

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

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20__

2018

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number

48-1025832

Name and title of officer

DARCI SCHIELDS EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 5 columns (Form type, Total revenue, Total tax, Tax based on investment income, Balance Due) and corresponding amounts.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Officer's PIN: check one box only

[X] I authorize LINDBURG VOGEL PIERCE FARIS, CHARTERED to enter my PIN 25832

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ***** THIS IS NOT A FILEABLE COPY *** Date

Part III Certification and Authentication

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

48247690461

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BILLY J KLUG Date 10/24/19

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

EXTENDED TO NOVEMBER 15, 2019

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 593 City or town, state or province, country, and ZIP or foreign postal code BIRD CITY, KS 67731 F Name and address of principal officer: DARCI SCHIELDS SAME AS C ABOVE	D Employer identification number 48-1025832 E Telephone number 785-734-2406 G Gross receipts \$ 6,970,980. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GNWKCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2009		M State of legal domicile: KS

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO REVITALIZE OUR COMMUNITIES AND ENHANCE THE WELL-BEING OF PRESENT AND FUTURE GENERATIONS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,757,351.	5,072,727.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,622.	131,836.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486,981.	633,610.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,405.	61,052.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,486,359.	5,899,225.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,584,265.	2,226,964.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	115,624.	157,017.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 64,907.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	376,788.	477,682.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,076,677.	2,861,663.
19	Revenue less expenses. Subtract line 18 from line 12	2,409,682.	3,037,562.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	17,545,359.	19,588,135.
22	Net assets or fund balances. Subtract line 21 from line 20	178,701.	1,574,562.
22		17,366,658.	18,013,573.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DARCI SCHIELDS, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BILLY J KLUG	Preparer's signature BILLY J KLUG
	Firm's name ▶ LINDBURG VOGEL PIERCE FARIS, CHARTERED Firm's address ▶ 2301 N HALSTEAD - P O BOX 2047 HUTCHINSON, KS 67504-2047	Date 10/24/19
	Firm's EIN ▶ 48-0841034	Check if self-employed <input type="checkbox"/> PTIN P00707301
	Phone no. 620 669-0461	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION IS A REGIONAL COMMUNITY FOUNDATION WHICH REPRESENTS AN OPPORTUNITY TO BRING RURAL COMMUNITIES TOGETHER FOR GROWTH AND SUCCESS THROUGH PHILANTHROPY. TOGETHER WE CAN BUILD STRONG COMMUNITIES BY 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 prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ 131,836.) THE FOUNDATION MAKES LOW-INTEREST LOANS TO SMALL BUSINESSES IN THE COMMUNITY, EITHER START-UP OR EXPANSION, THROUGH A REVOLVING LOAN FUND.

4b (Code:) (Expenses \$ 2,443,654. including grants of \$ 2,226,964.) (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 2,443,654.

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules *(continued)*

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		38
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records GREATER KANSAS CITY COMM. FOUNDATION - 816-842-0944 1055 S BROADWAY STE 130, KANSAS CITY, MO 64105

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLINT BURSCH PRESIDENT	1.00	X		X			0.	0.	0.	
(2) HARRY PRATT VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(3) TOM KELLER TREASURER	1.00	X		X			0.	0.	0.	
(4) CORA HOUSE SECRETARY	1.00	X		X			0.	0.	0.	
(5) DAVID HENDRICKS DIRECTOR	1.00	X					0.	0.	0.	
(6) JOHN DEEDS DIRECTOR	1.00	X					0.	0.	0.	
(7) WADE CARMICHAEL DIRECTOR	1.00	X					0.	0.	0.	
(8) REBECCA ANTHOLZ DIRECTOR	1.00	X					0.	0.	0.	
(9) MITCH GILLESPIE DIRECTOR	1.00	X					0.	0.	0.	
(10) CINDY BURR DIRECTOR	1.00	X					0.	0.	0.	
(11) JOAN MCKENNA DIRECTOR	1.00	X					0.	0.	0.	
(12) DARCI SCHIELDS EXECUTIVE DIRECTOR	40.00			X			48,966.	0.	1,469.	

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

1b Sub-total 48,966. 0. 1,469.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 48,966. 0. 1,469.

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 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry.

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

Form 990 (2018)

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,072,727.				
	g Noncash contributions included in lines 1a-1f: \$		507,402.				
	h Total. Add lines 1a-1f		5,072,727.				
Program Service Revenue	2 a LOAN INTEREST INCOME	Business Code 900099	131,836.	131,836.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		131,836.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		307,318.			307,318.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	48,049.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	48,049.				
	d Net rental income or (loss)		48,049.			48,049.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,398,047.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1,071,755.				
		c Gain or (loss)	326,292.				
	d Net gain or (loss)		326,292.			326,292.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	13,003.			13,003.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		13,003.				
12 Total revenue. See instructions		5,899,225.	131,836.	0.	694,662.		

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,188,746.	2,188,746.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,218.	38,218.		
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	50,435.		37,826.	12,609.
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	92,438.		69,329.	23,109.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,350.		1,763.	587.
9 Other employee benefits				
10 Payroll taxes	11,794.		8,845.	2,949.
11 Fees for services (non-employees):				
a Management				
b Legal	6,913.	6,913.		
c Accounting	15,050.		15,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,122.		31,122.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	13,636.		13,636.	
12 Advertising and promotion	9,676.	9,676.		
13 Office expenses	73,154.		73,154.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,295.		6,295.	
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	70,737.	70,737.		
23 Insurance	11,097.	11,097.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT COST, NET	83,191.	83,191.		
b ADMINISTRATIVE FEES	46,103.		46,103.	
c MAINTENANCE AND REPAIRS	35,076.	35,076.		
d PROPERTY TAXES	31,519.		31,519.	
e All other expenses	44,113.		18,460.	25,653.
25 Total functional expenses. Add lines 1 through 24e	2,861,663.	2,443,654.	353,102.	64,907.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	725,321.	1	1,364,872.	
	2 Savings and temporary cash investments	1,866,217.	2	2,386,154.	
	3 Pledges and grants receivable, net		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 disqualified 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			6	
	7 Notes and loans receivable, net	2,509,880.	7	2,330,946.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,208,870.			
	b Less: accumulated depreciation	464,659.			
	11 Investments - publicly traded securities	1,742,678.	10c	1,744,211.	
	12 Investments - other securities. See Part IV, line 11	10,540,043.	11	11,600,732.	
	13 Investments - program-related. See Part IV, line 11	150,000.	12	150,000.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	11,220.	14	11,220.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,545,359.	15	19,588,135.		
Liabilities	17 Accounts payable and accrued expenses	6,770.	17	11,415.	
	18 Grants payable	95,650.	18	265,643.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, 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 Schedule D	76,281.	25	1,297,504.	
	26 Total liabilities. Add lines 17 through 25	178,701.	26	1,574,562.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	17,366,658.	27	18,013,573.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	17,366,658.	33	18,013,573.		
34 Total liabilities and net assets/fund balances	17,545,359.	34	19,588,135.		

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,899,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,861,663.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,037,562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,366,658.
5	Net unrealized gains (losses) on investments	5	-1,169,424.
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	-1,221,223.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,013,573.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION	Employer identification number 48-1025832
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
GREATER KANSAS CITY COMMUNITY FOUNDATI	43-1152398	8	X		0.	
Total					0.	0.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10% -facts-and-circumstances test - 2018; b 10% -facts-and-circumstances test - 2017; 18 Private 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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (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
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	X

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	2	X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
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	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

GREATER NORTHWEST KANSAS COMMUNITY

Schedule A (Form 990 or 990-EZ) 2018 **FOUNDATION**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION Employer identification number 48-1025832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant use.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.00 %
c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes 'FUNDS HELD FOR OTHER AGENCIES' with a value of 1,297,504.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FOUNDATION USES THE ENDOWMENT FUNDS TO MAKE GRANTS TO CHARITABLE ORGANIZATIONS AND FUND SCHOLARSHIPS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION** Employer identification number **48-1025832**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALMENA COMMUNITY DAYCARE 706 WASHINGTON ALMENA, KS 67622	47-4274956	501(C)(3)	0.	6,100.			HUMAN SERVICES
AREA COMMUNITY ENRICHMENT FOUNDATION - PO BOX 224 - ATWOOD, KS 67730	48-1239581	501(C)(3)	0.	5,130.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
BIRD CITY COMMUNITY CLUB 112 W FOURTH BIRD CITY, KS 67731	02-0653305	501(C)(3)	0.	16,147.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
CELEBRATION COMMUNITY CHURCH 1923 S RANGE AVENUE COLBY, KS 67701		501(C)(3)	0.	10,000.			RELIGION
CHEYENNE COUNTY 212 WASHINGTON ST. FRANCIS, KS 67756		GOVERNMENT	0.	297,000.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
CHEYENNE COUNTY WILDLIFE, INC. PO BOX 117 ST. FRANCIS, KS 67756	48-1037103	501(C)(3)	0.	6,000.			PUBLIC & SOCIETAL BENEFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **89.**

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

48-1025832

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEYLIN PUBLIC SCHOOLS USD 10 PO BOX 28 BIRD CITY, KS 67756	48-0823838	501(C)(3)	0.	16,500.			EDUCATION
CHEYLIN USD 103 605 BIRD AVENUE BIRD CITY, KS 67731		501(C)(3)	0.	6,653.			EDUCATION
CITY OF ATWOOD 106 SOUTH 3RD STREET ATWOOD, KS 67730		GOVERNMENT	0.	12,851.			PUBLIC & SOCIETAL BENEFIT
CITY OF BIRD CITY PO BOX 219 BIRD CITY, KS 67731		GOVERNMENT	0.	85,323.			PUBLIC & SOCIETAL BENEFIT
CITY OF COLBY 375 WEST 4TH STREET COLBY, KS 67701		GOVERNMENT	0.	10,000.			PUBLIC & SOCIETAL BENEFIT
CITY OF GOODLAND 204 W 11TH GOODLAND, KS 67735		GOVERNMENT	0.	76,294.			PUBLIC & SOCIETAL BENEFIT
CITY OF GOVE PO BOX 38 GOVE, KS 67736		GOVERNMENT	0.	12,092.			PUBLIC & SOCIETAL BENEFIT
CITY OF HILL CITY 205 N POMEROY AVE HILL CITY, KS 67642		GOVERNMENT	0.	25,000.			PUBLIC & SOCIETAL BENEFIT
CITY OF HOXIE PO BOX 898 HOXIE, KS 67740		GOVERNMENT	0.	33,263.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LENORA PO BOX 276 LENORA, KS 67645		GOVERNMENT	0.	5,500.			PUBLIC & SOCIETAL BENEFIT
CITY OF LOGAN PO BOX 308 LOGAN, KS 67646		GOVERNMENT	0.	17,485.			PUBLIC & SOCIETAL BENEFIT
CITY OF NORCATUR 301 E OSSISPEE NORCATUR, KS 67653		GOVERNMENT	0.	15,000.			PUBLIC & SOCIETAL BENEFIT
CITY OF OBERLIN 104 EAST OAK OBERLIN, KS 67749		GOVERNMENT	0.	12,582.			PUBLIC & SOCIETAL BENEFIT
CITY OF QUINTER 202 GOVE QUINTER, KS 67752		GOVERNMENT	0.	7,663.			PUBLIC & SOCIETAL BENEFIT
CITY OF SELDEN PO BOX 54 SELDEN, KS 67757		GOVERNMENT	0.	7,955.			PUBLIC & SOCIETAL BENEFIT
CITY OF ST. FRANCIS PO BOX 517 ST. FRANCIS, KS 67756		GOVERNMENT	0.	46,804.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
COUGAR CUB DAYCARE INC PO BOX 353 BIRD CITY, KS 67731	81-3808892	501(C)(3)	0.	101,365.			HUMAN SERVICES
CREATIVE MOVEMENTS GYMNASTICS AND DANCE CLUB - 11724 ROAD DD - ATWOOD, KS 67730	74-2851974	501(C)(3)	0.	14,000.			RECREATION & SPORTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DECATOR COUNTY 120 EAST HALL OBERLIN, KS 67749		GOVERNMENT	0.	10,000.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
DECATUR AREA DEVELOPMENT FUND 104 S PENN OBERLIN, KS 67749	48-1201525	501(C)(3)	0.	72,051.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
DECATUR HEALTH SYSTEMS 810 WEST COLUMBIA OBERLIN, KS 67749	80-0025964	501(C)(3)	0.	16,320.			HEALTH CARE
DEVELOPMENTAL SERVICES OF NORTHWEST KANSAS INC - 2703 HALL STREET, SUITE 10 - HAYS, KS 67601	48-0757621	501(C)(3)	0.	10,230.			HUMAN SERVICES
FIRST UNITED METHODIST CHURCH 805 W. WILBERFORCE STREET NORTON, KS 67654		501(C)(3)	0.	10,920.			RELIGION
FORT WALLACE MEMORIAL ASSOCIATION 2655 HIGHWAY 40 WALLACE, KS 67761	48-0805473	501(C)(3)	0.	19,005.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
GATEWAY FELLOWSHIP OF OAKLEY 806 EAST 2ND STREET OAKLEY, KS 67748		501(C)(3)	0.	6,000.			RELIGION
GENESIS-SHERMANY COMPANY PO BOX 313 GOODLAND, KS 67735	48-0988581	501(C)(3)	0.	50,866.			ARTS, CULTURE & HUMANITIES
GODDARD PLACE 1985 U ROAD PENOKEE, KS 67659	46-0658048	501(C)(3)	0.	10,817.			PUBLIC & SOCIETAL BENEFIT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODLAND ACTIVITIES CENTER, INC. 808 MAIN STREET GOODLAND, KS 67735	48-0935728	501(C)(3)	0.	16,862.			RECREATION & SPORTS
GOODLAND ARTS COUNCIL, INC. 120 W 12TH STREET GOODLAND, KS 67735	48-0896576	501(C)(3)	0.	26,915.			ARTS, CULTURE & HUMANITIES
GOVE COUNTY PO BOX 55 QUINTER, KS 67752		GOVERNMENT	0.	25,000.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
GOVE COUNTY HEALTHCARE ENDOWMENT FOUNDATION - PO BOX 129 - QUINTER, KS 67752	48-1067727	501(C)(3)	0.	13,000.			HEALTH CARE
GOVE COUNTY MEDICAL CENTER 520 W 5TH STREET QUINTER, KS 67752	48-6065840	501(C)(3)	0.	17,871.			HEALTH CARE
GRAHAM COUNTY HOSPITAL 304 W PROUT STREET HILL CITY, KS 67642	48-6083417	501(C)(3)	0.	7,438.			HEALTH CARE
GRAHAM COUNTY SHERIFF'S OFFICE 410 N POMEROY AVE HILL CITY, KS 67642		GOVERNMENT	0.	6,000.			HUMAN SERVICES
GRAINFIELD COMMUNITY DEVELOPMENT COMMITTEE - PO BOX 25 - GRAINFIELD, KS 67737	27-1361867	501(C)(3)	0.	20,653.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
GREAT PLAINS OF CHEYENNE CO., INC PO BOX 547 ST. FRANCIS, KS 67756	48-1226831	501(C)(3)	0.	18,500.			HEALTH CARE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS OF OAKLEY PO BOX 186 OAKLEY, KS 67748	81-3824774	501(C)(3)	0.	10,000.			HUMAN SERVICES
HOXIE COMMUNITY SCHOOLS USD 412 1100 QUEEN AVENUE HOXIE, KS 67740		501(C)(3)	0.	10,000.			EDUCATION
HOXIE USD 412 PO BOX 348 HOXIE, KS 67740		501(C)(3)	0.	15,700.			EDUCATION
JOYFUL NOISE PRESCHOOL 416 CALDWELL GOODLAND, KS 67735	20-2789972	501(C)(3)	0.	8,845.			EDUCATION
KANORADO SENIOR CITIZENS ASSOCIATION - 212 MAIN - KANORADO, KS 67741	48-0913850	501(C)(3)	0.	10,181.			HUMAN SERVICES
KANSAS SENIOR LIVING INC 6025 SW 39TH CT TOPEKA, KS 66610	81-2659827	501(C)(3)	0.	115,000.			HUMAN SERVICES
LOGAN COUNTY COMMUNITY FOUNDATION 222 CENTER AVENUE OAKLEY, KS 67748	81-2218425	501(C)(3)	0.	50,666.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
LOGAN COUNTY HEALTHCARE FOUNDATION PO BOX 21 OAKLEY, KS 67748	48-1138055	501(C)(3)	0.	15,038.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
NORTHWEST KANSAS ANIMAL SHELTER PO BOX 128 GOODLAND, KS 67735	48-1086541	501(C)(3)	0.	7,248.			HEALTH CARE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST KANSAS DISTRICT FREE FAIR - PO BOX 184 - GOODLAND, KS 67735	81-2279818	501(C)(3)	0.	9,674.			ARTS, CULTURE & HUMANITIES
NORTHWEST KANSAS ECONOMIC INNOVATION CENTER INC - 112 S KANSAS, SUITE 313 - NORTON, KS 67654	81-1203323	501(C)(3)	0.	5,202.			ARTS, CULTURE & HUMANITIES
NORTON AREA CHILD CARE ASSOCIATION 110 N STATE STREET NORTON, KS 67654	48-0885599	501(C)(3)	0.	6,000.			HUMAN SERVICES
NORTON CITY/COUNTY ECONOMIC DEVELOPMENT - 205 SOUTH STATE STREET - NORTON, KS 67654	48-0930240	501(C)(3)	0.	7,170.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
NORTON COUNTY COMMUNITY FOUNDATION 205 S STATE STREET, SUITE 308 NORTON, KS 67654	48-1158543	501(C)(3)	0.	21,836.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
NORTON COUNTY RURAL WATER DISTRICT #1 - 28052 ST. ELIZABETH STREET - NEW ALMELA, KS 67645		501(C)(3)	0.	17,307.			HUMAN SERVICES
PHILLIPS COUNTY COMMUNITY FOUNDATION - 205 F STREET - PHILLIPSBURG, KS 67661	74-3063959	501(C)(3)	0.	11,570.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
PHILLIPSBURG CITY LIBRARY 888 4TH STREET PHILLIPSBURG, KS 67661		501(C)(3)	0.	9,775.			EDUCATION
PHILLIPSBURG WESTERN HERITAGE FOUNDATION - PO BOX 393 - PHILLIPSBURG, KS 67661	27-4407829	501(C)(3)	0.	7,428.			ARTS, CULTURE & HUMANITIES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAWLINS COUNTY PO BOX 182 ATWOOD, KS 67730		GOVERNMENT	0.	17,200.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
RAWLINS COUNTY DENTAL CLINIC FUND PO BOX 177 ATWOOD, KS 67730	26-3964123	501(C)(3)	0.	5,956.			HEALTH CARE
RAWLINS HIGH SCHOOL 100 NORTH 8TH STREET ATWOOD, KS 67730		501(C)(3)	0.	27,998.			EDUCATION
SCOTT COMMUNITY FOUNDATION 303 COURT SCOTT CITY, KS 67871	48-0995697	501(C)(3)	0.	58,118.			PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATION
SHERIDAN COUNTY COMMUNITY FOUNDATION - PO BOX 445 - HOXIE, KS 67740	20-2220783	501(C)(3)	0.	15,763.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
SHERIDAN COUNTY HOSPITAL 826 18TH STREET HOXIE, KS 67740	48-0579744	501(C)(3)	0.	13,438.			HEALTH CARE
SHERMAN COUNTY 1710 ROAD 54 GOODLAND, KS 67735		GOVERNMENT	0.	14,079.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
SHERMAN COUNTY COMMUNITY SERVICE 329 NORTH MAIN GOODLAND, KS 67735	74-2832553	501(C)(3)	0.	13,185.			COMMUNITY IMPROVEMENT
SHERMAN COUNTY HISTORICAL SOCIETY PO BOX 684 GOODLAND, KS 67735	51-0173355	501(C)(3)	0.	24,877.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

48-1025832

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTY PLUS CLUB OF SHERMAN COUNTY INC. - 208 W 15TH STREET - GOODLAND, KS 67735	48-0922632	501(C)(3)	0.	7,123.			HUMAN SERVICES
ST. FRANCIS SENIOR CENTER INC. PO BOX 254 ST. FRANCIS, KS 67756	48-1051081	501(C)(3)	0.	10,751.			HUMAN SERVICES
SUNFLOWER EXTENSION DISTRICT #6-KSU - 813 BROADWAY, ROOM 301 - GOODLAND, KS 67735		501(C)(3)	0.	6,584.			ARTS, CULTURE & HUMANITIES
THOMAS COUNTY PO BOX 260 COLBY, KS 67701		GOVERNMENT	0.	10,553.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
THOMAS COUNTY COMMUNITY FOUNDATION 350 S RANGE, SUITE 14 COLBY, KS 67701	48-1241974	501(C)(3)	0.	29,619.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
THOMAS COUNTY HISTORICAL SOCIETY 1905 S FRANKLIN AVENUE COLBY, KS 67701	48-6117363	501(C)(3)	0.	10,000.			ARTS, CULTURE & HUMANITIES
TRI-STATE ANTIQUE ENGINE AND THRESHERS ASSOCIATION, INC. - PO BOX 9 - BIRD CITY, KS 67731	48-0954811	501(C)(3)	0.	49,576.			ARTS, CULTURE & HUMANITIES
TRIPLANS USD 275 503 WILSON WINONA, KS 67764		501(C)(3)	0.	6,912.			EDUCATION
USD #211 1100 EISENHOWER NORTON, KS 67654		501(C)(3)	0.	18,576.			EDUCATION

Schedule I (Form 990)

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

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Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD #274 OAKLEY PUBLIC SCHOOLS 621 CENTER STREET, SUITE 103 OAKLEY, KS 67748		501(C)(3)	0.	15,468.			EDUCATION
USD #294 DECATUR COMMUNITY SCHOOLS 131 3 COMMERCIAL STREET OBERLIN, KS 67749		501(C)(3)	0.	17,467.			EDUCATION
USD #297 SAINT FRANCIS 100 S COLLEGE STREET ST. FRANCIS, KS 67756		501(C)(3)	0.	8,500.			EDUCATION
USD #315 COLBY PUBLIC SCHOOLS 210 N GRANT COLBY, KS 67701		501(C)(3)	0.	7,396.			EDUCATION
USD #352 - GOODLAND UNIFIED SCHOOL DISTRICT - PO BOX 509 - GOODLAND, KS 67735		501(C)(3)	0.	18,370.			EDUCATION
WALLACE COUNTY FOUNDATION PO BOX 471 SHARON SPRINGS, KS 67758	48-1207417	501(C)(3)	0.	18,851.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
WALLACE COUNTY SCHOOLS USD #241 521 N MAIN SHARON SPRINGS, KS 67758		501(C)(3)	0.	9,650.			EDUCATION
WESLEYAN COMMUNITY CHURCH PO BOX 147 BIRD CITY, KS 67731	48-1077388	501(C)(3)	0.	8,350.			RELIGION
WESTERN PLAINS ART ASSOCIATION PO BOX 235 HOXIE, KS 67740	48-0771370	501(C)(3)	0.	10,000.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for WHEATLAND EDUCATION FOUNDATION and WILD WEST HISTORICAL FOUNDATION.

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

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.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of non-cash assistance, (e) Method of valuation, (f) Description of noncash assistance. Rows include SCHOLARSHIP: FORT HAYS STATE UNIVERSITY, SCHOLARSHIP: COLBY COMMUNITY COLLEGE, SCHOLARSHIP: KANSAS STATE UNIVERSITY, SCHOLARSHIP: OTTAWA UNIVERSITY, and SCHOLARSHIP: BELLUS ACADEMY.

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 GRANTEEES AND OCCASIONAL SITE VISITS.

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Schedule I (Form 990)

48-1025832

Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP: NORTHWEST KANSAS TECHNICAL COLLEGE	8.	17,143.	0.		
SCHOLARSHIP: UNIVERSITY OF KANSAS	3.	2,250.	0.		
SCHOLARSHIP: OREGON STATE UNIVERSITY	1.	875.	0.		
SCHOLARSHIP: BUTLER COMMUNITY COLLEGE	1.	500.	0.		
SCHOLARSHIP: SOUTHWESTERN COLLEGE	1.	500.	0.		
SCHOLARSHIP: OZARK CHRISTIAN COLLEGE	1.	500.	0.		
SCHOLARSHIP: NEBRASKA COLLEGE OF TECHNICAL AGRICULTURE	1.	438.	0.		
SCHOLARSHIP: UNIVERSITY OF NORTHERN COLORADO	1.	312.	0.		
SCHOLARSHIP: BAKER UNIVERSITY	1.	150.	0.		

Schedule I (Form 990)

GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP: SAVANNAH COLLEGE OF ART AND DESIGN	1.	150.	0.		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION	Employer identification number 48-1025832
--	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)	Method of determining noncash contribution amounts
1 Art - Works of art					
2 Art - Historical treasures					
3 Art - Fractional interests					
4 Books and publications					
5 Clothing and household goods					
6 Cars and other vehicles					
7 Boats and planes					
8 Intellectual property					
9 Securities - Publicly traded	X	53	468,904.		EQUITY EXCHANGE
10 Securities - Closely held stock					
11 Securities - Partnership, LLC, or trust interests					
12 Securities - Miscellaneous					
13 Qualified conservation contribution - Historic structures					
14 Qualified conservation contribution - Other					
15 Real estate - Residential					
16 Real estate - Commercial					
17 Real estate - Other					
18 Collectibles					
19 Food inventory					
20 Drugs and medical supplies					
21 Taxidermy					
22 Historical artifacts					
23 Scientific specimens					
24 Archeological artifacts					
25 Other ▶ (CROPS)	X	19	38,497.		PRICE/BUSHEL ON DATE
26 Other ▶ (_____)					
27 Other ▶ (_____)					
28 Other ▶ (_____)					

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION

Employer identification number
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 PERCEIVED 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 -1,221,223.

Name of the organization **GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Employer identification number
48-1025832

FORM 990, PART XII, LINE 2C:

BOARD MEMBERS ASSUMES REPONSIBILITY

Multiple horizontal lines for text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION	Employer identification number 48-1025832
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BIRD CITY REAL ESTATE FUND, LLC - 45-2722824 107 WEST BRESSLER BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	48,992.	1,873,504.	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALLEN & GLORIA BLOCK FOUNDATION - 48-1239579 1055 BROADWAY, STE 130 KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
BLUE RIVER LAND TRUST LTD - 90-0615944 1055 BROADWAY, STE 130 KANSAS CITY, MO 64105	CONSERVATION	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
GARY DICKINSON FAMILY CHARITABLE FOUNDATION - 43-1799476, 1055 BROADWAY, STE 130, KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
GEORGE A & DOLLY F LARUE TRUST - 43-6122865 1055 BROADWAY, STE 130 KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12D, III-O	N/A		X

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

Schedule R (Form 990) 2018

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

Schedule R (Form 990)

48-1025832

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GREATER HORIZONS - 20-0849590 1055 BROADWAY, STE 130 KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 7	GKCCF	X	
GREATER KANSAS CITY COMMUNITY FOUNDATION - 43-1152398, 1055 BROADWAY, STE 130, KANSAS CITY, MO 64105	COMMUNITY FOUNDATION	MISSOURI	501(C)(3)	LINE 8	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 - 45-3961865, 1055 BROADWAY, STE 130, KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
IRVEN E & NEVADA P LINSOMB 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 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 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	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
POLSKY FAMILY SUPPORTING FOUNDATION - 48-1092843, 1055 BROADWAY, STE 130, KANSAS CITY, MO 64105	GRANT-MAKING	MISSOURI	501(C)(3)	LINE 12A, I	GKCCF	X	
REAL ESTATE CHARITABLE FOUNDATION - 43-1912033, 1055 BROADWAY, STE 130, KANSAS 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	

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Schedule R (Form 990)

48-1025832

Part II Continuation of Identification of Related Tax-Exempt Organizations

Table with 8 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled organization? (Yes/No). Rows include STANLEY H DURWOOD FOUNDATION, THE K FOUNDATION, REHABILITATION INSTITUTE FOUNDATION, GREATER HORIZONS TRUST, and GREATER HORIZONS FOUNDATION.

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

**GREATER NORTHWEST KANSAS COMMUNITY
FOUNDATION**

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREATER KANSAS CITY COMMUNITY FOUNDATION	P	34,415.	FEES
(2)			
(3)			
(4)			
(5)			
(6)			

GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Schedule R (Form 990) 2018

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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Form **8868**
(Rev. January 2019)

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

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

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

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION	Employer identification number (EIN) or 48-1025832
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 593	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRD CITY, KS 67731	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GREATER KANSAS CITY COMM. FOUNDATION

- The books are in the care of ► **1055 S BROADWAY STE 130 - KANSAS CITY, MO 64105**
Telephone No. ► **816-842-0944** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year **2018** or
 ► tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form **8868** (Rev. 1-2019)