39.		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·			***			2,200,252
Sec	tion B. Total Support			·			2,200,232
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	17,618	729,427	365,988	807,159	280,060	2,200,252
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6	8,099	12,428	16,386	20,971	57,890
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		14,687	(12,580)			2,107
11	Total support. Add lines 7 through 10			·//	7	7	2,260,249
12	Gross receipts from related activities, etc. (s	ee instructions)				12	2,200,245
13	First five years. If the Form 990 is for the or organization, check this box and stop here			or fifth tax year as a	section 501(c)(3)		▶ 🗓
-20 AV	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c		505		* * * * * * * * *		7.35 %
15	Public support percentage from 2016 Sched						8.02 %
16a	33 1/3% support test - 2017. If the organiza						
	box and stop here . The organization qualifie	70 (SE) (SE)	3/ 				· · · ▶ 🔀
b	33 1/3% support test - 2016. If the organiza						
47-	this box and stop here . The organization qu						▶ ∐
17a	10%-facts-and-circumstances test - 2017.						
	10% or more, and if the organization meets to						
	Part VI how the organization meets the "fact						
b	organization	If the organization of	lid not check a box	on line 13, 16a, 16b	o, or 17a, and line		▶ ∐
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet				6.		
10							▶ []
18	Private foundation. If the organization did n instructions		80 80 88V		s box and see		, m
					THE RESIDENCE OF THE RE	or no or no or non or no	TOUR DO NOT THE REAL PROPERTY.

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

(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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			ļ.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					500 PA	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6				, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the org organization, check this box and stop here					<u> </u>	▶ 🔲
Se	ction C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2017 (line 8, co			//			%
16	Public support percentage from 2016 Schedu					16	%
Se	ction D. Computation of Investme			N=100		1 1	
17	Investment income percentage for 2017 (line					17	%
18	Investment income percentage from 2016 Sch	22				. 18	%
	33 1/3% support tests - 2017. If the organiza 17 is not more than 33 1/3%, check this box a	and stop here. The	e organization quali	ifies as a publicly s	upported organizat	ion	▶ □
	33 1/3% support tests - 2016. If the organizatine 18 is not more than 33 1/3%, check this b	ox and stop here	. The organization of	qualifies as a public	cly supported organ		
20	Private foundation. If the organization did no	it check a box on l	iine 14, 19a, or 19b	, check this box an	a see instructions	9:9:	· · · · · • <u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
		_
30		
4a		
4b		
		;
4c		
100		
5a		
5b		
50		
6		
7	<u>.</u>	
8_		
9a		
9b	_	
9с		
10a		
10b	2000	
	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Par	t IV Supporting Organizations (continued)			
12/2			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C Coo	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	_ N.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
- 18	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		i	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	and the state of t			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			400
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		17	
4	Did the organization provide to each of its supported organizations, but he lost downst the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struct	ions).	2
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	TO CONTRACTOR CONTRACT			,·
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		_
5 Depreciation and depletion	5	-	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount	1 178	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		· · · · · · · · · · · · · · · · · · ·	(17.11.1)
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	- 25	
c Fair market value of other non-exempt-use assets	1c	_	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):	-		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	B WW.	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		<u> </u>	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
6 Multiply line 5 by .035.	6	T	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		· ·
4 Enter greater of line 2 or line 3.	4	200	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1000		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-integra	ated Type III supportin	g organization (see
instructions).			g organization (oc

Sched	Type III Non-Functionally Integrated 509(a)(3		43-192	23000 Page 7
	tion D - Distributions	7		Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		- 411 - 110 1 1 2 1 1
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			- 10 to 10 t
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	60 80 80 80 80 80 80 80 80 80 80 80 80 80	70 0000000 to	V
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			State and glood
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2017			
а				- 29
58800	From 2013			
	From 2014			
	From 2015			
-	From 2016			
	Total of lines 3a through e		9.2	
	Applied to underdistributions of prior years			21/21
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			······································
4	Distributions for 2017 from			
	Section D, line 7: \$	61 (000)	er er	
	Applied to underdistributions of prior years	1	***	
	Applied to 2017 distributable amount	(a) (a) (b)		
100	Remainder. Subtract lines 4a and 4b from 4.		J	
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	1		
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.	W 201 W 0		
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
1	Excess from 2013	1		*
_	Excess from 2014		<u> </u>	
	Excess from 2015			
	Excess from 2016		2 25	

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, S a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 6 lines 2, 5, and 6. Also complete this part for any additional information. (See instruction	d 11c; Part IV, Section ection E, lines 1c, 2a, 2b, 8; and Part V, Section E,
01. Other income (Part II, line 10 or Part III, line 12)	
OTHER MISCELLANEOUS INCOME \$2107	a
· · · · · · · · · · · · · · · · · · ·	
	
	,

YOUR COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2017

Page 8

43-1923000

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2017

43-1923000 YOUR COMMUNITY FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🔯 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 2
lame of organization	Employer identification number
TOUR COMMUNITY FOUNDATION	43-1923000
Part I Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.
100.000	

7-1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	B & W CUSTOM TRUCK 1216 US HWY 224 Humboldt, KS 66748	\$5,100	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MONARCH CEMENT 449 1200 STREET Humboldt, KS 66748	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOE & JANE WORKS 870 HAWAII ROAD Humboldt, KS 66748	\$ 20,000	Person [X] Payroll [] Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	MORGAN STANLEY X Lola, KS 66749	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number YOUR COMMUNITY FOUNDATION 43-1923000 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 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)? 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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	00 M000		0	
b	Buildings				
C	Leasehold improvements				
d	Equipment		2,329	1,477	852
е	Other	-	2012-00-201		
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	n 990, Part X, column (B)	, line 10c.)		852

	nvestments - Other Securities complete if the organization ans		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 deriv	vatives			
•	quity interests			
(2) Other	or one of the state of the stat		3	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	<u> </u>			
	t equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII II	nvestments - Program Related Complete if the organization ans	d. wered "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)			<u> </u>	
(4)				
(5)				
(6)			 	
(7)	3	-		
(8)				
(9)		•		
Part IX C	t equal Form 990, Part X, cot. (B) line 13.) Other Assets. Complete if the organization ans		: IV, line 11d. See Form 990, Part X, line 15.	
	complete if the organization and	(a) Description	(b) Book value	
(1) BENEFIT	INTERESTS HELD BY GHKC FO	NATION OF THE PROPERTY OF THE	1,310,237	
(2)				
_ (3)				
(4)				
(5)				
(6)				
(8)				
(9)		451		
) must equal Form 990, Part X, col. (B) li. Other Liabilities.	ne 15.)	1,310,23	
Part X	Juner Liabilities.	swered "Yes" on Form 990 Part	t IV, line 11e or 11f. See Form 990, Part X,	
	ine 25.		111, 1110 01 111. 000 1 0111 000, 1 0117,	
1	(a) Description of liability	(b) Book value		
(1) Federal inco	ome taxes			
(2)				
(3)				
(5)			18	
(6)			1	
(8)			1	
(9)				

Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1	Total revenue, gains, and other support per audited financial statements	*
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1
a	The state of the s	
b		4
		4
c d	SECTION ASSETS AND AS ASSETS AS ASSETS AS	_
e	Other (Describe in Part XIII.)	4 .
3	Subtract line 2e from line 1	2e
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	3
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	<u>-</u>
c	Add lines 4a and 4b	- 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	
75	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses · · · · · · · · · · · · · · · · · ·	
d	Other (Describe in Part XIII.)	7
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
Ь	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5
c 5 Pa i	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	5
c 5 Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and	5
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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. SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Open to Public Inspection 2017

OMB No. 1545-0047

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

ջ □ MEDICAL EQUIP (h) Purpose of grant or assistance ⊠ Yes & PROG Employer identification number 43-1923000 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Enter total number of other organizations listed in the line 1 table (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of noncash assistance 37,465 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance 904 (p) EIN (1) ALLEN COUNTY REGIONAL HOSPI (a) Name and address of organization YOUR COMMUNITY FOUNDATION or government 3066 N KENTUCKY Iola, KS 66749 Name of the organization Parti Part II (10) ~ 2 6 3 4 9 9 8 8

Part III can be duplicated if additional space is needed.

43-1923000

Schedule I (Form 990) (2017) (f) Description of noncash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) PHYSICAL OBSERVATION, PUBLIC MEDIA, WRITTEN CORRESPONDENCE, OFFICER AND DIRECTOR INQUIRY (d) Amount of noncash assistance (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) (b) Number of recipients (a) Type of grant or assistance 4 ц 9 EEA

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

YOUR COMMUNITY FOUNDATION	43-1923000
01. Form 990 governing body review (Part VI, line 11)	
THE 990 IS PROVIDED TO ALL DIRECTORS AND OFFICERS PRIOR TO THE FILING OF	THE 990
02. Conflict of interest policy compliance (Part VI, line 12c)	
INQUIRIES ARE MADE AT DIRECTOR'S MEETINGS, PUBLIC TRANSACTIONS OBSERVED,	REMINDERS AND
FOLLOW JPS MADE	
03. CEO, executive director, top management comp (Part VI, line 15a)	
OFFICERS ARE VOLUNTEERS AND RECEIVE NO COMPENSATION.	
04. Other officer or key employee compensation (Part VI, line 15b	
THE ORGANIZATION USES COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION	OF THE
DELIBERATION AND COMPENSATION DECISION. THERE IS NOT AN INDEPENDENT PER	SONS REVIEW, THE
BOARD REVIEWS ALL DATA AND MAKE DECISION WITHOUT OUTSIDER CONTACT.	
05. Governing documents, etc, available to public (Part VI, line 19)	
THESE ARE AVAILABLE FOR PUBLIC INSPECTION IN THE ORGANIZATION OFFICE DUR	ING BUSINESS HOURS
06. Explanation of other changes in net assets or fund balances (Part	XI. line 9)
DIFFERENCE IS FROM OTHER INCOME FROM YEARS 2014 AND 2015, SUBTRACTED TO	
YEARS TAX RETURN (\$2401)	
AND OTHER ASSETS BALANCE FROM PREVIOUS YEAR WERE INCREASED TO BALANCE WE	AT WAS PREVIOUSLY
REPORTED (\$3460)	
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