

A For the **2013** 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUTCHINSON COMMUNITY FOUNDATION		D Employer identification number 48-1076910
	Doing Business As		E Telephone number 620-663-5293
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,907,179.
	City or town, state or province, country, and ZIP or foreign postal code HUTCHINSON, KS 67504-0298		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 ▶
F Name and address of principal officer: AUBREY ABBOTT PATTERSON SAME AS C ABOVE		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.HUTCHCF.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: 1989 M State of legal domicile: KS	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSPIRE PHILANTHROPY, COLLABORATION, AND INNOVATIVE LEADERSHIP TO STRENGTHEN OUR		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,097,627.	9,553,493.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	713,576.	353,686.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,811,203.	9,907,179.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,324,277.	2,590,562.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	485,067.	462,522.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 186,684.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	873,104.	806,292.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,682,448.	3,859,376.	
19 Revenue less expenses. Subtract line 18 from line 12	128,755.	6,047,803.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 35,654,687.	End of Year 47,630,280.
	21 Total liabilities (Part X, line 26)	19,497.	16,170.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,635,190.	47,614,110.

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	Date			
	AUBREY ABBOTT PATTERSON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL E. EVANS	Preparer's signature MICHAEL E. EVANS	Date 06/30/14	Check if self-employed <input type="checkbox"/>	PTIN P00338965
	Firm's name ▶ LINDBURG VOGEL PIERCE FARIS, CHARTERED	Firm's EIN ▶ 48-0841034	Firm's address ▶ 2301 N HALSTEAD - P O BOX 2047 HUTCHINSON, KS 67504-2047		
			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 []

1 Briefly describe the organization's mission:
INSPIRE PHILANTHROPY, COLLABORATION, AND INNOVATIVE LEADERSHIP TO STRENGTHEN OUR COMMUNITIES.

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,352,348. including grants of \$ 2,590,562.) (Revenue \$)
GRANTS AND ALLOCATIONS TO CHARITABLE ORGANIZATIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 3,352,348.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) 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>		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>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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>		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>		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>		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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Main form table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
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:		
8a	a The governing body?	X	
8b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	b 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	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c 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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
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	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, physical address, and telephone number of the person who possesses the books and records of the organization: **TERRI EISIMINGER - 620-663-5293**
PO BOX 298, HUTCHINSON, KS 67504-0298

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) MARILYN BOLTON BOARD CHAIR	3.00	X		X				0.	0.	0.
(2) ANN BUSH DIRECTOR	1.00	X						0.	0.	0.
(3) SUSAN BUTTRAM DIRECTOR	1.00	X						0.	0.	0.
(4) PAUL DILLON CO-TREASURER	2.00	X		X				0.	0.	0.
(5) DAVID DICK DIRECTOR	1.00	X						0.	0.	0.
(6) DAN GARBER DIRECTOR	1.00	X						0.	0.	0.
(7) KORY JACKSON DIRECTOR	1.00	X						0.	0.	0.
(8) WENDY HOBART DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN MONTGOMERY DIRECTOR	1.00	X						0.	0.	0.
(10) RICHARD RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(11) KENNETH E. VOGEL CO-TREASURER	2.00	X		X				0.	0.	0.
(12) BILL SOUTHERN DIRECTOR	1.00	X						0.	0.	0.
(13) DELL MARIE SHANAHAN SWEARER DIRECTOR	1.00	X						0.	0.	0.
(14) MARK TROTMAN DIRECTOR	1.00	X						0.	0.	0.
(15) AUBREY ABBOTT PATTERSON PRESIDENT	40.00			X				94,100.	0.	2,715.
(16) TERRI EISIMINGER SECRETARY	40.00			X				59,217.	0.	1,668.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-total							153,317.	0.	4,383.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							153,317.	0.	4,383.	

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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,410,754.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,142,739.				
	g	Noncash contributions included in lines 1a-1f: \$		5,133,492.				
	h	Total. Add lines 1a-1f		9,553,493.				
	Program Service Revenue	2 a	_____	Business Code				
		b	_____					
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		353,686.	353,686.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	_____							

	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			9,907,179.	353,686.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,590,562.	2,590,562.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	153,317.		59,217.	94,100.
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	263,173.	143,280.	118,852.	1,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,697.	4,057.	4,925.	2,715.
9 Other employee benefits				
10 Payroll taxes	34,335.	11,922.	14,946.	7,467.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,000.		13,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	22,911.	8,450.		14,461.
12 Advertising and promotion	271,783.	210,717.	4,161.	56,905.
13 Office expenses	33,055.	20,658.	12,397.	
14 Information technology	98,011.	60,587.	27,429.	9,995.
15 Royalties				
16 Occupancy	29,321.	3,888.	25,433.	
17 Travel	17,559.	8,794.	8,765.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	305,769.	288,240.	17,529.	
20 Interest				
21 Payments to affiliates	9,459.		9,459.	
22 Depreciation, depletion, and amortization				
23 Insurance	5,229.	1,113.	4,116.	
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 TAXES & FEES	195.	80.	115.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,859,376.	3,352,348.	320,344.	186,684.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	326,273.	2	370,497.
	3 Pledges and grants receivable, net	14,500.	3	8,700.
	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		7	
	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	10a 1,698,066.		
	b Less: accumulated depreciation	10b		
		623,789.	10c	1,698,066.
	11 Investments - publicly traded securities	34,248,252.	11	45,103,260.
	12 Investments - other securities. See Part IV, line 11	441,873.	12	437,796.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15	11,961.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,654,687.	16	47,630,280.	
Liabilities	17 Accounts payable and accrued expenses	15,747.	17	16,170.
	18 Grants payable	3,750.	18	
	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		25	
	26 Total liabilities. Add lines 17 through 25	19,497.	26	16,170.
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	19,062,000.	27	22,625,655.
	28 Temporarily restricted net assets	1,408,790.	28	5,111,806.
	29 Permanently restricted net assets	15,164,400.	29	19,876,649.
	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	35,635,190.	33	47,614,110.	
34 Total liabilities and net assets/fund balances	35,654,687.	34	47,630,280.	

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	9,907,179.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,859,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,047,803.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,635,190.
5	Net unrealized gains (losses) on investments	5	5,931,117.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,614,110.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	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		

Form 990 (2013)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **HUTCHINSON COMMUNITY FOUNDATION** Employer identification number **48-1076910**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3195163.	6701530.	6205427.	4097627.	9553493.	29753240.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3195163.	6701530.	6205427.	4097627.	9553493.	29753240.
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)						5979319.
6 Public support. Subtract line 5 from line 4.						23773921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3195163.	6701530.	6205427.	4097627.	9553493.	29753240.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	757,907.	981,734.	894,891.	713,575.	353,686.	3701793.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						33455033.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	71.06	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	74.09	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

HUTCHINSON COMMUNITY FOUNDATION

48-1076910

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization HUTCHINSON COMMUNITY FOUNDATION	Employer identification number 48-1076910
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	15000 SHARES KROGER STOCK	\$ 529,816.	10/31/13
7	7200 SHARES KROGER STOCK	\$ 298,241.	11/11/13
8	8880 SHARES KROGER STOCK	\$ 334,722.	08/09/13
10	MARKET PORTFOLIO, 226 ACRES FARM GROUND	\$ 3,808,627.	12/31/13
		\$ _____	_____
		\$ _____	_____

Name of organization HUTCHINSON COMMUNITY FOUNDATION	Employer identification number 48-1076910
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization HUTCHINSON COMMUNITY FOUNDATION **Employer identification number** 48-1076910

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	70	
2 Aggregate contributions to (during year)	1,445,685.	
3 Aggregate grants from (during year)	973,643.	
4 Aggregate value at end of year	13,238,259.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,432,928.	16,459,775.	13,411,937.	9,280,629.	7,263,216.
b Contributions	4,745,381.	1,126,827.	3,734,865.	3,053,434.	530,422.
c Net investment earnings, gains, and losses	4,131,404.	2,405,282.	-238,949.	1,368,996.	1,804,378.
d Grants or scholarships	853,123.	442,788.	340,010.	206,599.	267,460.
e Other expenditures for facilities and programs					
f Administrative expenses	135,880.	116,168.	108,068.	84,524.	49,927.
g End of year balance	27,320,710.	19,432,928.	16,459,775.	13,411,937.	9,280,629.

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

- a Board designated or quasi-endowment 12.13 %
- b Permanent endowment 72.75 %
- c Temporarily restricted endowment 15.12 %

The percentages in 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,698,066.			1,698,066.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,698,066.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	13,692,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	5,931,117.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	5,931,117.	
3	Subtract line 2e from line 1	3	7,761,269.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,145,910.	
c	Add lines 4a and 4b	4c	2,145,910.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,907,179.	

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

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

1	Total expenses and losses per audited financial statements		1	3,584,804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,584,804.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	274,572.	
c	Add lines 4a and 4b	4c	274,572.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,859,376.	

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:

EXPLANATION: THE FOUNDATION HAS ENDOWMENT FUNDS TO SUPPORT THE OPERATIONS OF THE FOUNDATION. THE FOUNDATION ALSO USES THE ENDOWMENT FUNDS TO MAKE GRANTS TO CHARITABLE ORGANIZATIONS AND FUND SCHOLARSHIPS. THE FOUNDATION ADMINISTERS ENDOWMENT FUNDS FOR VARIOUS CHARITABLE AGENCIES IN RENO COUNTY, KANSAS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET SFAS NO 136 ADJUSTMENT TO REVENUE 2,145,910.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS NO 136 ADJUSTMENT TO EXPENSES 274,572.

Part XIII Supplemental Information (continued)

Lined area for supplemental information.

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

Employer identification number
48-1076910

- 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
AGING PROJECTS, INC. 112 W SHERMAN HUTCHINSON, KS 67501	48-0813686	501(C)3	12,000.	0.			MAN FOR MEAL DELIVERY
AMERICAN RED CROSS - RENO COUNTY CHAPTER - 111 N WALNUT ST, STE B - HUTCHINSON, KS 67501-7165	53-0196605	501(C)3	7,700.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF HUTCHINSON PO BOX 1967 HUTCHINSON, KS 67504-1967	48-1088026	501(C)3	85,320.	0.			YOUTH DEVELOPMENT
CITY OF HUTCHINSON PO BOX 1567 HUTCHINSON, KS 67504-1567	48-6015517	LOCAL GOVERNMENT	40,892.	0.			PUBLIC AFFAIRS
COTTEY COLLEGE 1000 W AUSTIN BLVD NEVADA, MO 64772-2763	44-0545271	501(C)3	7,250.	0.			EDUCATION
DILLON NATURE CENTER 3002 E 30TH AVE HUTCHINSON, KS 67502-1506	23-7169383	501(C)3	30,550.	0.			PARKS & RECREATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **57.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2013)

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
EARLY EDUCATION CENTER 303 E BIGGER ST HUTCHINSON, KS 67501-7702	48-0798502	501(C)3	44,975.	0.			EARLY CHILDHOOD EDUCATION & DEVELOPMENT
BISHOP SEABURY ACADEMY 4120 CLINTON PKWY LAWRENCE, KS 66047-2004	48-1143932	501(C)3	21,500.	0.			EDUCATION
FAMILY COMMUNITY THEATRE 310 N MAIN ST HUTCHINSON, KS 67501-4814	48-1061925	501(C)3	7,099.	0.			ARTS & CULTURE
FIRST PRESBYTERIAN CHURCH 201 E SHERMAN HUTCHINSON, KS 67501	48-0547711	501(C)3	88,253.	0.			RELIGION
HUTCHINSON COMMUNITY COLLEGE 1300 N PLUM ST HUTCHINSON, KS 67501-5831	48-0697529	501(C)3	33,633.	0.			EDUCATION
HCC ENDOWMENT ASSOCIATION 1300 N PLUM ST HUTCHINSON, KS 67501-5831	48-0688389	501(C)3	84,003.	0.			EDUCATION
HEALTHY FAMILIES - RENO COUNTY 400 W 2ND AVE STE A HUTCHINSON, KS 67501-5212	48-0543749	501(C)3	14,500.	0.			BILINGUAL ASSESSMENT COORDINATOR
HOSPICE & HOME CARE OF RENO COUNTY 1600 N LORRAINE ST STE 203 HUTCHINSON, KS 67501-5600	48-0927101	501(C)3	99,192.	0.			HUMAN SERVICES
HUTCHINSON ART ASSOCIATION 405 N WASHINGTON ST HUTCHINSON, KS 67501-4852	51-0177399	501(C)3	27,208.	0.			ARTS & CULTURE

Schedule I (Form 990)

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
HUTCHINSON PUBLIC SCHOOLS PO BOX 1908 HUTCHINSON, KS 67504-1908	48-6015433	501(C)3	19,260.	0.			EDUCATION
HUTCHINSON RECREATION COMMISSION 17 E 1ST AVE HUTCHINSON, KS 67501-7146	48-6071468	LOCAL GOVERNMENT	86,230.	0.			RECREATION
BUHLER PUBLIC LIBRARY 123 N MAIN BUHLER, KS 67522	48-6016385	501(C)3	5,750.	0.			COMMUNITY ROOM CONSTRUCTION
HUTCHINSON'S HISTORIC FOX THEATRE 18 E 1ST AVE HUTCHINSON, KS 67501-7101	48-0986508	501(C)3	92,131.	0.			ARTS & CULTURE
HUTCHINSON/RENO COUNTY CHAMBER OF COMMERCE - PO BOX 519 - HUTCHINSON, KS 67504-0519	48-0273250	501(C)6	6,306.	0.			COMMUNITY DEVELOPMENT
INTERFAITH HOUSING SERVICES, INC. PO BOX 1987 HUTCHINSON, KS 67504-1987	48-1099496	501(C)3	25,875.	0.			HOUSING/SHELTER
INTERNATIONAL BACCALAUREATE ORGANIZATION - PO BOX 5950 - NEW YORK, NY 10087-5950	30-0388800	501(C)3	9,961.	0.			SECONDARY EDUCATION
KANSAS 4-H FOUNDATION, INC. 201 UMBERGER HALL MANHATTAN, KS 66506-3404	48-0623884	501(C)3	10,000.	0.			YOUTH DEVELOPMENT
KANSAS COSMOSPHERE & SPACE CENTER 1100 N PLUM ST HUTCHINSON, KS 67501-1418	48-6120520	501(C)3	41,023.	0.			ARTS & CULTURE

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
CITY OF BURRTON PO BOX 100 BURRTON, KS 67020	48-6001259	LOCAL GOVERNMENT	10,681.	0.			CEMETERY UPKEEP AND EQUIPMENT
KANSAS KIDS, INC. 1500 E 11TH AVE #C-15 HUTCHINSON, KS 67501-3702	48-1235998	501(C)3	11,500.	0.			ARTS & CULTURE
KANSAS UNDERGROUND SALT MUSEUM PO BOX 1864 HUTCHINSON, KS 67504-1864	48-6117137	501(C)3	5,098.	0.			ARTS & CULTURE
KC BLIND ALL-STARS 1100 STATE AVE KANSAS CITY, KS 66102-4411	48-0950013	501(C)3	6,000.	0.			EDUCATION
LEADERSHIP INSTITUTE 1101 N HIGHLAND ST ARLINGTON, VA 22201	51-0235174	501(C)3	6,000.	0.			EDUCATION
NEW BEGINNINGS, INC. PO BOX 2504 HUTCHINSON, KS 67504-2504	48-1056141	501(C)3	81,860.	0.			HOUSING
CITY OF SOUTH HUTCHINSON 2 S MAIN SOUTH HUTCHINSON, KS 67505	48-6045147	LOCAL GOVERNMENT	5,000.	0.			RENO COUNTY VETERANS ' MEMORIAL
OUR LADY OF GUADALUPE CATHOLIC CHURCH - 612 S MAPLE ST - SOUTH HUTCHINSON, KS 67505-2009	48-0727979	501(C)3	8,200.	0.			RELIGION
REINS OF HOPE THERAPEUTIC RIDING PROGRAM - PO BOX 57 - HUTCHINSON, KS 67504-0057	74-2828408	501(C)3	107,880.	0.			HUMAN SERVICES

Schedule I (Form 990)

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
RENO COUNTY 4-H FOUNDATION PO BOX 1261 HUTCHINSON, KS 67504-1261	48-1060242	501(C)3	6,175.	0.			YOUTH DEVELOPMENT
COMMUNITIES THAT CARE 1520 N PLUM HUTCHINSON, KS 67501	27-4664299	501(C)3	8,643.	0.			YOUTH DEVELOPMENT
CREEDE FIRE DEPT 503 N LOMA ST CREEDE, CO 81130	84-1105634	LOCAL GOVERNMENT	10,000.	0.			FIRE PREVENTION & CONTROL
RENO COUNTY DRUG COURT 115 W 1ST AVE HUTCHINSON, KS 67501	48-6015542	LOCAL GOVERNMENT	7,500.	0.			SUBSTANCE ABUSE SERVICES
RENO COUNTY HEALTH DEPARTMENT 209 W 2ND AVE HUTCHINSON, KS 67501-5232	48-6015542	LOCAL GOVERNMENT	74,000.	0.			GENERAL HEALTH SERVICES
SAINT FRANCIS COMMUNITY SERVICES PO BOX 1340 SALINA, KS 67401-1340	48-0543809	501(C)3	33,136.	0.			HUMAN SERVICES
SALVATION ARMY OF HUTCHINSON 700 N WALNUT ST HUTCHINSON, KS 67501-6288	44-0545998	501(C)3	13,400.	0.			HUMAN SERVICES
SIGMA CHI FOUNDATION 1714 HINMAN AVE EVANSTON, IL 60201	36-2208386	501(C)3	8,000.	0.			EDUCATION FOUNDATION
TECH, INC. PO BOX 399 HUTCHINSON, KS 67504-0399	48-0798502	501(C)3	43,350.	0.			HUMAN SERVICES

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
THE OFFICE OF KANSAS STATE TREASURER - 900 SW JACKSON, STE 201 - TOPEKA, KS 66612-1235	48-6029925	STATE GOVERNMENT	81,850.	0.			STATE FAIR
TRINITY UNITED METHODIST CHURCH 1602 N MAIN ST HUTCHINSON, KS 67501-4008	48-0571839	501(C)3	24,200.	0.			RELIGION
UNITED METHODIST CHURCH OF PRETTY PRAIRIE - 201 S RHODES AVE - PRETTY PRAIRIE, KS 67570	48-0597110	501(C)3	5,000.	0.			RELIGION
UNITED WAY OF RENO COUNTY PO BOX 2230 HUTCHINSON, KS 67504-2230	48-0833061	501(C)3	36,855.	0.			PHILANTHROPY
UNIVERSITY OF KANSAS ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734	501(C)3	134,200.	0.			POST SECONDARY EDUCATION
USD 310 - FAIRFIELD UNIFIED SCHOOL DISTRICT - 16115 S LANGDON RD - LANGDON, KS 67583-9052	48-0720350	501(C)3	6,041.	0.			EDUCATION
WICHITA GRAND OPERA, INC. CENTURY II CONCERT HALL 225 W DOUGL WICHITA, KS 67202-3100	48-1239185	501(C)3	15,000.	0.			ARTS & CULTURE
EASTWINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206-3404	48-0675131	501(C)3	10,000.	0.			RELIGION
EVANGELICAL PRESBYTERIAN CHURCH 17197 N LAURL PARK DR, STE 567 LIVONIA, MI 48152	38-2329622	501(C)3	5,000.	0.			WORLD OUTREACH

Schedule I (Form 990)

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
HADLEY DAY CARE CENTER 1010 E 5TH AVE HUTCHINSON, KS 67501-7001	48-0770969	501(C)3	5,475.	0.			CHILDCARE EQUIPMENT UPGRADES
MCPHERSON COUNTY COMMUNITY FOUNDATION - 206 S MAIN - MCPHERSON, KS 67460	48-1238797	501(C)3	74,312.	0.			PHILANTHROPY
QUEST CENTER FOR ENTREPRENEURS ONE E 9TH HUTCHINSON, KS 67501-6210	48-1039882	501(C)3	12,960.	0.			MANAGEMENT SERVICES - SMALL BUSINESS ENTREPRENEURS
RENO COUNTY HISTORICAL SOCIETY PO BOX 664 HUTCHINSON, KS 67504-0664	48-6117137	501(C)3	9,339.	0.			ARTS & CULTURE
RENO VALLEY MIDDLE SCHOOL 1616 N WILSHIRE DR HUTCHINSON, KS 67501-8817	48-0698619	501(C)3	9,510.	0.			SECONDARY EDUCATION
SEXUAL ASSAULT/DOMESTIC VIOLENCE CENTER, INC - 335 N WASHINGTON, STE 240 - HUTCHINSON, KS 67501	48-0936478	501(C)3	5,093.	0.			HUMAN SERVICES
TRINITY CATHOLIC HIGH SCHOOL 1400 E 17TH AVE HUTCHINSON, KS 67502-1199	48-0679175	501(C)3	11,500.	0.			SECONDARY EDUCATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

EXPLANATION: GRANTS REQUESTED BY A FUND'S ADVISOR ARE REVIEWED BEFORE

THE GRANT IS PAID OUT THROUGH THE DUE DILIGENCE PROCESS. THE DUE

DILIGENCE PROCESS INCLUDES VERIFICATION OF THE ORGANIZATION'S

CHARITABLE TAX STATUS, REVIEW OF FINANCIAL STATEMENTS, AND OTHER

RESEARCH DEEMED NECESSARY BY STAFF. IF A GRANT IS AWARDED TO A

NON-CHARITY EXPENDITURE RESPONSIBILITY IS REQUIRED. EXPENDITURE

RESPONSIBILITY MAY ALSO BE REQUIRED FOR GRANTS TO CHARITABLE

ORGANIZATIONS IF THE GRANT IS FOR SPECIAL PROJECTS. A GRANT AWARDED

Part IV Supplemental Information

THROUGH A COMPETITIVE PROCESS REQUIRES A COMPLETED APPLICATION FORM,
 DOCUMENTATION ON THE ORGANIZATION'S CHARITABLE STATUS, AND SUBMISSION
 OF FINANCIAL STATEMENTS. THE COMPETITIVE APPLICATIONS ARE THEN
 REVIEWED BY STAFF AND A VOLUNTEER COMMITTEE THAT MAKES THE FUNDING
 DETERMINATIONS. APPLICANTS IN THE COMPETITIVE PROCESS MAY BE
 INTERVIEWED AND SITE VISITS MAY BE REQUIRED. ALL GRANTS FUNDED THROUGH
 THE COMPETITIVE PROCESS REQUIRE SUBMITTING A COMPLETED GRANT REPORT
 FORM AT THE END OF THE PROJECT AND ARE REVIEWED BY STAFF TO DETERMINE
 THAT THE FUNDS WERE USED APPROPRIATELY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

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48-1076910

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	4,563,492.	STOCK MARKET
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	X	2	560,000.	INDEPENDENT APPRAISA
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GRAIN)	X	1	10,000.	CASH PROCEEDS
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 0

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

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, LINE 32B:

EXPLANATION: STOCK BROKERS:

WELLS FARGO

PO BOX 2829

HUTCHINSON, KS 67504-2829

UBS FINANCIAL SERVICES, INC.

121 S WHITTIER ST

WICHITA, KS 67207

AMERIPRISE FINANCIAL SERVICES

1 N MAIN ST, STE 616

HUTCHINSON, KS 67501

GRAIN GIFTS:

A DONOR NOTIFIES THE COOPERATIVE OF HIS OR HER INTENT TO DONATE GRAIN TO THE FOUNDATION. THE COOPERATIVE NOTIFIES THE FOUNDATION OF THE GRAIN GIFT AND SELLS THE GRAIN AT THE CURRENT BID PRICE ON THE FOUNDATION'S BEHALF UPON APPROVAL FROM THE FOUNDATION. THE FOUNDATION RECEIVES A CHECK FOR THE PROCEEDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

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

COMMUNITIES.

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

EXPLANATION: FOUNDATION STAFF REVIEWS THE DRAFT OF THE FORM 990 PREPARED BY THE AUDIT FIRM. UPON COMPLETION OF THE FORM 990, STAFF AGAIN REVIEWS THE FORM 990 AND COPIES ARE PROVIDED TO ALL BOARD MEMBERS FOR THEIR PERSONAL REVIEW PRIOR TO FILING.

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

EXPLANATION: ANNUALLY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS NOT ON THE BOARD, AND STAFF COMPLETE AND SIGN CONFLICT OF INTEREST FORM THAT INCLUDES THE FULL POLICY. DURING A BOARD OR COMMITTEE MEETING IF IT IS DETERMINED AN INDIVIDUAL HAS A CONFLICT OF INTEREST THE CONFLICT IS NOTED IN THE MEETING MINUTES AND THAT PERSON MAY OR MAY NOT BE PART OF ANY DISCUSSION ON THE BUSINESS MATTER BUT ABSTAINS FROM VOTING ON THE ISSUE.

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

EXPLANATION: STAFF SALARIES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS DURING AN EXECUTIVE SESSION AND APPROVED DURING THE BUDGET PROCESS. THE BOARD MEMBERS ARE PROVIDED INDUSTRY COMPARABLES AT THE TIME OF THE REVIEW.

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

EXPLANATION: FOUNDATION STAFF WILL PROVIDE COPIES OF ITS FORM 990, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY TO ANYONE REQUESTING THEM. ALL SECTIONS OF FORM 990 WILL BE MADE AVAILABLE WITH THE EXCEPTION

Name of the organization

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OF ANY SCHEDULES IDENTIFYING NAMES AND ADDRESSES OF CONTRIBUTORS TO THE FOUNDATION.

THESE SAME REPORTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. FORM 990 IS ALSO AVAILABLE VIA THE INTERNET THROUGH GUIDESTAR AND/OR SIMILAR INFORMATION WEBSITES.

REQUESTS FOR THE FOUNDATION'S FORM 990, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY SHOULD BE DIRECTED TO THE VICE PRESIDENT OF ADMINISTRATION. IN THE EVENT THE VICE PRESIDENT OF ADMINISTRATION IS UNAVAILABLE, REQUESTS WILL BE ROUTED TO THE EXECUTIVE DIRECTOR.

A REASONABLE FEE FOR COPYING AND MAILING THE FORMS MAY BE CHARGED AS DEFINED BY THE IRS. FOR WRITTEN REQUESTS, THE FOUNDATION MAY REQUIRE ADVANCE PAYMENT OF THE COPYING AND MAILING FEES. IN THIS SITUATION, THE THIRTY-DAY LIMIT WOULD NOT BEGIN UNTIL THE FOUNDATION HAS RECEIVED THE PAYMENT. REQUESTING PERSONS WILL BE NOTIFIED IN ADVANCE OF ANY COPYING/MAILING FEES EXCEEDING TEN DOLLARS.

ALL REQUESTS WILL BE ACCOMMODATED AT THE EARLIEST CONVENIENCE OF THE FOUNDATION STAFF, BUT IN NO CASE LATER THAN 30 DAYS OF THE RECEIPT OF THE REQUEST ACCOMPANIED BY PAYMENT.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTS AN INDEPENDENT ACCOUNTANT. THIS PROCEDURE IS CONSISTENT WITH PRIOR YEARS.

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Multiple horizontal lines for additional information.