			EXTENDED TO NOVEMBER 15	, 201	.7		
	Ω	00	Return of Organization Exempt Fi	rom l	ncome	Tax	OMB No. 1545-0047
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	Code (exe	cept private	foundations	<b>2016</b>
		of the Treasury	Do not enter social security numbers on this form as	-	-		Open to Public
		enue Service	Information about Form 990 and its instructions is a		s.gov/form99	0.	Inspection
	or th		ar year, or tax year beginning and er	nding	1		
B c	heck if		f organization TER NORTHWEST KANSAS COMMUNITY		D Employ	er identifica	tion number
	_chang _Name _chang	48-102	25832				
	Initial	<b>v</b>	usiness as and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telepho		19092
	Final Final		OX 593	0011/00110			34-2556
	termin		own, state or province, country, and ZIP or foreign postal code		G Gross rece		5,157,906.
	Amer	BIRD	CITY, KS 67731		H(a) Is this	a group retu	
	Appli tion	F Name a	nd address of principal officer: DARCI SCHIELDS				Yes X No
	pendi	SAME	AS C ABOVE		H(b) Are all s	ubordinates inclu	ded? Yes No
		empt status:		527			t. (see instructions)
			GNWKCF.ORG			exemption r	
		of organization:	X Corporation Trust Association Other ►	L Year	of formation:	1982 M 8	state of legal domicile: KS
Pa	art I						
e	1	Briefly describ	e the organization's mission or most significant activities: TO RE THE WELL-BEING OF PRESENT AND FUT		IZE IU	TONG	MUNITY AND
nan			$x \models \Box$ if the organization discontinued its operations or dispose				
Governance	2		ting members of the governing body (Part VI, line 1a)			1 1	13
ဗီ	4	Number of ind		13			
ş	5		······	4			
/itie	6		of individuals employed in calendar year 2016 (Part V, line 2a) of volunteers (estimate if necessary)			·····	0
Activities &			d business revenue from Part VIII, column (C), line 12				0.
4			business taxable income from Form 990-T, line 34				0.
					Prior Ye		Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)		1,667		2,275,381.
Revenue	9	-	ce revenue (Part VIII, line 2g)			,927.	146,998.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)			,597.	422,697.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,361	,546.	314,616. 3,159,692.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,074.	1,449,533.
	13		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		191	0.	0.
	14 15	-			67	,422.	66,249.
Ise	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		• • •	0.	0.
Expenses	b	Total fundraisi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 34,89	8.		-	-
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		349	,651.	483,472.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,208	,147.	1,999,254.
	19	Revenue less	expenses. Subtract line 18 from line 12		1,153	,554.	1,160,438.
s or				Be	ginning of Cu		End of Year
ssets	20	Total assets (F	Part X, line 16)		13,336		14,579,213.
Net Assets or Fund Balances	21		(Part X, line 26)			,426.	249,453.
			fund balances. Subtract line 21 from line 20		13,092	,236.	14,329,760.
	art II	•			anda aradi it	a h a a t - f '	and also so that for the
			I declare that I have examined this return, including accompanying schedules a			-	nowledge and belief, it is
u ue	, corre	ici, and complete.	. Declaration of preparer (other than officer) is based on all information of whic	n preparer	nas any know	ieuye.	

Sign Here	Signature of officer DARCI SCHIELDS, EXECUT Type or print name and title	IVE DIRECTOR	Date	
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid			11/09/17 if self-employed	_ P00707301
Preparer	Firm's name LINDBURG VOGEL F	IERCE FARIS, CHARTER		48-0841034
Use Only	Firm's address 2301 N HALSTEAD			
	HUTCHINSON, KS 6	57504-2047	Phone no. 6 2 0	669-0461
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
				- 000 (00 (00)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	GREATER NORTHWEST KANSAS COMMUNITY		
	n 990 (2016) FOUNDATION 48-1025	832	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		<b>N NT</b>
	THE FOUNDATION IS A REGIONAL COMMUNITY FOUNDATION WHICH REPRESE OPPORTUNITY TO BRING RURAL COMMUNITIES TOGETHER FOR GROWTH AND	SUCCE	
	THROUGH PHILANTHROPY. TOGETHER WE CAN BUILD STRONG COMMUNITIES		200
	BUILDING A STRONG REGIONAL COMMUNITY FOUNDATION TO SUPPORT ITS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Ves	XNo
	prior Form 990 or 990-EZ? L 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?	Ves	XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	vnansas	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	-	
	revenue, if any, for each program service reported.	, criscs, a	ind ind
4a		146,9	998.)
14	THE FOUNDATION MAKES LOW-INTEREST LOANS TO SMALL BUSINESSES IN		/
	COMMUNITY, EITHER START-UP OR EXPANSION, THROUGH A REVOLVING LO		JND.
4b	(Code: ) (Expenses \$ 1,571,819. including grants of \$ 1,449,533. ) (Revenue \$		)
	OTHER GRANTS AND ALLOCATIONS FOR THE BENEFIT OF THE COMMUNITY		,
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			,
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,571,819.		
		Form <b>9</b> 9	<b>90</b> (2016)
632002	)2 11-11-16		
	2		
001		000	0401

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FOUNDATION

Form 990 (2016)

48-1025832 <sub>Pa</sub>	ige 3
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Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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 "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	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 endowments, permanent	-		
10	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, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
<u>د</u>	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
, N	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 for any	145		
10	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	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
			000	

Form **990** (2016)

632003 11-11-16

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48-	10	25	832	Page 4

Form	990 (2016) FOUNDATION 48-102	5832	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
<b>h</b>		24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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? If "Yes," complete			v
	Schedule L, Part I	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	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	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2016)
				. /

632004 11-11-16

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Part V         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule Ocentains a response or note to any line in the Bart V         Vest No           1a         Enter the number of ports W26 included in the 1a. Enter 0- If not applicable         1a         24           1b         Enter the number of ports W26 included in the 1a. Enter 0- If not applicable         1a         24           2         Enter the number of progress reports on Form W3. Transmits to vendors and reportable gammers         2a         X           3         Enter the number of orengo-see reports on Form W3. Transmits of Wage and Tax Statements.         2a         X           4         B         Check in Statements of the State Statements.         2a         X           Note. If the sum of lines 1a and 2a is gradiate than 250, you may be required to orde (size instruction).         3a         X           5         Ot the origin country.         As any line origin country.         4a         X           6         Ot the origin country.         5a         X           6         Do are statements to Find Statement or other statement or a signature or other statement or applicable and was or a party to a prohibit ta state formal account ?         4a         X           5a         X state equantation an approxement to formal state or origin at the soard state origin at the soard state orinapplicable account is foreign Bank and Financial Ac		990 (2016) FOUNDATION 48-1025	<u>832</u>	P	age <b>5</b>
Is         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable         Is         Is         Zd           Is         Enter the number of Form W-2G included in line 1a. Enter 0- if not applicable         Is	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number eported in Box 3 of Form 1008. Enter -0: in ot applicable         in         24           b Enter the number of form SVB chicked in line 1. Enter 0: in ot applicable         0         0           2 Enter the number of form SVB chicked in line 1. Enter 0: in ot applicable         0         0           2 Enter the number of engroyses reported on Form V33, Transmittal of Wage and Tax Statements.         2a         4           2 Enter the number of engroyses reported on Form V33, Transmittal of Wage and Tax Statements.         2a         4           3 Enter the number of engroyses reported on Form V33, Transmittal of Vage and Tax Statements.         2a         4           3 Did the organization have unrelated busines gross science of \$1 Loop or more during the year?         3a         X           4 At any time at field a form 900-Tor this year? (17 Mo; 1c <i>in tos</i> 2b, provide an explanation in Schedula 0         3b         4           4 At any time the name of the roganization have an interest it, or a signature or other authority over, a financial account in a foreign country.         5c         X           5a Was the organization have annization have an interest it, or a signature or other authority over, a financial account is provide an explanation in Schedula 0         5c         X           5a Was the organization have annization the form 8880 T2         5c         5c         X           5a Was the organization have annulal gross receipts anothylos and partly for goods and services p		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W-20 included in line 1a. Enter -01 root applicable jorgeness and reportable gaming (gambing) winnings to prize winners?       1c       X         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, too entore your employees reported on Form W-3, Transmittal of Wage and Tax Statements, too entore your entore of entore your entore of a support that year covered by the value number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, too entore your entore the sum of the state and a sign extent than year covered by the statum.       2a       4       X         b       If a teast one is reported on Ino 2a, did the organization file an required to 4-file (see enstructions).       3a       X         b       If Yes, 'Issue title a 1 orm 900 Torn title year? Work in the accent structure accent work and enstructure accent of the second.       3a       X         b       If Yes, 'Issue title a 1 orm 900 Torn title year? Work is the accent structure accent or authority own, a financial Accent Structure.       5a       X         b       If Yes, 'Issue title a 1 orm 900 Torn title year? Work is the accent structure accent tore authority own, a financial Accent Structure.       5a       X         c       If Yes, 'Issue title a 1 orm 900 Torn title year is a protein than teas or ta part to a proteinblate tax shear transaction at any time during the tax year?       5a       X         c       If Yes, 'Issue title a 1 orm 900 Torn title year is a protein than teasore to tax device the upartissue title a torn 900 Tor				Yes	No
c       Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) witnings to price winners?       1       Image: Complex State Sta	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
Ignabiling winnings to prize winners?       ic       X         2a       Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statements.       2a       4         b       If at least one is reported on line 2a, id the organization line all required to feel see instructions?       2b       X         ab       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If Yes," hast field a F ome SD for this year?       3a       X         b       If Yes," hast field a F ome SD for this year?       3a       X         b       If Yes," hast field a F ome SD for this year?       3a       X         b       If Yes," netter the name of the foreign country.       A sub and x counts social accounts (FBAR).       5a       X         c       If Yes," one field as of SD, did the organization have an inflerest th, or a signature or other invancial accounts (FBAR).       5a       X         c       If Yes," one inde Sa of SD, did the organization field Foreign BA and Financial Accounts (FBAR).       5a       X         c       If Yes," one inde Sa of SD, did the organization field Foreign BA and Financial accounts (FBAR).       5a       X         c       If Yes," indicate the number of Enong SB2 field Airing the instatus on this at space the organization foreign Ban and Financial accounts (FBAR).       5a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the field for the calendar year ending with or within the year covered by this return.       2a       4         b If at lasts one is reported on line 2a, did the organization fiel al required federal employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions)       3a       X         b If "Yes," hait field a Form 90-17 for this year? If "No, "to line 3b, provide an explanation in Schedule O       3b       4         d At any time during the catendary year, did the organization have an inferest n, or a signature or other authority over, a financial account?       4a       X         b If "Yes," tenter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).       5a       X         5a       Was the organization have named that it was or is a party to a prohibited tax shelter transaction?       5c       6a       X         b Did any taxable party notify the organization have press statement that such contributions or gifts were not tax deductible an chartbale contributions?       6b       X         b If "Yes," to lite foreign country (such as a bank account spress statement that such contributions or gifts were not tax deductible?       6b       X         b If "Yes," did the organization in locue with every solicitation an express statement that such contributions or gifts were not tax deductible?       7b	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
till die dar bei alersdar var ending with or within the year covered by this return.       2a       4         bill al lasta on ein seported on line 2a, did the organization file all required to effect employment tax returns?       2b       X         3a       Did the arganization have unablade business gross income of \$1,000 or more during the year?       3a       X         3b       Diff "set", have third 6 Germ 900-167 thit by ear?       3a       X         3b       The set in the aler of 16 the signal 700 for thit by ear?       3a       X         3b       The set in the aler of 16 the signal 700 for thit by ear?       3a       X         3b       The set in the aler of 16 the signal 700 for thit by ear?       4a       X         3c       The set in the aler of 16 the signal 700 for thit by ear?       5a       X         3c       Did any taxable party on 16 the signal 700 for thit by ear?       5a       X         3c       Did any taxable party on 16 the signal the set in the signal the signal 20 counts (FBAR).       5a       X         3c       Did any taxable party on 16 the foreign cauthon the two so is a party to a prohibited tax shelter transaction?       5a       X         3c       Did the organization neuk advectible as chartable contributions of gifts were not tax edvectible as chartable contributions?       5a       X         3c       TYss, 'to line Ba or 5b, did		(gambling) winnings to prize winners?	1c	Х	
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         b       If 'Yes,' has it filed a Form 380.1 for this year' If 'No,' to line 30, provide an explanation in Schedule O       3b       X         b       If 'Yes,' has it filed a Form 380.1 for this year' If 'No,' to line 30, provide an explanation in Schedule O       3b       X         b       If 'Yes,' reture the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       If 'Yes,' rute the name of the foreign country (such as a bark account, securities account, or other financial account)?       5b       X         5a       DX       Scientation Status of the organization New Pary to a probleted tax shelter transaction?       5c       X         b       Did any taxable pary notify the organization New Pary to a probleted tax shelter transaction?       5c       X         c       If 'Yes,' to line 5a or 5b, did the organization New Pary to a probleted tax shelter transaction?       5c       X         f       If 'Yes,' did the organization notide with every solicitation an express statement that such contributions or gifts were not tax deductible?       7c       X         f       Ty 'Yes,' did the organization notid	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b It "ves," that file a lended year, did the organization have an interest in, or a signature or other authority over, a financial account! a tering country see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization aparty to a prohibited tax shafter transaction at any time during the tay year?       5a       X         5a U any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         5a U any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         5a D any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         6a D any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         6a D any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         7b D d any taxable party notify the organization that may contributions under social tax doutchibite?       5a       X         7b D d any taxable party main in excess of \$75 mde party as a cont		filed for the calendar year ending with or within the year covered by this return 2a 4			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit "Yes," has it lide a Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedule 0       3b       X         bit "Yes," has it lide a Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedule 0       3b       X         bit "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account)?       4a       X         bit "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account)?       4a       X         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       5a       X         6b       If "Yes," (did the organization that excess of \$57 made partly as a contribution and partly fing mode and services provided the partly as a contributions and erarly fing mode and services provided the partly as a contributions and partly fing mode and services provided the partly as a contribution and partly fing mode and services provided the partly as a contribution and partly fing mode and services provided the partly as a contribution and partly fing mode and services provided the partly as a contribution of a partly be dith (arg. at a contreline account and the org	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If "Yes," has it filed a Form 990-T for this year? If "No," to <i>line 3b, provide an explanation in Schedule O</i> 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 or other financial account?       4a       X         b       If "Yes," enter the name of the foreign country: Item is a bank account, or other financial accounts?       4a       X         See instructions for illing requirements for FIGCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selicit any contributions that ware not tax deductible as charitable contributions?       5a       X         7       Organization neceive apyment in excess of \$3 <sup>5</sup> made pathy as a continuon and pathy for goods and services provided to the part?       7a       X         8       If "Yes," did the organization neceive apymentime, directly or park as a continuon and pathy for goods and services provided to the part?       7a       X         9       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7a       X         11       The organization neceive apymentime secore provided?       7d       X       7d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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 county (such as a bank account, securities account, or other financial account)?       4a       X         b If 'Yes,'' reiter the name of the foreign county: >>       5a       X         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account(?       5b       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         6a Does the organization area wanual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b If 'Yes,' did the organization netwith weth every solicitation an express statement that such contributions or gifts       6b       7a       X         b If 'Yes,' did the organization netwes any first, directly or indirectly, to pay premiums on a personal benefit contract?       7b       7a       X         b Did the organization netwes any first, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         b Did the organization netwes way first, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         b Did the organization netwes way funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the anomalian account in a foreign country: ►     4a     X       b     if "Yes," enter the name of the foreign country: ►     5e     5e     X       5     We sthe organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5     We sthe organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       6     Dot any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?     5c     X       6     Dot any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?     5c     X       6     Dots the organization neurole were voltax deductible as charitable contributions?     5c     X       7     Organization neolue with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7a     X       9     Did the organization neolue any fund, any accompany to a prohibited tax sheller transaction?     7a     X       10     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d     X       10     Did the organization neolve any fund, directly or indirectly, on a personal benefit contract?     7c     X       11     Not the aganization neolve any fund, directly or indirectly, on a personal benefit contract?     7d     X       12	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		
b       If 'Yes,' enter the name of the foreign country: ▶         See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         Sa       Was the organization a party to a prohibed tax shelter transaction at any time during the tax year?         So       Was the organization a party to a prohibed tax shelter transaction at any time during the tax year?         Ga       Descent tax shelter transaction at any time during the tax year?         Ga       Descent tax shelter transaction at any time during the tax year?         Ga       Descent tax tax contributions that were on tax deductible as charitable contributions?         Ga       X         D' Ur'se, 'id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Bit 'Yes,' id the organization net/sective day the donor of the value of the goods or services provided?       7a       X         D Id the organization net/sective any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         T''ss, 'indicate the number of Forms 8282 filed during the year       [7d]       7e       X         D Id the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         T''ss, 'indicate the number of Forms 8282 filed during the year?       [7d]       7t       X	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Did any taxable party notify the organization file Form 8886-17       5c       5c       5c         6a Does the organization have amual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7 Organization sentine may receive deductible contributions under section 170(c).       7a       X       7b         a Did the organization networks of \$25 made partly as a contribution an partly for goods and services provided to the partly 7th at a doubtible?       7a       X         c Did the organization excites apyment in excess of \$25 made partly as a contribution on a personal benefit contract?       7th       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c       X         g If the organization, dring the year, pay permiums, driced ty or indirectly, to a personal benefit contract?       7th       X         g If the organization receive a printing door advised funds. Did a donor advised fund maintained by the sponsorin		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?     5c     X       6b     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     6a     X       7     Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6b     7a     X       7     Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7a     X       8     Did the organization necleve apayment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282?     7a     X       9     Did the organization notify the donor of the value of the goods or services provided?     7a     X       10     Tryles, 'indicate the number of Forms 8282 filed during the year     Ta     Ta     Y       10     the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     Y       11     the organization receive a contribution of ears, basis, airplanes, or other vehicles, did the organization file Form 8289     Seponsoring organization make any taxable dist	b	If "Yes," enter the name of the foreign country: ►			
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 8886-17?       5c       5c         a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit       5a       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         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         b       If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization receive any timula, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If 'Yes," indicate the number of Forms 8282 field during the year       7d       X       7d       X         d       Did the organization receive any timula, directly or indirectly, no ap personal benefit contract?       7d       X       X         f       If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098.C?       8       X         9       Sponsoring organization make any taxable distributions under section					
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-1?       5c         Gb       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         10       If organizations explexes any timed, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         11       Tyes," indicate the number of Forms 8282 filed during the year       7d       7a       X         11       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7a       X         11       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n       7a         11       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n       7a	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Ga     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     Ga     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Ga     X       7     Organization that may receive deductible contributions under section 170(c).     Ga     X       b If "Yes," did the organization netwers of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       c     Did the organization netwer apyment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       g     If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 Cf     Sponsoring organization make any taxable distributions under section 4966?     9a     X       9     Sponsoring organization make and idstributions under section 4966?     9a     X       9     Sponsoring organization make and idstributions under section 4966?     9a     X       10     the organization. Enter:     10a     10b <td></td> <td></td> <td>5b</td> <td></td> <td>X</td>			5b		X
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       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       7b       7a       X         a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor       7a       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       X         d If "Ves," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified fuellectual property, did the organization file Form 8899 as required?       7ft       X         g If the organization received a contribution of qualified fuellectual property, did the organization file Form 8899 as required?       7h       X         g If the sonsoring organization matchining donor advised funds.       9a       X       X         9 Sponsoring organization matchining donor advised funds.       9a       X         10 the sponsoring organization mate a distribution to a donor adv	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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).       6b         a       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         f       If the organization seal, excess business holdings at any time during the year?       7d       X       7g         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       X         g       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       the sponsoring organizations maintaining donor adviser, or orbur secres against amounts due or re	6a				
were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       a)       b)       The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b)       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c)       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f)       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f)       Did the organization received a contribution of qualified intelectual property, did the organization file Form 8289 as required?       7t       X         f)       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       Z         g)       Sponsoring organization make any taxable distributions under section 4966?       9a       X         g)       Did the sponsoring organization make any taxable distributions under section 4966?       9b       X         Did the sponsoring organization make any taxable distributions under sources against amounts are al capital contributions included on Part VIII, line 12       10a       10a       10b			6a		X
7       Organizations that may receive deductible contributions under section 170(c).       a       X         a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7h       X         f       Did the sponsoring organization make any taxable distributions under section 4966?       8       X         9       Sponsoring organization make any taxable distributions under socius of uot form 1041?       9a       X         10       It the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor adviser, or related person?       9b       X         10       Did the sponsoring	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       8       X         9 Sponsoring organization make and taxable distributions under section 4966?       9a       X         10 de the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b         11 Section 501(c)(7) organizations. Enter:       10b       10b       11c       <			6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       a donor advised or advised funds.       8       X         9       Sponsoring organization make a vistribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Besction 501(c)(12) organizations. Enter:       11a       11a       11a       11a         12a       If "hes," enter the amount of tax-exempt interest received or accrucued uring the year       12a					37
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization receive at contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       X         f       the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund solid a form 501(c)(7) organizations. Enter:       10a       10a         10       the sponsoring organizations. Enter:       10a       10b       10b       12a         11       Section 501(c)(12) organizations. Enter:       10a       10b       12a       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       12a       12a         13       Section 501(c)(2) organizations. Enter:       10b       10b       12a					<u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         8 Sponsoring organization aware access business holdings at any time during the year?       8       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organization make a distribution a donor advisor, or related person?       9b       X         9 Did the sponsoring organizations make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organizations. Enter:       10a       10b       10b         11 Section 501(c)(7) organizations. Enter:       10a       10b       12a       12a         11 Section 501(c)(21) organizations. Enter:       11a       10b       12a       12a       12a       12a       12a       12a       11b       12a       12a       12a       11b       12a <td< td=""><td></td><td></td><td>7b</td><td></td><td></td></td<>			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Td       X         n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       No       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Sponsoring organizations maintaining donor advised funds.       10a       9a       X         10 the sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a       12a         13 Section 501(c)(12) organizations. Enter:       10b       11b	с		_		v
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f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       7g         8       Sponsoring organization make any taxable distributions under section 4966?       8       X         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         10       section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a       11b       11a       11b       11a			7.		v
In the organization, each gate year, por prominence of the product approximation of the form 8899 as required?       7g         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       X         9 Did the sponsoring organizations. Enter:       9a       X         10 Gross income from members or shareholders       10a       10a         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b         12 Section 501(c)(12) organizations. Enter:       11a       12a       12a         a Gross income from members or shareholders       11a       12a       12a         12 Section 501(c)(29) qualified nonprofit health insurance issuers.       11b       12a       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       13a       13a       13a         14a       X       13a       13a       13a					
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       X         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b					
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					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form **990** (2016)

632005 11-11-16

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

FOUNDATION

Form 990 (2016)

	tion A. Governing Body and Management			
			Yes	:
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	3		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Т
	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	1	T
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	+	╈
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- U	-	╈
1a		70		
	more members of the governing body?	7a	+	+
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		+
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		4
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	;
0a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
		12a	X	T
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
		12-10		+
C		120	x	
2	in Schedule O how this was done			+
3	Did the organization have a written whistleblower policy?			╉
4	Did the organization have a written document retention and destruction policy?	14		+
5	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	<b>15</b> a	_	4
		4 5 1		
	Other officers or key employees of the organization	15b		- 1
	Other officers or key employees of the organization	150		
b		150		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	150		
b 6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b 6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b 6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	16a		
b 6a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?			
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b 6a b 6 6 7	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE	16a 16b		
b 6a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	16a 16b		
b 6a b 6 6 7	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply	16a 16b		
b 6a b <u>6</u> ec 7 8	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only 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)	<b>16a</b> <b>16b</b> ) availa	able	
b 6a b 6 6 7	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only 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	<b>16a</b> <b>16b</b> ) availa	able	
b 6a b <u>6</u> ec 7 8	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only 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, ar statements available to the public during the tax year.	<b>16a</b> <b>16b</b> ) availa	able	
b 6a b <u>6</u> ec 7 8	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►	<b>16a</b> <b>16b</b> ) availa	able	
b 6a b <u>6</u> ec 7 8	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: <b>GREATER KANSAS CITY COMM. FOUNDATION</b> - 816-842-0944	<b>16a</b> <b>16b</b> ) availa	able	
b 6a b <u>6</u> ec 7 8	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►	16a 16b	able	

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

FOUNDATION

Form 990 (2016)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	box offic	Position do not check more ox, unless person fficer and a directo			n is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below 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)	compensation from the organization and related organizations
(1) JOHN DEEDS PRESIDENT	1.00	x		x				0.	0.	0.
(2) DAVID HENDRICKS	1.00							•	•	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) CLINT BURSCH	1.00			<u>~</u>				0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(4) CORA HOUSE	1.00							0.		
SECRETARY	100	x		x				0.	0.	0.
(5) GARY BRUBAKER	1.00									
DIRECTOR		x						0.	0.	0.
(6) RODNEY YOUNG	1.00							-		
DIRECTOR		x						0.	Ο.	0.
(7) HARRY PRATT	1.00									
DIRECTOR		X						0.	0.	0.
(8) C. NED SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) WADE CARMICHAEL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) REBECCA ANTHOLZ	1.00								_	
DIRECTOR		Х						0.	0.	0.
(11) MITCH GILLESPIE	1.00									
DIRECTOR		х						0.	0.	0.
(12) LORI JANICKE	1.00									<u>^</u>
DIRECTOR	1 00	X						0.	0.	0.
(13) CINDY BURR	1.00								0	0
DIRECTOR		X						0.	0.	0.
(14) DARCI SCHIELDS	35.00							44 267	0.	1 2 6 9
EXECUTIVE DIRECTOR				X				44,267.	0.	1,368.
							_			
					_	_	_			

632007 11-11-16

Form 990 (2016)

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2016.04030 GREATER NORTHWEST KANSAS CO 06252401

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Form 990 (2016)       FOUNDATION       48-1025832       Processor         (A)       (P)       (P) <th></th>	
(A)       (B)       Average hours are week (list and a director/trustee)       (C)       (D)       (E)       (E)       (F)         Name and title       Average hours for related organization below       (B)       Average hours for related       (B)       (C)       (D)       (C)       (E)	age <b>8</b>
(list any hours for related organizations below       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)         intri- organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- organization (W-2/1099-MISC)         intri- organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- organization (W-2/1099-MISC)         intri- organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)         intri- organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)         intri- organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)       intri- method organization (W-2/1099-MISC)         intri- worganization (Intri- (Intri- Intri- Intri- Int	of
Image: Section A indication is the organization is the	ation 1e tion ted
c       Total from continuation sheets to Part VII, Section A       ▶       0.000         d       Total (add lines 1b and 1c)       ▶       44,267.00.1,3         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       ▶         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on       Yes	
c       Total from continuation sheets to Part VII, Section A       ▶       0.000         d       Total (add lines 1b and 1c)       ▶       44,267.00.1,3         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       ▶         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on       Yes	
c       Total from continuation sheets to Part VII, Section A       ▶       0.000         d       Total (add lines 1b and 1c)       ▶       44,267.00.1,3         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       ▶         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on       Yes	
c       Total from continuation sheets to Part VII, Section A       ▶       0.000         d       Total (add lines 1b and 1c)       ▶       44,267.00.1,3         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       ▶         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on       Yes	
c       Total from continuation sheets to Part VII, Section A       ▶       0.000         d       Total (add lines 1b and 1c)       ▶       44,267.00.1,3         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       ▶         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on       Yes	68.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on       Yes	0
	No
	x
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	
rendered to the organization? If "Yes," complete Schedule J for such person	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the experimentation of the	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	
Name and business address         NONE         Description of services         Compensation	<i>.</i> n
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0	

632008 11-11-16

GREATER	NORTHWEST	KANSAS	COMMUNITY
FOUNDATI	ION		

		(2016) FOUND.					48-1025	832 Page <b>9</b>
Pa	t V	III Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any lin		( <b>B</b> ) 1		
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues						
Am (	(	Fundraising events	1c					
Gif ilar	(	d Related organizations	1d					
Sin',		e Government grants (contribution						
er (	1	All other contributions, gifts, grants						
Oth		similar amounts not included abov		2,275,381.				
ind.		Noncash contributions included in lines		11,990.	2 275 201			
0.0		n Total. Add lines 1a-1f		Business Code	2,275,381.			
æ	2 8	A LOAN INTEREST INCOME		900099	146,998.	146,998.		
Program Service Revenue	2 4	-						
Ser								
am		d						
ogr B	(							
۲ ۲	1	All other program service rever	nue					
	(	g Total. Add lines 2a-2f			146,998.			
	3	Investment income (including o						
		other similar amounts)			173,579.			173,579.
	4	Income from investment of tax		1				
	5	Royalties						
	6	Cross rents	(i) Real 23,491.	(ii) Personal				
		a Gross rents o Less: rental expenses	23,491.					
		Rental income or (loss)	23,491.					
					23,491.			23,491.
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,247,332.					
	I	b Less: cost or other basis						
		and sales expenses	1,998,214.					
		c Gain or (loss)	249,118.					
		d Net gain or (loss)		····· ►	249,118.			249,118.
Other Revenue	8 8	a Gross income from fundraising including \$						
Bev		contributions reported on line						
Jer		Part IV, line 18						
ŧ		Less: direct expenses						
		Net income or (loss) from fund						
	93	a Gross income from gaming act Part IV, line 19						
		D Less: direct expenses						
		Net income or (loss) from gami						
		a Gross sales of inventory, less r						
		and allowances						
	I	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue	9	Business Code				
	11 :	OTHER INCOME		900099	291,125.			291,125.
	I	0						
								<u> </u>
		d All other revenue			291,125.			
	12	• Total. Add lines 11a-11d Total revenue. See instructions.			3,159,692.		0.	737,313.
63200					-,,0,2.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.	Form <b>990</b> (2016)

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## GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,421,559.	1,421,559.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,974.	27,974.					
3	Grants and other assistance to foreign							
•	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	45,635.		36,508.	9,127.			
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	11,140.		8,912.	2,228.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	4,232.		3,385.	847.			
10	Payroll taxes	5,242.		4,194.	1,048.			
11	Fees for services (non-employees):							
а	Management	1 (75	1 (85					
b	Legal	1,675.	1,675.					
С	Accounting	16,745.		16,745.				
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17	25,922.		25,922.				
f	Investment management fees	23,922.		2J, 922•				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	77 726		77,726.				
12	Advertising and promotion	77,726. 7,908.	7,908.	11,1200				
13	Office expenses	164,961.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	164,961.				
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	11,226.		11,226.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	70,089.	70,089.					
23	Insurance	15,740.	15,740.					
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 0.)							
а	MAINTENANCE AND REPAIRS	23,474.	23,474.					
b	ADMINISTRATIVE FEES	23,288.	- ,	23,288.				
c	MARKETING	21,648.			21,648.			
d	PROPERTY TAXES	11,175.		11,175.	<u> </u>			
e	All other expenses	11,895.	3,400.	8,495.				
25	Total functional expenses. Add lines 1 through 24e	1,999,254.	1,571,819.	392,537.	34,898.			
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)							

632010 11-11-16

Form 990 (2016)

Part IX Statement of Functional Expenses

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Form **990** (2016)

FOUNDATION

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 689,904. 728,117. Cash - non-interest-bearing 1 1 1,131,895. 1,773,520. 2 2 Savings and temporary cash investments 5,000. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 2,752,086. 2,641,036. 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,875,078. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 335,229. 1,440,362. 1,539,849. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 7,304,801. 7,884,755. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 12,614. 11,936. 15 Other assets. See Part IV, line 11 15 13,336,662. 14,579,213. 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 7,568. 17 8,094. 17 Accounts payable and accrued expenses 89,221. 189,119. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 52,240. 147,637. 25 Schedule D 244,426. 249,453. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 13,092,236. 14,329,760. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 14,329,<mark>760.</mark> 13,092,236. Total net assets or fund balances 33 33

14,579,213. Form **990** (2016)

632011 11-11-16

34

13,336,662.

34

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Total liabilities and net assets/fund balances

GREATER	NORTHWEST	KANSAS	COMMUNITY
FOIINDATT	ION		

Form	990 (2016) FOUNDATION	48-1	1025	832	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,159	9,6	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,999		
3	Revenue less expenses. Subtract line 2 from line 1	3		,160		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	,092	2,2	36.
5	Net unrealized gains (losses) on investments	5		-18	<u>3,3</u>	11.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				-
9	Other changes in net assets or fund balances (explain in Schedule O)	9		95	5,3	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	14	, 329	<del>),</del> 7	60.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
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 reviewer	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2016)

632012 11-11-16

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SCHEDULE A		Dublic Che						OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status ar					2016
			47(a)(1) nonexempt cha			or a section		2010
Department of the Treasury Internal Revenue Service			Attach to Form 990 or I					Open to Public
Name of the organizati			(Form 990 or 990-EZ) and EST KANSAS C			/ww.irs.gov/to		Inspection identification number
Name of the organizati		IDATION	ESI KANSAS C	.Omnon				8-1025832
Part I Reason			All organizations must c	omplete th	is part.) S	ee instruction		0 1023032
The organization is not a								
	•		on of churches describe	,	,			
		-	Attach Schedule E (Forr					
3 A hospital or	a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4 A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectic</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and stat	-							
-	-		llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
		Complete Part II.)						
		•	nental unit described in				ha aanaral	public described in
		complete Part II.)	intial part of its support	nom a yov	reminenta		ne general	public described in
			(1)(A)(vi). (Complete Par	t II.)				
^			in section 170(b)(1)(A)	-	ed in conji	unction with a	land-grant	college
-		-	culture (see instructions)		-		-	-
university:								
			e than 33 1/3% of its su					
								t from gross investment
			(less section 511 tax) fr	rom busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		mplete Part III.)	ively to test for public of	ofatu Caa	opotion F	00(=)(4)		
37	-	-	ively to test for public sa ively for the benefit of, t	•			arry out the	purposes of one or
6	-	-	ed in section 509(a)(1)	-			•	
		-	of supporting organization					
	0		supervised, or controlled		•		°	giving
the suppor	ted organizati	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ectors or truste	ees of the s	supporting
organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
			d or controlled in connec			-		-
			anization vested in the s	same pers	ons that c	ontrol or mana	age the sup	ported
<u> </u>	()	st complete Part IV,					ll into avat	
	-		g organization operated s). <b>You must complete</b>				illy integrate	ed with,
	-		orting organization ope				rted organi	zation(s)
	•		zation generally must sa				0	
		с С	nplete Part IV, Section	•		•		
e X Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III	
			nally integrated support					
								1
g Provide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
organization			(described on lines 1-10	in your govern Yes	ing document? No	support (see in	-	support (see instructions)
GREATER KANS	AS CITY	r	above (see instructions))	103				
COMMUNITY FO		43-1152398	8	x			0.	
Total							0.	0.
LHA For Paperwork Re	duction Act N	Notice, see the Instr	ructions for Form 990 o	or 990-EZ	632021 09	-21-16 Sche		m 990 or 990-EZ) 2016
			1				,	,

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<sup>2016.04030</sup> GREATER NORTHWEST KANSAS CO 06252401

48-1025832 Pag	ne <b>2</b>
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Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4) 2012		(0) 2011	(4) 2010	(0) 2010	(i) Fotal
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activities,	,	,			<b>12</b>	
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (			column (f))		14	%
	Public support percentage for 2015					15	%
	33 1/3% support test - 2016. If the c						
102	stop here. The organization qualifies	-					
F	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
1/2							
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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## Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	6 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth f	tax year as a sectio	on 501(c)(3) o	rganization,
	check this box and stop here					<u></u>	<b>)</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (	ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve		•				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2016. If the						line 17 is not
	more than 33 1/3%, check this box a						▶∟
b	<b>33 1/3% support tests - 2015.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
63202	23 09-21-16			15	Sch	edule A (For	m 990 or 990-EZ) 2016

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2016.04030 GREATER NORTHWEST KANSAS CO 06252401

# Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 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

- 1 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.
- 2 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, 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).*
- 8 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.)

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Schedule A (Form 990 or 990-EZ) 2016

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

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No

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Sche	dule A (Form 990 or 990-EZ) 2016 FOUNDATION	48-102583	32 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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		X
b	A family member of a person described in (a) above?	11b		X
-	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		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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	X	
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		X
Sec	tion C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
-	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 <b>Part VI</b> the role the organization's			
<u></u>	supported organizations played in this regard.	3		
-	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 yea(see insut	ructions).		
a b				
c b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government enti</i>	ty (see instruction	c)	
2		y (see instruction	Yes	No
2 a	Activities Test. <b>Answer (a) and (b) below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		185	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive: If ros, then in r at vindening 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	38		
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202		A (Form 990 or 9	)90-F7	) 2016
	17			, •

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#### GREATER NORTHWEST KANSAS COMMUNITY Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Soho	dule A (Form 990 or 990-EZ) 2016 FOUNDATION		4	8-1025832 Page 7
Par		(a)(3) Supporting Orga	nizatione / /· /›	0 1025052 Pager
	on D - Distributions		(continued)	Current Year
<u>Secu</u> 1	Current rear			
-				
2				
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	as of supported organization	<u></u>	
4	Amounts paid to acquire exempt-use assets	es of supported organization	5	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	a organization is responsive	N	
0	(provide details in <b>Part VI</b> ). See instructions	ne organization is responsive	;	
9	Distributable amount for 2016 from Section C, line 6			
<u> </u>	,			
10	Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	() Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A (	(Form 990 or 990-EZ) 2016	FOUNDATI	ON			48-1025832 <sub>Pa</sub>
Part VI	Supplemental Infor Part IV, Section A, lines 1	<b>mation.</b> Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explanations ; 5a, 6, 9a, 9b, 9c, <sup>-</sup> t IV, Section E, line	11a, 11b, and 11 s 1c, 2a, 2b, 3a, 4	c; Part IV, Section B, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V
32028 09-21-1	6			20	So	hedule A (Form 990 or 990-EZ)

60		Supplement	al Einanaial Statamanta		OMB No. 1545-0047
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		2016
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury Revenue Service	Information about Schedule D (For Information about Schedule D)	Attach to Form 990. rm 990) and its instructions is at <i>www.irs.gov</i>	/form99	
-	e of the organizati				ployer identification number
		FOUNDATION			48-1025832
Pa		-	ed Funds or Other Similar Funds or	Accou	unts.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	e 6. (a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year	8	(6) 1 01	60
2		f contributions to (during year)	43,020.		2,246,381.
3		f grants from (during year)	7,487.		1,442,066.
4		t end of year			14,124,081.
5			writing that the assets held in donor advised fu	nds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only	
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	erring	
	impermissible priv				X Yes No
Pa			ganization answered "Yes" on Form 990, Part I	V, line 7	
1		servation easements held by the organizat			
		n of land for public use (e.g., recreation or e			
		of natural habitat	Preservation of a certified	nistoric	structure
~		n of open space	final and the state of the stat		
2			fied conservation contribution in the form of a c	conserv	Held at the End of the Tax Year
~	day of the tax yea			2a	
a b				2a 2b	
c	•		ucture included in (a)	20 2c	
			after 8/17/06, and not on a historic structure	20	
				2d	
3			leased, extinguished, or terminated by the orga		n during the tax
	year 🕨				0
4	Number of states	where property subject to conservation ea	sement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and ent	forcement of the conservation easements i	t holds?		Yes 🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion eas	sements during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easeme	nts during the year
	▶\$				
8			ve satisfy the requirements of section 170(h)(4)		
9			ion easements in its revenue and expense state		
			tion's financial statements that describes the o	rganiza	ition's accounting for
Pa	conservation ease		f Art, Historical Treasures, or Other	Simi	lar Assets
I U		f the organization answered "Yes" on Form			
1a			SC 958), not to report in its revenue statement	and hal	ance sheet works of art
14			hibition, education, or research in furtherance of		
		tnote to its financial statements that descr			,   ,,
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balanc	e sheet works of art, historical
	-		ducation, or research in furtherance of public s		
	relating to these it	ems:			-
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		►	\$
	(ii) Assets include	ed in Form 990, Part X		🕨	\$
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gair	, provic	de
	-	unts required to be reported under SFAS 1			
а					\$
-				🕨	\$
	-	eduction Act Notice, see the Instruction	s tor form 990.		Schedule D (Form 990) 2016
63205	1 08-29-16				

08081109 755310 062524.0

33 0 CREATE

2016.04030 GREATER NORTHWEST KANSAS CO 06252401

	GREATER	NORTHWEST	KANSAS CO	MMUNITY				
Sche	edule D (Form 990) 2016 FOUNDAT	ION			4	<u>18-10</u>	25832	Page <b>2</b>
Par	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Ot	her Simila	ır Asset	<b>S</b> (continue	əd)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant u	ise of its c	collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's ex	kempt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o		,	,			,	
	to be sold to raise funds rather than to be ma						Yes	NoNo
Par	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	on Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi		•				1	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		<b>—</b> ———————————————————————————————————			
							Amount	
	Beginning balance							
	Additions during the year							
е	5 7							
f	Ending balance						1.4	<u> </u>
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>	
Fai	rt V Endowment Funds. Complete in	-				ara baak		
4	Designing of your belongs	(a) Current year 53,105.	(b) Prior year 54,430.	(c) Two years back 53,054				
	Beginning of year balance	55,105.	54,450.	55,054	•	48,581. 5,102.		41,908. 5,000.
		1,893.	226.	2 016				
	Net investment earnings, gains, and losses	,		2,016	_	3,192.		3,195.
d	Grants or scholarships	2,676.	1,000.	100	•	3,325.		1,000.
е	. '							
	and programs	501.	551.	540		496.		522.
	Administrative expenses	51,821.	53,105.	54,430	-	<sup>490</sup> . 53,054.		48,581.
g	End of year balance Provide the estimated percentage of the curr	,	,	,	•	JJ,0J4.		40,001.
2		ent year end balanc	%	()) heid as.				
	Board designated or quasi-endowment ► Permanent endowment ► 100.00	%	%					
b	Temporarily restricted endowment	%						
C	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse		ation that are hold a	nd administored for	r the organize	ation		
Ja		SSION OF THE OFGATILZA	allon linal are neiù a		r the organiza	ation		es No
	by: (i) unrelated organizations						3a(i)	X
	<i>c, c</i>						3a(ii)	X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R2					
4	Describe in Part XIII the intended uses of the						00	<b>_</b>
	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered		), Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o			Accumulated	d	(d) Book v	/alue
		basis (investn		(other) d	lepreciation		. ,	
1a	Land							
b				4,885.	65,34			,541.
с	Leasehold improvements			4,829.	220,74		1,114	
d	Equipment		6	4,074.	49,14	12.	14	,932.
e	Other			1,290.				,290.
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			1,539	,849.

Schedule D (Form 990) 2016

632052 08-29-16

		THWEST KANS	AS COMMUNITY	4.0	1005030
Schedule D (Form 990				48	-1025832 Page <b>3</b>
	ments - Other Securities.				
	e if the organization answered "Yes"				- <b>f</b>
	rity or category (including name of security)	(b) Book value	(c) Method of Valua	tion: Cost or end	-of-year market value
	es				
	y interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total (Col. (b) must equi	al Form 990, Part X, col. (B) line 12.)				
	ments - Program Related.				
	e if the organization answered "Yes"	on Form 000 Part IV li	no 110. Soo Form 000. Port	V line 12	
	cription of investment	(b) Book value			-of-year market value
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	al Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other					
Complete	e if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part	X, line 15.	
	-	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	st equal Form 990, Part X, col. (B) lin	ne 15.)			
Part X Other I	Liabilities.				
Complete	e if the organization answered "Yes"	on Form 990, Part IV, li		0, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
(1) Federal incom					
(2) FUNDS H	ELD FOR OTHER AGEN	ICIES	52,240.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) mus	st equal Form 990, Part X, col. (B) lin	be 25.)►	52,240.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

632053 08-29-16

GREATER	NORTHWEST	KANSAS	COMMUNITY

Sche	dule D (Form 990) 2016 FOUNDATION		48-1025832 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 1
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	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

#### PART V, LINE 4:

#### THE FOUNDATION USES THE ENDOWMENT FUNDS TO MAKE GRANTS TO CHARITABLE

ORGANIZATIONS AND FUND SCHOLARSHIPS.

632054 08-29-16

SCHEDULE I (Form 990)		Go	Grants and Otlevernments, a	nd Individua	ls in the Ŭni	ted States		омв №. 1545-0047 <b>2016</b>
Description of the Transmission		Comp	lete if the organization	on answered "Yes" Attach to For		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Informat	ion about Schedule I	•		t www.irs.gov/form9	90.	Inspection
Name of the organization	GREATER N FOUNDATIC	IORTHWEST	KANSAS COM					Employer identification number 48-1025832
Part I General Inform	mation on Grants a	and Assistance						
criteria used to aware	d the grants or assi	stance?					sistance, and the sele	
			itoring the use of gran					
			izations and Domest n be duplicated if addi			anization answered "	Yes" on Form 990, Pa	rt IV, line 21, for any
1 (a) Name and addres or governi	ss of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABC PRESCHOOL 105 WEST WEBSTER								
ST. FRANCIS, KS 6775	6	48-0878298	501(C)(3)	9,709.	0.			EDUCATION
AREA COMMUNITY ENRIC FOUNDATION - PO BOX KS 67730		48-1239581	501(C)(3)	22,395.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
BIRD CITY AREA ON AG PO BOX 94 BIRD CITY, KS 67731	ING	48-1016958	501(C)(3)	7,255.	0.			HUMAN SERVICES
BLACK AND GOLD BOOST PO BOX 25 GOODLAND, KS 67735	ER CLUB	47-3626308	501(C)(3)	8,307.	0.			EDUCATIONAL INSTITUTIONS AND RELATED ACTIVITIES
CASTLEROCK HEALTH AN 324 MAIN STREET QUINTER, KS 67752	D FITNESS	26-0625152	501(C)(3)	14,907.	0.			RECREATION & SPORTS
CHEYENNE COUNTY 212 WASHINGTON 5T. FRANCIS, KS 6775	6		GOVERNMENT	14,338.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
2 Enter total number of	f section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				
3 Enter total number of	f other organization	s listed in the line	1 table					

Schedule I (Form 990) FOUNDATION

Part II Continuation of Grants and Other	er Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	0-1025052 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEYENNE COUNTY EMS							
PO BOX 453							PUBLIC SAFETY, DISASTER
ST. FRANCIS, KS 67756		GOVERNMENT	10,436.	0.			PREPAREDNESS & RELIEF
CHEYLIN PUBLIC SCHOOLS USD 103 PO BOX 28							
BIRD CITY, KS 67731	48-0823838	501(C)(3)	48,595.	0.			EDUCATION
CHRIST COMMUNITY CHURCH PO BOX 564							
HOXIE, KS 67740		501(C)(3)	7,600.	0.			RELIGION
CITIZENS FOUNDATION 100 EAST COLLEGE DRIVE							PHILANTHROPY, VOLUNTARISM
COLBY, KS 67701	48-1112955	501(C)(3)	10,000.	0.			& GRANTMAKING FOUNDATION
CITY OF ALMENA 415 MAIN STREET							
ALMENA, KS 67622		GOVERNMENT	5,000.	٥.			PUBLIC & SOCIETAL BENEFIT
CITY OF BIRD CITY PO BOX 219							
BIRD CITY, KS 67731		GOVERNMENT	33,776.	٥.			PUBLIC & SOCIETAL BENEFI
CITY OF COLBY 375 WEST 4TH STREET							
COLBY, KS 67701		GOVERNMENT	10,000.	0.			PUBLIC & SOCIETAL BENEFI
CITY OF GOODLAND 204 W 11TH							
GOODLAND, KS 67735		GOVERNMENT	110,349.	٥.			PUBLIC & SOCIETAL BENEFI
CITY OF HOXIE							COMMINITING THERE S
PO BOX 898 HOXIE, KS 67740		GOVERNMENT	31,550.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING

Schedule I (Form 990) FOUNDATION

48-1025832 Page 1

Schedule I (Form 990) FOUNDATI							60-1023832 Page
Part II Continuation of Grants and Oth	er Assistance to Go	overnments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa I	art 11.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MCDONALD							
PO BOX 95							
MCDONALD, KS 67745		GOVERNMENT	10,000.	0.			PUBLIC & SOCIETAL BENEFI
CITY OF NORTON							
301 EAST WASHINGTON							
NORTON, KS 67654		GOVERNMENT	14,865.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF OAKLEY							
700 WEST 3RD STREET							
OAKLEY, KS 67748		GOVERNMENT	10,680.	0.			PUBLIC & SOCIETAL BENEFI
CITY OF QUINTER							
202 GOVE							COMMUNITY IMPROVEMENT &
QUINTER, KS 67752		GOVERNMENT	18,535.	0.			CAPACITY BUILDING
CITY OF SELDEN							
PO BOX 244							
SELDEN, KS 67757		GOVERNMENT	12,930.	0.			PUBLIC & SOCIETAL BENEFI
CITY OF ST. FRANCIS							
PO BOX 517							COMMUNITY IMPROVEMENT &
ST. FRANCIS, KS 67756		GOVERNMENT	13,673.	0.			CAPACITY BUILDING
DECATUR AREA DEVELOPMENT FUND							
104 S PENN							COMMUNITY IMPROVEMENT &
OBERLIN, KS 67749	48-1201525	501(C)(3)	68,408.	0.			CAPACITY BUILDING
DECATOR COUNTY							
120 EAST HALL							COMMUNITY IMPROVEMENT &
OBERLIN, KS 67749		GOVERNMENT	10,000.	0.			CAPACITY BUILDING
DECATOR COUNTY MUSEUM 258 SOUTH PENN							
OBERLIN, KS 67749		501(C)(3)	7,700.	0.			ARTS, CULTURE & HUMANITIES
ODENTIN' NO 0/143			7,700.	U.			TORANTITES

Part II Continuation of Grants and Other	Assistance to Ge	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEVELOPMENTAL SERVICES OF							
NORTHWEST KANSAS INC - 2703 HALL STREET - HAYS, KS 67601	48-0757621	501(C)(3)	8,883.	0.			HUMAN SERVICES
EVANGELICAL LUTHERAN GOOD SAMARITAN FOUNDATION - 4800 WEST 57TH STREET - SIOUX FALLS, SD							
57108	46-0422866	501(C)(3)	10,000.	0.			RELIGION
FRIENDS OF GRINNELL PO BOX 365							COMMUNITY IMPROVEMENT &
GRINNELL, KS 67738	48-0948015	501(C)(3)	34,345.	0.			CAPACITY BUILDING
GENESIS-SHERMAN COMPANY PO BOX 313							
GOODLAND, KS 67735	48-0988581	501(C)(3)	16,828.	0.			HUMAN SERVICES
GOLDEN PLAINS USD 316 210 WEST 6TH STREET SELDEN, KS 67757		501(C)(3)	10,500.	0.			EDUCATION
SELLEN, KS 07757		501(0)(5)	10,500.	0.			EDUCATION
GOODLAND ACTIVITIES CENTER, INC. 808 MAIN STREET							
GOODLAND, KS 67735	48-0935728	501(C)(3)	9,062.	0.			RECREATION & SPORTS
GOODLAND ARTS COUNCIL, INC. 120 W 120TH							ARTS, CULTURE, &
GOODLAND, KS 67735	48-0896576	501(C)(3)	18,159.	0.			HUMANITIES
GOODLAND PUBLIC LIBRARY 813 BROADWAY							
GOODLAND, KS 67735		501(C)(3)	6,823.	0.			EDUCATION
GOVE COUNTY PO BOX 116							COMMUNITY IMPROVEMENT &
GOVE, KS 67736		GOVERNMENT	13,590.	0.			CAPACITY BUILDING

Schedule I (Form 990) FOUNDATIO	N					4	8-1025832 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOVE COUNTY MEDICAL CENTER 520 W 5TH STREET		501 (0) (0)	15.064				
QUINTER, KS 67752		501(C)(3)	15,064.	0.			HEALTH CARE
GRAINFIELD COMMUNITY DEVELOPMENT COMMITTEE – PO BOX 25 – GRAINFIELD, KS 67737	27-1361867	501(C)(3)	29,078.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
GREAT PLAINS OF CHEYENNE CO., INC PO BOX 547							
ST. FRANCIS, KS 67756	48-1226831	501(C)(3)	6,575.	0.			HEALTH CARE
IMMANUEL LUTHERAN CHURCH 14715 WEST WASHINGTON ROAD							
NORTON, KS 67654		501(C)(3)	20,000.	0.			RELIGION
INTERNATIONAL ASSOC OF LIONS CLUBS PO BOX 251 COLUMBUS, KS 66725	65-0577075	501(C)(3)	6,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
JOYFUL NOISE PRESCHOOL 416 CLADWELL GOODLAND, KS 67735	20-2789972	501(C)(3)	9,515.	0.			EDUCATION
KANORADO SENIOR CITIZENS ASSOCIATION - 212 MAIN - KANORADO,							
KS 67741	48-0913850	501(C)(3)	5,906.	0.			HUMAN SERVICES
K-STATE RESEARCH AND EXTENSION RAWLINS COUNTY - 406 STATE STREET - ATWOOD, KS 67730	48-6106237	501(C)(3)	15,000.	0.			EDUCATION
K-STATE RESEARCH AND EXTENSION THOMAS COUNTY - 350 SOUTH RANGE -							
COLBY, KS 67701	36-2862206	501(C)(3)	12,044.	Ο.		1	EDUCATION

Schedule I (Form 990) FOUNDATION

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Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	urt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LENORA JUBILEE ASSOCIATION							
125 E WASHINGTON							COMMUNITY IMPROVEMENT &
LENORA, KS 67645	26-1556386	501(C)(3)	11,062.	0.			CAPACITY BUILDING
LOGAN COUNTY COMMUNITY FOUNDATION							PHILANTHROPY,
222 CENTER							VOLUNTARISM, GRANTMAKING
OAKLEY, KS 67748	81-2218425	501(C)(3)	15,000.	0.			FOUNDATION
LOGAN COUNTY HEALTHCARE FOUNDATION							PHILANTHROPY,
PO BOX 21							VOLUNTARISM, GRANTMAKING
OAKLEY, KS 67748	48-1138055	501(C)(3)	6,686.	0.			FOUNDATION
MCDONALD FEDERATED CHURCH							
209 JEWELL AVENUE							
MCDONALD, KS 67745	48-0721380	501(C)(3)	5,011.	0.			RELIGION
MIRACLE RIDES THERAPEUTIC RIDING							
CENTER - PO BOX 252 - HOXIE, KS 67740	20-5812640	501(C)(3)	11,350.	0.			HUMAN SERVICES
07740	20-3012040	501(0)(3)	11,550.	0.			HOMAN SERVICES
NORCATUR CITIZENS ALLIANCE							
1001 ROAD O							COMMUNITY IMPROVEMENT &
CLAYTON, KS 67629	48-1159272	501(C)(3)	5,000.	0.			CAPACITY BUILDING
NORTHERN VALLEY USD 212							
512 WEST BRYANT							
ALMENA, KS 67622		501(C)(3)	10,000.	0.			EDUCATION
NORTHWEST KANSAS COUNCIL ON							
SUBSTANCE ABUSE INC - 460 NORTH							
GARFIELD - COLBY, KS 67701	48-0950931	501(C)(3)	10,056.	0.			HUMAN SERVICES
NORTHWEST KANSAS DISTRICT FREE							
FAIR - PO BOX 184 - GOODLAND, KS							ARTS, CULTURE &
67735	81-2279818	501(C)(3)	15,935.	0.			HUMANITIES
			1 10,000.	· · ·		1	

Schedule I (Form 990)

48-1025832 Page 1

Schedule I (Form 990) FOUNDATIO							8-1025832 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sche	edule I (Form 990), Pa I	art II.) T	I
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHWEST KANSAS INMATE RESOURCE							
COUNCIL - 813 N GRANT - NORTON, KS 67654	38-3733906	501(C)(3)	10,000.	0.			HUMAN SERVICES
	30 3733300	501(0)(3)	10,000.				
NORTON CITY/COUNTY ECONOMIC							
DEVELOPMENT - 205 SOUTH STATE		501(0)(2)	15 041				COMMUNITY IMPROVEMENT &
STREET - NORTON, KS 67654		501(C)(3)	15,941.	0.			CAPACITY BUILDING
NORTON COUNTY EMERGENCY MANAGEMENT							
105 SOUTH KANSAS AVENUE							
NORTON, KS 67654		501(C)(3)	14,106.	0.			HEALTH CARE
NORTON COUNTY HISTORICAL SOCIETY							
PO BOX 303							ARTS, CULTURE &
NORTON, KS 67654	48-0902384	501(C)(3)	11,011.	0.			HUMANITIES
NODMON MURAMOR ACCOLATION							
NORTON THEATRE ASSOCIATION 215 EAST MAIN STREET							ARTS, CULTURE &
NORTON, KS 67654	48-1122034	501(C)(3)	10,000.	0.			HUMANITIES
OAKLEY USD 274							
PO BOX 124 OAKLEY, KS 67748		501(C)(3)	24,998.	0.			EDUCATION
			,				
QUINTER USD 293							
PO BOX 540				_			
QUINTER, KS 67752		501(C)(3)	5,770.	0.			EDUCATION
RAWLINS COUNTY							
PO BOX 182							COMMUNITY IMPROVEMENT &
ATWOOD, KS 67730		GOVERNMENT	8,649.	0.			CAPACITY BUILDING
RAWLINS COUNTY HISTORICAL SOCIETY							
308 STATE STREET							ARTS, CULTURE &
ATWOOD, KS 67730	48-0775147	501(C)(3)	10,000.	0.			HUMANITIES

Schedule I (Form 990) FOUNDATIO	N					4	8-1025832 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAWLINS COUNTY USD 105 205 NORTH 4TH							
ATWOOD, KS 67730		501(C)(3)	13,429.	0.			EDUCATION
SCOTT COMMUNITY FOUNDATION 303 COURT							PHILANTHROPY, VOLUNTARISM
SCOTT CITY, KS 67871	48-0995697	501(C)(3)	38,676.	0.			& GRANTMAKING FOUNDATION
SHERIDAN COUNTY PO BOX 899							COMMUNITY IMPROVEMENT &
HOXIE, KS 67740		GOVERNMENT	11,670.	0.			CAPACITY BUILDING
SHERIDAN COUNTY COMMUNITY FOUNDATION - PO BOX 445 - HOXIE,							PHILANTHROPY, VOLUNTARISM, GRANTMAKING
KS 67740	20-2220783	501(C)(3)	25,100.	0.			FOUNDATION
SHERIDAN COUNTY HISTORICAL SOCIETY 1224 OAK AVENUE HOXIE, KS 67740	51-0173355	501(C)(3)	13,248.	0.			ARTS, CULTURE & HUMANITIES
SHERIDAN COUNTY HOSPITAL 826 18TH STREET HOXIE, KS 67740	48-0579744	501(C)(3)	18,050.	0.			HEALTH CARE
SHERIDAN COUNTY PUBLIC HEALTH 940 8TH STREET	10 00,5,11		10,000				
SELDEN, KS 67757		501(C)(3)	7,850.	0.			HEALTH CARE
, SHERMAN COUNTY COMMUNITY SERVICE 329 NORTH MAIN GOODLAND, KS 67735	74-2832553	501(C)(3)	18,010.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDIDNG
SHERMAN COUNTY HISTORICAL SOCIETY PO BOX 684							ARTS, CULTURE &
GOODLAND, KS 67735	23-7424321	POT(C)(3)	12,379.	0.			HUMANITIES

Schedule I (Form 990) FOUNDATION

48-1025832 Page 1

Part II Continuation of Grants and Other		overnments and Orga	nizations in the II	nited States (Sch	edule I (Form 990) Pa		E0-1023032 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN CATHOLIC CHURCH 7463 ROAD Y							
MCDONALD, KS 67745	26-0841294	501(C)(3)	6,891.	0.			RELIGION
TRIPLANS USD 375 503 WILSON		501 (0) (0)	0.004				
WINONA, KS 67764		501(C)(3)	9,384.	0.			EDUCATION
TRI-STATE ANTIQUE ENGINE AND THRESHERS ASSOCIATION, INC PO BOX 9 - BIRD CITY, KS 67731	48-0954811	501(C)(3)	42,597.	0.			ARTS, CULTURE & HUMANITIES
UNITED METHODIST CHURCH PO BOX 245							
HOXIE, KS 67740		501(C)(3)	6,430.	0.			RELIGION
UNITED METHODIST CHURCH 218 WEST 4TH STREET							
QUINTER, KS 67752		501(C)(3)	5,000.	٥.			RELIGION
USD 211 1100 EISENHOWER NORTON, KS 67654		501(C)(3)	10,485.	0.			EDUCATION
USD 294 OBERLIN 131 E COMMERCIAL STREET							
OBERLIN, KS 67749		501(C)(3)	11,295.	0.			EDUCATION
USD 297 SAINT FRANCIS 100 S COLLEGE STREET							
ST. FRANCIS, KS 67756		501(C)(3)	16,857.	0.			EDUCATION
USD 352 PO BOX 509							
GOODLAND, KS 67735		501(C)(3)	21,371.	0.			EDUCATION

Schedule I (Form 990) FOUNDATION

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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLACE COUNTY 313 NORTH MAIN SHARON SPRINGS, KS 67758		GOVERNMENT	5,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
WESKAN SCHOOLS USD 242 219 COYOTE BLVD WESKAN, KS 67762		501(C)(3)	10,500.	0.			EDUCATION
WESTERN PLAINS ART ASSOCIATION PO BOX 235 HOXIE, KS 67740	48-0771370	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
WHEATLAND EDUCATION FOUNDATION PO BOX 165 GRAINFIELD, KS 67737	16-1688006	501(C)(3)	13,195.	0.			EDUCATION
WILD WEST HISTORICAL FOUNDATION INC - 3083 US HIGHWAY 83 - OAKLEY, KS 67748	48-1242251	501(C)(3)	7,300.	0.			ARTS, CULTURE & HUMANITIES
BIRD CITY COMMUNITY CLUB PO BOX 156 BIRD CITY, KS 67731	02-0653305	501(C)(3)	11,947.	0.			COMMUNITY IMPROVEMENT

Schedule I (Form 990) (2016)

FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP: FORT HAYS STATE UNIVERSITY	2	5,500.	0.		
SCHOLARSHIP: COLBY COMMUNITY COLLEGE	3	11,099.	0.		
SCHOLARSHIP: KANSAS STATE UNIVERSITY	3	3,425.	0.		
CHOLARSHIP: UNIVERSITY OF KANSAS	4	2,900.	0.		
		2,500.			
SCHOLARSHIP: UNIVERSITY OF NEBRASKA	2	4,175.	0.		

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

PART I, LINE 2:

GRANT APPLICATIONS ARE REVIEWED AND APPROVED BY THE BOARD. GRANTS ARE

MONITORED BY THE BOARD THROUGH ONE-TIME FINAL REPORTS SUBMITTED BY GRANTEES

AND OCCASIONAL SITE VISITS.

Schedule I (Form 990) GREATER NORTHWE		48-1025832 Page				
Part III Continuation of Grants and Other Assistance to Individ	uals in the Unit	ed States (Schedule	e I (Form 990), Part II	II.)		r ugo <b>z</b>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assis	stance
SCHOLARSHIP: UNIVERSITY OF NEBRASKA KEARNEY	1.	875.	0.			

SCHEDULE O

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. GREATER NORTHWEST KANSAS COMMUNITY Emplo FOUNDATION 48

rm990. Open to Public Inspection Employer identification number

OMB No 1545-0047

lb

48-1025832

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES, AND WE PROVIDE THE ABILITY TO CAPTURE THE IMAGINATION OF

PEOPLE IN OUR AREA TO LEAVE A LEGACY FOR THEIR FAMILIES; ALL THROUGH

PHILANTHROPY.

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

THE FULL BOARD RECEIVES A COPY OF THE DRAFT FORM 990 FOR REVIEW PRIOR TO

SUBMISSION OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER COMPLETES AND SIGNS AN ANNUAL DISCLOSURE. EACH MEMBER IS REQUIRED TO IMMEDIATELY DISCLOSE ANY ACTUAL OR PERCEIVED CONFLICT AND MUST ENSURE THEY HAVE NO DISCUSSION OR INVOLVEMENT IN THESE MATTERS. WHEN VOTING ON A MATTER WHERE AN ACTUAL OR PRECEIVED CONFLICT EXISTS, THAT MEMBER MUST ABSTAIN FROM VOTING.

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

COMPENSATION IS REVIEWED BY THE BOARD ANNUALLY

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY FUND CHANGE IN NET ASSETS

95,397.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211 08-25-16
 Schedule O (Form 990 or 990-EZ) (2016)

49

2016.04030 GREATER NORTHWEST KANSAS CO 06252401

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization GREATER NOR		Pag
Name of the organization GREATER NORT FOUNDATION	THWEST KANSAS COMMUNITY	Employer identification numb 48-1025832
FORM 990, PART XII, LINE 2	2C:	
BOARD MEMBERS ASSUMES REPO		
		Sebedulo 0 (Form 000 or 000 F7) (2)
	50	Schedule O (Form 990 or 990-EZ) (20
81109 755310 062524.0	2016.04030 GREATER NORTHW	IST KANSAS CO 0625240

SCH	IEDULE R
·	

#### (Form 990)

#### Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2016

48-1025832

OMB No. 1545-0047

	Information	about Sched	ule R (Form 990) and its instructions is at www.irs.gov/form990.		Open to Public Inspection
GREATER	NORTHWEST	KANSAS	COMMUNITY	Employer ide	entification number

Name of the organization GREATER NO. FOUNDATION

N

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(2)	(b)	(0)	(d)	(0)	(6)
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
BIRD CITY REAL ESTATE FUND, LLC - 45-2722824					
107 WEST BRESSLER					
BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	35,554.	1,800,302.	GNWKSCF
	-				

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ALLEN & GLORIA BLOCK FOUNDATION - 48-1239579							
1055 BROADWAY, STE 130							
KANSAS CITY, MO 64105	GRANT-MAKING	KANSAS	501(C)(3)	LINE 12A, I	GKCCF	X	
BLUE RIVER LAND TRUST LTD - 90-0615944							
1055 BROADWAY, STE 130	1						
KANSAS CITY, MO 64105	CONSERVATION	KANSAS	501(C)(3)	LINE 12A, I	GKCCF	X	
COMMUNITY FOUNDATION OF WYANDOTTE COUNTY -							
27-5500433, 1055 BROADWAY, STE 130, KANSAS	1						
CITY, MO 64105	GRANT-MAKING	KANSAS	501(C)(3)	LINE 12A, I	GKCCF	X	
GARY DICKINSON FAMILY CHARITABLE FOUNDATION							
- 43-1799476, 1055 BROADWAY, STE 130, KANSAS	1						1
CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	1

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

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled ization?
		·····,		501(c)(3))		Yes	No
GEORGE A & DOLLY F LARUE TRUST - 43-6122865							
PO BOX 419248				LINE 12D,			
KANSAS CITY, MO 64141	GRANT-MAKING	MISSOURI	501(C)(3)	III-0	GKCCF	X	
GREATER KANSAS CITY COMMUNITY FOUNDATION -							
43-1152398, 1055 BROADWAY, STE 130, KANSAS							
CITY, MO 64105	COMMUNITY FOUNDATION	MISSOURI	501(C)(3)	LINE 10	N/A		X
GREATER LEES SUMMIT HEALTHCARE FOUNDATION -							
43-1341459, 1055 BROADWAY, STE 130, KANSAS							
CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
HIGHLAND KANSAS CITY FOUNDATION INC -				1			
45-3961865, 13455 NOEL ROAD, SUITE 800,							
DALLAS, TX 75240	GRANT-MAKING	TEXAS	501(C)(3)	LINE 12A, I	GKCCF	X	
IRVIN E & NEVADA P LINSCOMB FOUNDATION -							
43-1499815, 1055 BROADWAY, STE 130, KANSAS							
CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	
JACK & HELYN MILLER FOUNDATION - 43-6070986							
1055 BROADWAY, STE 130							
KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	
KANSAS CITY AREA LIFE SCIENCES INSTITUTE -							
43-1889037, 1055 BROADWAY, STE 130, KANSAS	7						
CITY, MO 64105	RESEARCH	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	
KANSAS CITY PUBLIC LIBRARY FOUNDATION -							
20-3506595, 1055 BROADWAY, STE 130, KANSAS	7						
CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	
ROSS FAMILY FOUNDATION - 47-2899369							
1055 BROADWAY, STE 130							
KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	
PARSONS AREA COMMUNITY FOUNDATION -				,			
48-1152358, 1055 BROADWAY, STE 130, KANSAS							
CITY, MO 64105	COMMUNITY FOUNDATION	KANSAS	501(C)(3)	LINE 12A, I	GKCCF	x	
POLSKY FAMILY SUPPORTING FOUNDATION -				· ·			
48-1092843, 1055 BROADWAY, STE 130, KANSAS	1						
CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	
REAL ESTATE CHARITABLE FOUNDATION -	1			, ,		1	
43-1912033, 1055 BROADWAY, STE 130, KANSAS	1						
CITY_ MO 64105		MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	x	1

Schedule R (Form 990)

48-1025832

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	address, and EIN Primary activity		(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	organi	rolled ization?
				501(c)(3))		Yes	No
STANLEY H DURWOOD FOUNDATION - 43-6828087							
1055 BROADWAY, STE 130							
KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
	_						
	_						
	_						

Schedule R (Form 990) 2016 FOUNDATION

48-1025832 Page 2

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

(b)		(d)	(e)	(f)	(g)	()	h)			(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera managi partne	or Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	0
1										
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1										
	(b) Primary activity	Primary activity (state or foreign	Primany activity Legal Direct controlling	Primany activity	Primary activity Legal domicile Cistate or foreign between the cistate or state or s	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of Direct	Primary activity Legal Direct controlling Predominant income Share of total Share of Discontinues	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconstitute Code V-LIBL	Primary activity Legal Direct controlling Predominant income Share of total Share of Share of Code VIIBI General

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(e) Type of entity (C corp, S corp, or trust)		<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		01 (1031)		233013			No		
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Schedule R (Form 990) 2016 FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) GREATER KANSAS CITY COMMUNITY FOUNDATION	Р	19,125.	FEES
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>	55		

Schedule R (Form 990) 2016 FOUNDATION

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

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

(a)	(b)	(c)				(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partner 501 (c orgs	all	Share of			opor-	Code V-UBI	( <b>J)</b> General	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c	s sec. s)(3)	total	end-of-year	tior alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes No	<b>.</b>

GREATER	NORTHWEST	KANSAS	COMMUNITY
FOUNDAT	ION		

Schedule R	(Form 990) 2016
Part VII	Supplementa

art VII Supplemental Information.	
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Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

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

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

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

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

				Enter file	er's identif	ying number
Type or print	GREATER NORTHWEST KANSAS CO FOUNDATION	Employe	ion number (EIN) or			
File by the due date f filing your return. See	or Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity num	ber (SSN)
instruction						
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applica	ition	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870 COMM. FOUNDATION			12
Telep If the If this box 1	books are in the care of $\blacktriangleright$ 1055 S BROADWAY bohone No. $\blacktriangleright$ 816-842-0944 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit $\Box$ . If it is for part of the group, check this box $\blacktriangleright$ request an automatic 6-month extension of time until or the organization named above. The extension is for the $\overleftarrow{X}$ calendar year 2016 or $\overleftarrow{x}$ tax year beginning	s in the Ur Group Exe and atta NOVEI organizati	Fax No. ►	f this is fo all memb	r the whole	ension is for.
				-inal retur	·	
2 lf ∫	the tax year entered in line 1 is for less than 12 months, c	neck reas		-mai retur	ri -	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any			
	onrefundable credits. See instructions.	, 01 0003,	enter the tentative tax, less any	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	00	Ψ	•••
	stimated tax payments made. Include any prior year over			Зb	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ť	
	y using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.
Caution instruct	n: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ai		879-EO for payment

623841 01-11-17

OMB No. 1545-1709