** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service
Internal Revenue Service

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Αŀ	or th	e 2023 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	e Doing business as		48-10769	10
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			620-663-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	75,577,923.
	Amen	101C1111000, KS 07504-0250		H(a) Is this a group re	
	Applie	F name and address of principal officer: ADDOTT TATT	ERSON	for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙΤ	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
ΚF	orm o	forganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1989	State of legal domicile: KS
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: INSP	IRE PH	IILANTHROPY,	
Activities & Governance		LEADERSHIP, AND COLLABORATION TO STRENGT	HEN RE	ENO COUNTY.	
ern	2	Check this box if the organization discontinued its operations or disposed	sed of more		
Š					16
ۍ مې		Number of independent voting members of the governing body (Part VI, line 1b)			16
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9
ivit	6	Total number of volunteers (estimate if necessary)			43
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		5,388,090.	7,883,585.
/eni	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,519,922.	675,606.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,908,012.	8,559,191.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,964,310.	6,758,554.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		714,360.	735,230.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Ä				150 710	250 062
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		458,710.	358,062.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,137,380. 1,770,632.	7,851,846. 707,345.
- 2	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances			De	86,187,314.	End of Year 100,379,171.
Asse Bala	20	Total assets (Part X, line 16)	······	408,815.	253,712.
let ⊭ und	21	Total liabilities (Part X, line 26)	······	85,778,499.	100,125,459.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		00,110,499.	100,123,433.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents and to the hest of m	knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and bellet, it is
		-,			

Sign	Signature of offi	icer			Date	
-	AUBREY A	ABBOTT PATTERSON,	PRESIDENT			
	Type or print na	ime and title				
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN
Paid	BILLY J	KLUG	BILLY J KLUG	10/31	/24 ^{if} self-employed	P00707301
Preparer	Firm's name	LINDBURG VOGEL P	IERCE FARIS, CHARTERE	D	Firm's EIN 48-	0841034
Use Only	Firm's address	2301 N HALSTEAD	- P O BOX 2047			
		HUTCHINSON, KS 6	7504-2047		Phone no. 620	669-0461
May the I	RS discuss this	return with the preparer shown a	bove? See instructions			X Yes No
LHA For	Paperwork Re	eduction Act Notice, see the sep	arate instructions. 332001 12-21-23			Form 990 (2023)

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	1990 (2023) HUTCHINSON COMMUNITY FOUNDATION	48-1076910 Page 2
Pa	rt 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, LEADERSHIP, AND COLLABORATION TO	STRENGTHEN RENO
	COUNTY.	
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
	prior Form 990 or 990-EZ? 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?	?
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$7,006,357. including grants of \$6,758,554.) (Reven	ane (*
τu	GRANTS AND ALLOCATIONS TO CHARITABLE ORGANIZATIONS.	//////////////////////////////////////
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
10		//
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$
10		/ /
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,006,357.	
		Form 990 (2023)
33200	2 12-21-23 3	
281	.031 755310 062880.0 2023.04030 HUTCHINSON COMMUNITY	Y FOUNDA 062880 1

11281031 755310 062880.0

2023.04030 HUT CHINSON COMMUNITY FOUNDA 062

Form	990	(2023)

Part IV Checklist of Required Schedules

HUTCHINSON COMMUNITY FOUNDATION

or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VX, as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X e Did the organization's separate or consolidated financial statements for the tax year include a foothet that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11t X 12a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 12a X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X				Yes	No
2 the organization engined to complete Schedule 0. Schedule of Contributor's See instructions 2 X 3 Did the organization engine in circle in indice to plaintic obligation anging activities on behall of on inopposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization in anging in lobbying activities, or have a section 501(r) election in fifted during the taxyer/1 'Yes,' complete Schedule C, Part I 4 X 5 Is the organization as defined in Row-Roe. 981:91' (Yes,' complete Schedule C, Part I) 6 X 6 Did the organization matrian any done adviced tunds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization matrian cancell conservation easement, including assements to preserve open space. 7 X 8 Did the organization matrian collections of works of art, historical treasures, or other similar assets? II' 'Yes,' complete Schedule D, Part II 7 X 10 Did the organization matrian collections of works of art, historical treasures, or other similar assets? I' 'Yes,' complete Schedule D, Part VI 10 X 11 If the organization report an amount in Part X, line 21, for screw or custodial account shallty, serve as a custodian for any cus orgother Schedule D, Part V II' 11 <td>1</td> <td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td> <td></td> <td></td> <td></td>	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Ddt the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 X 4 Section 501(k)0 organizations. Dd the organization engage in lobbying activities, or have a section 501(k) electron in effect during the tax year /I 'Yes,' complete Schedule C, Part II 4 X 5 Did the organization mation and on other organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 (19) / 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization mation and order or assessment, including casciments to preverve open space. 7 X 8 Did the organization mation and exotic stort which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts in the server open space. 7 X 9 Did the organization mation celectrons of works of at , historical treasure, or other emilian assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? II ''res,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for index publicings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X		· · ·	1		
public office? If 'Yes,' complete Schedule Q, Part I 3 X 4 Section 50((kg) organization. DId the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 301(kg) 501(kg) 501(kg	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
9 Section 901(c)(3) argenizations. Did the organization ringsge in lobbying activities, or have a section 501(h) election in effect during the tax year/ll 'Yes,' complete Schedule C, Part II. 4 X 16 Is the organization a section 501(h)(h), 501(c)(6), or 601(c)(6), or 601(c), or 601(3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dumg the tax year? If Yes, *complete Schedule C, Part II 4 X 5 Is the organization a sector Solid(s) 501(s)(s) organization that teaches membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197 If Yes, *complete Schedule C, Part II 5 X 6 Did the organization reactive and valued funds or any similar funds or accounts for which donos have the right. 6 X 7 Did the organization cells of shift of amounts in such funds or accounts for which donos have the right. 6 X 7 Did the organization cells of shift of amounts in such funds or accounts of PI Yes, *complete Schedule D, Part II 6 X 7 X Did the organization marks on historic and reaction that the solution D PI Yes, *complete Schedule D, Part II 7 X 8 X Did the organization inputs the Part X, ine 21, for escrov 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? 9 X 9 Did the organization inputs answer to any of the following questions is 'Yes, 'then complete Schedule D, Part V. 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 120 H 'Yes, * complete Schedule D, Part X. 11a X		public office? If "Yes," complete Schedule C, Part I	3		X
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similar amounts as defined in Rev. Proc. BB 197 // Yes," complete Schedule C, Part III. 5 X 6 Did the organization maintain any doore advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histocical treasures, or thers' and output doe. D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability: serve as a custodian for amounts in tisted in Part X, or provide credit conselling, debt management, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? If 'Yes,' complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 10 X 12 If the organization report an amount for ther investments - program related in Part X, line 17. If Yes,' complete Schedule D, Part VI 110 X 13 X <td>5</td> <td></td> <td>-</td> <td></td> <td></td>	5		-		
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III IIII B 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? 9 IV Tes, "complete Schedule D, Part V 10 X ID If the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi-andownents? If "Yes," complete Schedule D, Part V 10 X ID If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part XI, III If the organization report an amount for investments - robra rescurities in Part X, line 10? If "Yes," complete Schedule D, Part XI 11a X ID If the organization report an amount for investments - robram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11a X ID If the organization report an amount for investments - program related in Part X, line 25? If "Yes," complete Schedule D, Part XI 11d X ID If the organization sup of the 16? If "Yes," complete Schedule D, Part XI 11d X ID If the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI 11d X ID If the organization sup of	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, some to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VI, VX, as applicable. 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11c X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d Did the organization onclude in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization onclude	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X, as applicable. In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization seport an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization seportae or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization askhold described in section 170(b(1)(A)(0)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization askhold escribed in section 170(b(1)(A)(0)? If "Yes," complete Schedule D, Par		or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		complete Schedule G, Part III			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
\mathbf{J}	21		04	x	
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Form	aan	(2023)
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Part IV Checklist of Required Schedules (continued)

HUTCHINSON COMMUNITY FOUNDATION

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	x	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		x	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	~	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II	32		
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 23
54	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		res	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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023)	HUTCHINSON	COMMUNITY	FOUNDATION
Statements R	egarding Other I	RS Filings and	Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a ,	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
	sponsoring organization have excess business holdings at any time during the year?	8	_	X
9	Sponsoring organizations maintaining donor advised funds.			v
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>л</u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	44-		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2023)

Part V

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Form 990 (2	023)
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HUTCHINSON COMMUNITY FOUNDATION

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

X

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 on Schedule O. See instructions.

1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		Yes	
	If there are material differences in voting rights among members of the governing body, or if the governing	iu iu				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	16			L
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		er			l
	officer, director, trustee, or key employee?			2		L
	Did the organization delegate control over management duties customarily performed by or under t					t
	of officers, directors, trustees, or key employees to a management company or other person?	-		3		l
	Did the organization make any significant changes to its governing documents since the prior Form			4		t
	Did the organization become aware during the year of a significant diversion of the organization's a			5		t
	Did the organization have members or stockholders?			6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or					t
	more members of the governing body?			7a		l
	Are any governance decisions of the organization reserved to (or subject to approval by) members,					t
	persons other than the governing body?			7b		l
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					t
	The governing body?	-	-	8a	Х	I
	Each committee with authority to act on behalf of the governing body?			8b	X	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					t
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	ion B. Policies (This Section B requests information about policies not required by the Internal I			-		1
					Yes	T
0a	Did the organization have local chapters, branches, or affiliates?			10a	Х	t
	If "Yes," did the organization have written policies and procedures governing the activities of such					t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• •		10b	х	l
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,				t
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	x	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			,		t
	on Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	x	t
	Did the organization have a written document retention and destruction policy?			14	x	t
	Did the process for determining compensation of the following persons include a review and appro					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		0.11			I
	The organization's CEO, Executive Director, or top management official	:		15a	Х	l
				15a 15b	X	\dagger
	Other officers or key employees of the organization			130		╞
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				I
				16a		l
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			104		t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					I
	exempt status with respect to such arrangements?			16b		I
	ion C. Disclosure					1
	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (secti	on 501(c)(3)	s only	avail	2
	for public inspection. Indicate how you made these available. Check all that apply.			2 3 my	,	-
		in on Schedule ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	d finar	ncial	
	statements available to the public during the tax year.		st policy, all	a midi	.0101	
	State the name, address, and telephone number of the person who possesses the organization's b	ooks and record	ls			
-	AMY CROCKETT - 620-663-5293					
	PO BOX 298, HUTCHINSON, KS 67504-0298					
				Form	990	(
2006	12-21-23					

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensate
	Employees, and Independe	ent Contrac	ctors				

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)	T		(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			en sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I trus	nal tru		loyee	omp(1099-NEC)		and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AUBREY ABBOTT PATTERSON	line)	Ind	lns	æ	Key	en Hig	For			
PRESIDENT	43.00			x				149,288.	0.	24,319.
(2) DELL MARIE SHANAHAN SWEARER	42.00							149,200.		<u>24,31)</u>
SECRETARY	42.00	-		x				96,000.	0.	12,446.
(3) ESMERALDA TOVAR-MORA	1.00							50,000		12,1100
DIRECTOR	1.00	x						0.	0.	0.
(4) DASHONA MAHONEY	3.00									
CHAIR		x		x				0.	0.	0.
(5) KIM MOORE	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(6) MICHELLE INSKEEP	1.00									_
DIRECTOR		Х						0.	0.	0.
(7) LISA FRENCH	1.00									
DIRECTOR	1 1 0 0	X						0.	0.	0.
(8) MARY GRACE CLEMENTS	1.00									0
DIRECTOR		X						0.	0.	0.
(9) DAVID NEAL	2.00							0.	0	0
TREASURER	1.00	X		Х				0.	0.	0.
(10) MICHELLE WALN	1.00	x						0.	0.	0.
DIRECTOR (11) CALVIN WRIGHT	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) DAWN JOHNSON	1.00									
DIRECTOR		x						0.	0.	0.
(13) SHANE IWASHIGE	1.00									
DIRECTOR		x						0.	0.	0.
(14) DALE SNELL	1.00									
DIRECTOR		x						0.	0.	0.
(15) JON RICHARDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) KIMBERLY KINCAID-WARNER	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JAY SCHROCK	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

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Form 990 (2023)

Form 990 (2023)	HUTCHINS	ON COMMU	JN	ΓTY	<u> </u>	707	JNI)A	TION	48-10	076	910	Pa	age 8
Part VII Secti	on A. Officers, Directors, Trus		ploy	ees,			ghe	st C						
(A) Name and title		(B) Average hours per week (list any hours for related organizations	box	not ch unles cer an	Pos heck ss pe	rson i irecto	than is bot	h an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	am c comp frc orga	(F) imate ount o other oensa om the anizati	of tion e ion
		below line)	Individual	In stituti on al trustee	Officer	ƙey employee	Highest co employee	Former	,				nizatio	
(18) ABBY STO	CKEBRAND	1.00				_			_					
DIRECTOR			X						0.		0.			0.
1b Subtotal									245,288.		0.	36	5,7	65.
	continuation sheets to Part VI lines 1b and 1c)								0.245,288.		0.			
2 Total numb	er of individuals (including but n ion from the organization								eceived more than \$100),000 of reportabl	e			1
•	anization list any former officer,			key e	empl	loye	e, oi	' hig	hest compensated emp	oloyee on	[Yes	No
4 For any indi	Yes, " complete Schedule J for s ividual listed on line 1a, is the su	im of reportab	le co	ompe	ensa	atior	n and	d otl		the organization		3	x	X
5 Did any per	organizations greater than \$150 son listed on line 1a receive or a	accrue comper	nsat	ion fi	rom	any	/ unr	elat	ed organization or indiv	idual for services		4	Λ	v
	the organization? If "Yes," com pendent Contractors	piete Schedule	eJī	or sl	icn j	pers	son .					5		<u> </u>
1 Complete th	nis table for your five highest co ation. Report compensation for										pens	ation fr	om	
	(A) (B) Name and business address NONE Description of services										С	(C) ompen) Isatioi	n
								-						
	er of independent contractors (i	•	ot lii	niteo	d to		se li:)	sted	above) who received n	nore than				
	f compensation from the organi	zation					<u> </u>							2023)

332008 12-21-23

Form	990 (2023) HUTCHINS	ON	COMMUNITY	FOUNDATION		48-1076	910 Page 9
Pa	rt VII	I Statement of Revenue						
		Check if Schedule O contains a	resp	onse or note to any l	ine in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants ar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
Am Am	с	Fundraising events	1c					
ar	d	Related organizations	1d					

Contributions, Giand and Other Similar			Related organizations								
Sin			Government grants (contr								
er uti		Ť	All other contributions, gifts,				7 003 505				
ΞĘ			similar amounts not included			•	7,883,585.				
u pu		-	Noncash contributions included in				4,024,246.	E 000 E05			
<u>a</u> 0		h	Total. Add lines 1a-1f					7,883,585.			
							Business Code				
e	2	а									
Program Service Revenue		b									
en S		С									
ran ?ev		d									
<u>g</u>		е									
ā		f	All other program service	revei	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ling	dividends,	intere	est, and				
			other similar amounts)					2,239,020.	2,239,020.		
	4		Income from investment of	of tax	k-exempt b	ond p	roceeds				
	5		Royalties								
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Secur	ties	(ii) Other				
			assets other than inventory	7a	65,455,	318.					
		b	Less: cost or other basis								
en			and sales expenses	7b	67,018,	732.					
Other Revenue		с	Gain or (loss)	7c	-1,563,	414.					
Re			Net gain or (loss)					-1,563,414.			-1563414.
Jer	8		a Gross income from fundraising events (not								
₹∣			including \$								
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin		-						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gam	ing activitie	es					
	10	а	Gross sales of inventory, I	ess i	returns						
			and allowances			10a					
		b	Less: cost of goods sold								
		с	Net income or (loss) from	sales	s of invente	ory					
s							Business Code				
Miscellaneous Revenue	11	а									
enu		b									
		с									
ыЩ		d	All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instructio	ns				8,559,191.	2,239,020.	0.	-1563414.
33200	9 12	2-21-	-23								Form 990 (2023)

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Part IX Statement of Functional Expenses

HUTCHINSON COMMUNITY FOUNDATION

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 respon		this Part IX		
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	6,703,854.	6,703,854.		
2	Grants and other assistance to domestic	E4 700	E4 700		
_	individuals. See Part IV, line 22	54,700.	54,700.		
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,	282,053.	40,144.	184,405.	57,504
~	trustees, and key employees	202,033.	40,144.	104,403.	57,504
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	359,332.	108,160.	237,009.	14,163
7 8	Other salaries and wages Pension plan accruals and contributions (include		±00,±00•	237,003.	T, TOD (
o	section 401(k) and 403(b) employer contributions)	10,704.	3,228.	7,063.	413
9	Other employee benefits	38,178.	10,931.	24,826.	413
9 10		44,963.	10,583.	29,527.	4,853
11	Payroll taxes Fees for services (nonemployees):	11,5050	10,000		=,000
	Management				
		40.	40.		
	Legal Accounting	18,350.	4,129.	12,845.	1,376.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	54,933.	13,500.	7,975.	33,458.
12	Advertising and promotion	46,588.	2,268.	1,715.	42,605.
13	Office expenses	17,004.	3,055.	13,883.	66.
14	Information technology	74,533.	20,327.	49,241.	4,965.
15	Royalties		-		
16	Occupancy	71,767.	16,147.	50,237.	5,383.
17	Travel	6,094.	4,440.	1,654.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,578.	10,816.	24,748.	14.
20	Interest				
21	Payments to affiliates	11,597.		11,597.	
22	Depreciation, depletion, and amortization				
23	Insurance	17,783.	35.	17,748.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TAXES & FEES	3,100.		2,840.	260.
b	MISCELLANEOUS	695.		695.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,851,846.	7,006,357.	678,008.	167,481.
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)				
3201	0 12-21-23				Form 990 (2023

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32

33

86,187,314.

32

33

100,379,171.

Form **990** (2023)

HUTCHINSON COMMUNITY FOUNDATION

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

Beginning of year End of year Cash - non-interest-bearing 1 1 5,791,414 5,467,831. 2 2 Savings and temporary cash investments 108,000. 1,830,375. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 168,350. 5 115,725. controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 456,594. 919,960. 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 560,720. basis. Complete Part VI of Schedule D _____ 10a 507,387. 560,720. b Less: accumulated depreciation 10b 10c 78,809,923. 91,060,167. Investments - publicly traded securities 11 11 181,587. 148,061. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 164,059. 276,332. Other assets. See Part IV, line 11 15 15 100,379,171. 86,187,314. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 100,923. 96,112. 17 Accounts payable and accrued expenses 17 250,500. 157,600. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 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 57,392. 25 0 of Schedule D 408,815. 253,712. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 80,981,973. 92,979,071. Net assets without donor restrictions 27 27 4,796,526. 7,146,388. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 85,778,499. 100,125,459. Total net assets or fund balances

(B)

(A)

Part X Balance Sheet

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Total liabilities and net assets/fund balances ...

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 4 Revenue less expenses. Subtract line 2 from line 1 5 Dotated services and use of facilities 6 Torvestment expenses 7 Investment expenses 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Ot. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash Accrual Other 11 Method is attements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form		990 (2023) HUTCHINSON COMMUNITY FOUNDATION	48-	10769	910	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 8,559,191. 2 Total expenses (must equal Part IX, column (A), line 25) 2 7,851,846. 3 Revenue less expenses. Subtract line 2 from line 1 3 707,345. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 85,7778,499. 5 Net uncealized gains (losses) on investments 6 6 7 Investment expenses 7 8 8 Obnated services and use of facilities 7 7 7 Investment expenses 7 7 8 Prior period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1000,125,459. Part XII Financial Statements and Reporting X X 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X <	Pa	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 851, 846. 3 Revenue less expenses. Subtract line 2 from line 1 3 707, 345. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 85, 778, 499. 5 Net unrealized gains (losses) on investments 6 7 7 6 7 Investment expenses 7 6 7 Investment expenses 7 6 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 100, 125, 459. Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a bx below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X 2a X If "Yes," check a bx below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th></th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response or note to any line in this Part XI					
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3 Revenue less expenses. Subtract line 2 from line 1 3 707, 345. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 85, 778, 499. 5 Net unrealized gains (losses) on investments 5 13, 639, 615. 6 0 6 13, 639, 615. 7 8 7 7 8 9 0. 6 7 8 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Not tassets or fund balances (explain on Schedule O) 9 0. 10 100,125,459. 10 100,125,459. Part XII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X </th <td>1</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	1		1				
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5 Net unrealized gains (losses) on investments 6 0 Donated services and use of facilities 7 8 9 9 10 10 10 10 10 10 10 11 11 11 12 12 13 14 15 15 16 17 17 18 19 10 10 10 11 12 12 12 12 13 14 15 15 15 16 16 17 17 17 18 19 10 10 10 12 12 12 13 14 15 15 16 17 17 18 19 111 12 12 13 14 15 15 15 16 16 17 17 18	3		-				
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2a X Yes If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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: Separate basis Consolidated basis b 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 compiled or reviewed on a separate basis b 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: Separate basis Consolidated basis b Both consolidated and separate basis c If "Yes," the line 2 ao r2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation on the ginancial statements and selection of an independe	5	Net unrealized gains (losses) on investments	5	13	,639	9,6	15.
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 Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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 on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
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: X Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolid							
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consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Consolidated basis Consolidated basis <t< th=""><td></td><td></td><td>e basis,</td><td></td><td></td><td></td><td></td></t<>			e basis,				
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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 on Schedule O and describe any steps taken to undergo such audits 3b	3a						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L	3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Nan		ine organization עדושר	UTNON COM	MUNITY FOUND		r			8-1076910
Da	rt I	Reason for Public							0-10/0910
		ization is not a private found						5.	
1 1	organ	A church, convention of ch		•		,			
2	H	A school described in sect)(1)01110	I)(A)(I).		
2	H	A hospital or a cooperative				<u></u>			
4	\square	A medical research organiz					•	(iiii) Entor	the hospital's name
-		city, and state:	ation operated in co	rijunction with a nospita	i describer	a in Sectio			the hospital s hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	nit descrit	ned in
5		section 170(b)(1)(A)(iv). (C				icu by a g	overninentare		
6		A federal, state, or local go		nental unit described in	section 1	70(h)(1)(A)	(v)		
7	\square	An organization that norma	-					ne deneral	nublic described in
•		section 170(b)(1)(A)(vi). (C			ionia gov	ommonita		ie general	
8	Χ	A community trust describe		(1)(A)(vi), (Complete Par	t II)				
9	\square	An agricultural research org				ed in coniı	unction with a	land-orant	college
•		or university or a non-land-							
		university:	9999			,	, ,		,:
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersl	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subject	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busir							
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o							
b		Type II. A supporting org							
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
с		☐ Type III functionally interest.						ly integrat	ed with,
	_	its supported organizatio							
d		J Type III non-functionally							
		that is not functionally int			•		-	an attent	iveness
-		requirement (see instruct							
е	L	Check this box if the orgation functionally integrated, or					а турет, туре	п, туре п	
f	Ento	er the number of supported of							
י מ		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see in	structions)	support (see instructions)
Tota	ıl								

Schedule A (Form 990) 2023

Part II

HUTCHINSON COMMUNITY FOUNDATION

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 faile to qualify under the tests listed below, place complete Part III.)

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6689226.	7597677.	10007041.	5388090.	7883585.	37565619.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	6689226.	7597677.	10007041.	5388090.	7883585.	37565619.
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)						10402242.
	Public support. Subtract line 5 from line 4.						27163377.
-	ction B. Total Support						. <u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021 10007041.	(d) 2022	(e) 2023	(f) Total 37565619.
-	Amounts from line 4	6689226.	/59/0//.	1000/041.	5388090.	/883585.	3/202019.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1352750.	1172196.	952,218.	1164801.	2239020.	6880985.
-	and income from similar sources	1352/50.	11/2190.	952,218.	1104801.	2239020.	0000905.
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.)						44446604.
	Total support. Add lines 7 through 10	ata (asa inaturuati				12	<u></u>
12	Gross receipts from related activities,	· ·	,	fourth or fifth toy			
13	First 5 years. If the Form 990 is for the organization, check this box and stop				-		
Sec	ction C. Computation of Publ					<u></u>	·····
-	Public support percentage for 2023 (column (f))		14	61.11 %
	Public support percentage from 2022		•			15	65.41 %
	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	o, check this box a		
							(Form 990) 2023

HUTCHINSON COMMUNITY 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	-					
	3 received from disqualified persons						
t	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 assots (Explain in Part)(1)						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	he organization's fi	rst, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) orga	nization,
	check this box and stop here	- 	·	<u></u>	<u></u>	<u></u>	
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2023 ((line 8, column (f), (divided by line 13	, column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve)			
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by	line 13, column (f))	17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, ch	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see ir	nstructions	
3320	23 12-21-23					Sched	ule A (Form 990) 2023
				16			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

17

Schedule A (Form 990) 2023 HUTCHINSON COMMUNITY FOUNDATION

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
Z	organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	supervised, or controlled the supporting organization.	Z		
			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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		NO
Sec	tion 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		103	110
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organization's supported organization played in this regard.*

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** L The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organ	ization supporte	d a government	al entity.	Describe in	Part VI h	ow you support	ted a gove	ernmental entit	y (see inst	ructio <u>n</u> s).
-----	-----------	------------------	----------------	------------	-------------	-----------	----------------	------------	-----------------	-------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2

3

2a

2b

За

No

Yes

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Schedule A (Form 990) 2023 HUTCHINSON COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations HUTCHINSON COMMUNITY FOUNDATION

Type III Non-Functionally Integrated 509(a)(3) Support Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructio
	•		r ar t vij. 368 mstručtič
All other Type III non-functionally integrated supporting organizations mus		Sections A through E.	(P) Current Veer
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 Check here if the current year is the organization's first as a non-function		d Type III supporting org	anization (see

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

Schedule A (Form 990) 2023

332026 12-21-23

HUTCHINSON COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
c	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
С	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

Part VI	(Form 990) 2023				TY FOUNI			48-107	
	Part IV, Section A, line 1; Part IV, Sect	Information. Pro lines 1, 2, 3b, 3c, 4b, tion D, lines 2 and 3; 6, and 8; and Part V,	, 4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 1 ⁻ ection E, lines	la, 11b, and 11 1c, 2a, 2b, 3a,	c; Part IN and 3b; F	/, Section B, lines Part V, line 1; Part	1 and 2; Part IV V, Section B, lir	', Section C, ne 1e; Part V
	(See instructions.)			, iiiies 2, 0, aii			part for any additi		
								0-1-1-1-1	(E
32028 12-21-2	23				21			Schedule A	(⊢orm 990)
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

48-1076910

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Ciganization type (check of	IC).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

2023.04030 HUTCHINSON COMMUNITY FOUNDA 062880_1

HUTCHINSON COMMUNITY FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 295,470. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 3,643,376. X Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 167,016. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 277,326. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Person Pavroll 225,182. Noncash X \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 23

11281031 755310 062880.0

Name of organization

Part I

Employer identification number

48-1076910

Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

HUTCHINSON COMMUNITY FOUNDATION

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 243,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 8 Person Payroll 1,002,630. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 450,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I

Employer identification number

48-1076910

24 2023.04030 HUTCHINSON COMMUNITY FOUNDA 062880_1

(c)

Total contributions

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(a)

No.

323452 12-26-23

Schedule B (Form 990) (2023)

(d)

Type of contribution

ame of organi	zation			Employer identification n			
	ON COMMUNITY FOUNDAT			48-1076910			
fror com	clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizatio	ons			
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
		(e) Transfer of g	 ft				
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
		(e) Transfer of g	 ft				
	Transferee's name, address, a	and ZIP + 4	Relations	ship 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, a	and ZIP + 4	Relations	ship of transferor to transferee			
a) No. from	(b) Purpose of gift	(a) Use of gift		(d) Department of how aith is hold			
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
				ship of transferor to transferee			
		I		Schedule B (Form 99			

SCHEDULE D

(Form	990)
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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.



Employer identification number

48-1076910

Department of the Treasury Internal Revenue Service Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 80 Total number at end of year _____ 1 4,835,812. Aggregate value of contributions to (during year) 2 4,642,447. Aggregate value of grants from (during year) 3 Aggregate value at end of year 26,415,847. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 X Yes are the organization's property, subject to the organization's exclusive legal control? 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 X Yes No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a 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 Held at the End of the Tax Year day 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 on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not d on a historic structure listed in the National Register 2d З Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 _ Yes No 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 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990. Schedule D (Form 990) 2023 332051 09-28-23 27

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Sche		SON COMMUNI				48-10			age 2
Pa	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significan	t use of its			
	collection items (check all that apply).								
а	Public exhibition	d		hange program					
b	Scholarly research	e	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purp	oose in Parl	XIII.		
5	During the year, did the organization solicit o		•				-		,
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran		e if the organizatior	n answered "Yes" or	Form 99	0, Part IV, li	ne 9, or		
<u> </u>	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi						1		1
	on Form 990, Part X?					L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount		
_					4		Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on Fe				1 f		Yes		No
	If "Yes," explain the arrangement in Part XIII.					L]
Pa									1
		(a) Current year	(b) Prior year	(c) Two years back	-	vears back	(e) Four	vears	back
1a	Beginning of year balance	50,579,631.	60,124,028.	.,	. ,	980,896.	37		915.
		889,879.	1,211,210.			740,915.		, 610,	
	Net investment earnings, gains, and losses	8,656,848.	-8,320,050.		· · ·	, 687,751.		, 540	
	Grants or scholarships	2,665,269.	2,435,557.			, 022,065		359,	
	Other expenditures for facilities	. ,			, 	,		,	
	and programs								
f	Administrative expenses								
	End of year balance	57,461,089.	50,579,631.	60,124,028.	51,	387,497.	41,	980,	896.
2	Provide the estimated percentage of the cur		e (line 1a. column (a			·			
а	Board designated or quasi-endowment	91.0100	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	Permanent endowment	%	_						
с	Term endowment 8.9900	<u></u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered for	the				
	organization by:						Г	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	nent							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	Accumulat	ted	(d) Book	value	Э
		basis (investm	,	(other) de	epreciatio	n			
1a	Land		720.				560),71	20.
	Buildings								
с	Leasehold improvements								
	Equipment								
	Other							<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, line 10c, column	(B))),71	
						Schedule	D (Form	990)	2023

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Complete if the organization answered "Yes" c (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)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
_	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Fotal. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		

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

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Schedule D (Form 990) 2023 HUTCHINSON COMMUNITY FOUNDATION
Part VII Investments - Other Securities

48-1076910 Page 3

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_	edule D (Form 990) 2023 HUTCHINSON COMMUNITY FOUNDA		= •			1076910 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue	per R	eturr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements				1	20,301,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	13,639,	615.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	776,	826.		
е	Add lines 2a through 2d				2e	14,416,441.
3	Subtract line 2e from line 1				3	5,884,900.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	2,674,	291.		
С	Add lines 4a and 4b				4c	2,674,291.
					_	Q 550 101
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	8,559,191.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V			5 Retu	
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents V	With Expense	es per	5 Retu	irn
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expense	es per	5 Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents V	With Expense	es per		irn
Pa 1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents V	With Expense	es per		irn
Pa 1 2	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents V	With Expense	es per		irn
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents V 2a 2b	With Expense	es per		irn
Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents V 2a 2b 2c	With Expense	es per		ırn 8,260,999.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	With Expense	es per		rn 8,260,999. 776,826.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	With Expense	es per	1	ırn 8,260,999.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	With Expense	es per	1 2e	rn 8,260,999. 776,826.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	With Expense	es per	1 2e	rn 8,260,999. 776,826.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	With Expense	es per	1 2e	rn 8,260,999. 776,826. 7,484,173.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents V 2a 2b 2c 2d 4a 4b	With Expense 776 , 367 ,	es per	1 2e	rn 8,260,999. 776,826. 7,484,173. 367,673.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	ents V 2a 2b 2c 2d 4a 4b	With Expense 776 , 367 ,	es per	1 2e 3	rn 8,260,999. 776,826. 7,484,173.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents V 2a 2b 2c 2d 4a 4b	With Expense 776 , 367 ,	es per	1 2e 3 4c	rn 8,260,999. 776,826. 7,484,173. 367,673.

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 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 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES RECEIVED FROM NONOPERATING FUNDS

77	6	0 0	6
11	ο.	04	ο.

40 1000010

PART XI, LINE 4B - OTHER ADJUSTMENTS:

\mathbf{NET}	SFAS	NO	136	ADJUSTMENT	то	REVENUE	

332054 09-28-23

11281031 755310 062880.0

2,674,291. Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HUTCH Part XIII Supplemental Information (IINSON COMMUNITY FOUNDATION continued)	48-1076910 _{Pag}
PART XII, LINE 2D - OTHEF	R ADJUSTMENTS:	
ADMINISTRATIVE FEES PAID	FROM NONOPERATING FUNDS	776,82
PART XII, LINE 4B - OTHEF	R ADJUSTMENTS:	
SFAS NO 136 ADJUSTMENT TO) EXPENSES	367,67
		Schedule D (Form 990) 3

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar	nd Individual	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047 2023 Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization HUTCHINSO	N COMMUNI	ITY FOUNDATI	ION				Employer identification number $48 - 1076910$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than \$ 	stance? ocedures for mon Domestic Organ	itoring the use of grant izations and Domest	t funds in the Unite ic Governments. C	d States. complete if the org			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION 1820 E DOUGLAS AVE WICHITA, KS 67214-4213	13-3039601	501(C)3	16,086.	0.			MEDICAL RESEARCH
AMERICAN CANCER SOCIETY PO BOX 6703 HAGERSTOWN, MD 21741	13-1788491	501(C)3	22,272.	0.			MEDICAL RESEARCH
AMERICAN RED CROSS PO BOX 97089 WASHINGTON, DC 20006	53-0196605	501(C)3	20,000.	0.			HUMAN SERVICES
AMERICAN RED CROSS OF SOUTH CENTRAL AND SOUTHEAST KANSAS - 707 N MAIN - WICHITA, KS 67203-3604	53-0196605	501(C)3	48,707.	0.			HUMAN SERVICES
ARLINGTON COMMUNITY PRIDE ASSOCIATION - 12808 S BROADWAY ST - ARLINGTON, KS 67514	83-3858815	501(C)3	7,325.	0.			COMMUNITY DEVELOPMENT
ARLINGTON UNITED METHODIST CHURCH 117 S LINCOLN ST ARLINGTON, KS 67514	48-0681702	501(C)3	17,500.	0.			RELIGION
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 							94.

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

HUTCHINSON COMMUNITY FOUNDATION Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF RENO COUNTY – PO BOX 887 – HUTCHINSON, KS 67504-0887	23-7056717	501(C)3	10,051.	0.			YOUTH DEVELOPMENT
BISHOP SEABURY ACADEMY 4120 CLINTON PKWY LAWRENCE, KS 66047-2004	48-1143932	501(C)3	1,161,000.	0.			EDUCATION
BLUESTEM PACE 3001 IVY DR NORTH NEWTON, KS 67117-8001	46-4346713	501(C)3	10,258.	0.			HUMAN SERVICES
BOYS & GIRLS CLUBS OF HUTCHINSON PO BOX 1967 HUTCHINSON, KS 67504-1967	48-1088026	501(C)3	98,167.	0.			YOUTH DEVELOPMENT
BUHLER MENNONITE CHURCH PO BOX 188 BUHLER, KS 67522	48-0622386	501(C)3	12,000.	0.			RELIGION
BUHLER PUBLIC LIBRARY 121 N MAIN BUHLER, KS 67522-0466	48-6016385	501(C)3	6,573.	0.			EDUCATION
BUHLER USD 313 EDUCATION FOUNDATION - 406 W 7TH ST - BUHLER, KS 67522-8152	48-1215636	501(C)3	6,129.	0.			EDUCATION
CANCER COUNCIL OF RENO COUNTY PO BOX 633 HUTCHINSON, KS 67504-0633	48-1196499	501(C)3	15,567.	0.			HUMAN SERVICES
CENTRAL CHRISTIAN SCHOOL 1910 E 30TH AVE HUTCHINSON, KS 67502-1297	48-0625981	501(C)3	95,200.	0.			EDUCATION

Schedule I (Form 990) HUTCHINSON COMMUNITY FOUNDATION

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		LII FOUNDAIL					6-1070910 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organizations	and Domestic G	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANUTE COMMUNITY FOUNDATION PO BOX 558							
CHANUTE, KS 66720	26-2382629	501(C)3	5,995.	0.			COMMUNITY IMPROVEMENT
CITY OF BUHLER 219 N MAIN ST BUHLER, KS 67522-2251	48-6016385	LOCAL GOVERNMENT	38,205.	0.			COMMUNITY IMPROVEMENT
CITY OF HUTCHINSON PO BOX 1567							
HUTCHINSON, KS 67504-1567	48-6015517	LOCAL GOVERNMENT	22,974.	0.			COMMUNITY IMPROVEMENT
CITY OF NICKERSON 15 N NICKERSON ST							
NICKERSON, KS 67561-6102	48-6016801	LOCAL GOVERNMENT	7,500.	0.			COMMUNITY IMPROVEMENT
CITY OF PRETTY PRAIRIE PO BOX 68							
PRETTY PRAIRIE, KS 67570	48-6090223	LOCAL GOVERNMENT	12,500.	0.			COMMUNITY IMPROVEMENT
COMMUNITY FOUNDATION OF DES MOINES COUNTY - 610 N 4TH ST STE 200 -							
DES MOINES, IA 52601-5069	81-2577027	501(C)3	5,995.	0.			COMMUNITY IMPROVEMENT
COSMOSPHERE, INC 1100 N PLUM ST							ARTS - CULTURE -
HUTCHINSON, KS 67501-1418	48-6120520	501(C)3	97,868.	0.			HUMANITIES
COTTEY COLLEGE 1000 W AUSTIN BLVD							
NEVADA, MO 64772-2763	44-0545271	501(C)3	9,387.	0.			EDUCATION
D.E.L.T.A RESCUE PO BOX 9							
GLENDALE, CO 80246	95-3759277	501(C)3	10,000.	0.			ANIMAL RESCUE

HUTCHINSON COMMUNITY FOUNDATION Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELIVERANCE CHRISTIAN MINISTRIES 301 E 3RD AVE							
HUTCHINSON, KS 67501-6965	48-0992575	501(C)3	14,423.	0.			HUMAN SERVICES
DILLON NATURE CENTER FOUNDATION 3002 E 30TH AVE HUTCHINSON, KS 67502-1506	23-7169383	501(C)3	71,155.	0.			ENVIRONMENTAL
EARLY EDUCATION CENTER INC 303 E BIGGER ST HUTCHINSON, KS 67501-7702	83-0562447	501(C)3	45,625.	0.			EDUCATION
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD							
WICHITA, KS 67206-3404	38-2329622	501(C)3	15,000.	0.			RELIGION
EMPORIA STATE UNIVERSITY FOUNDATION - 1500 HIGHLAND ST -	48-6088461	E01(0)2	10,863.	0.			EDUCATION
EMPORIA, KS 66801-5018	40-0000401	501(0)5	10,885.	0.			EDUCATION
ENVISION FOUNDATION INC 610 N MAIN ST 4TH FLOOR WICHITA, KS 67203-3618	20-3874095	501(C)3	15,100.	0.			HUMAN SERVICES
FAIRFIELD SCHOOLS USD #310 16115 S LANGDON RD							
LANGDON, KS 67583	48-0720350	501(C)3	12,817.	0.			EDUCATION
FAMILY COMMUNITY THEATRE 310 N MAIN ST HUTCHINSON, KS 67501-4814	48-1061925	501(C)3	11,891.	0.			ARTS – CULTURE – HUMANITIES
FIRST BAPTIST CHURCH 800 N MAIN ST							
HUTCHINSON, KS 67501-4606	48-0668026	501(C)3	22,172.	0.			RELIGION

Schedule I (Form 990) HUTCHINSON COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	irt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH							
201 E SHERMAN							
HUTCHINSON, KS 67501-7161	48-0547711	501(C)3	215,700.	0.			RELIGION
	40 0347711	501(0)5	215,700.				
FOOD BANK OF RENO COUNTY							
700 N WALNUT ST							
HUTCHINSON, KS 67501-6288	48-0949148	501(C)3	30,701.	0.			HUMAN SERVICES
;							
GENERAL BOARD OF THE CHURCH OF THE							
NAZARENE - 17001 PRAIRE STAR							
PARKWAY - LENEXA, KS 66220	44-0552034	501(C)3	32,302.	0.			RELIGION
GRACE DENTAL DAY INC.							
3008 GARDEN GROVE PARKWAY							
HUTCHINSON, KS 67502	88-2351227	501(C)3	20,000.	0.			HUMAN SERVICES
GRACE EPISCOPAL CHURCH							
2 HYDE PARK DR	48-0608885	F01/C)2	50 100	0.			RELIGION
HUTCHINSON, KS 67502-2824	40-0000005	501(C)3	59,192.	U.			RELIGION
GREATER KANSAS CITY COMMUNITY							
FOUNDATION - 1055 BROADWAY BLVD							
STE 130 - KANSAS CITY, MO 64105	43-1152398	501(C)3	5,995.	0.			COMMUNITY IMPROVEMENT
,			, -				
GREATER SALINA COMMUNITY							
FOUNDATION - PO BOX 2876 - SALINA,							
KS 67402-2876	48-1215503	501(C)3	11,995.	0.			COMMUNITY IMPROVEMENT
HAND UP, INC							
122 S. POPLAR ST.							
SOUTH HUTCHINSON, KS 67505	92-3896517	501(C)3	6,901.	0.			HUMAN SERVICES
HCC ENDOWMENT ASSOCIATION							
1300 N PLUM ST							
HUTCHINSON, KS 67501-5831	48-0688389	501(C)3	112,430.	0.			EDUCATION

HUTCHINSON COMMUNITY FOUNDATION Schedule I (Form 990)

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(a) Name and address of		(a) IPC addition	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLCREST TRANSITIONAL HOUSING							
PO BOX 901924							
KANSAS CITY, MO 64190	20-3093292	501(C)3	10,000.	0.			HUMAN SERVICES
HOLY CROSS CATHOLIC CHURCH							
2631 INDEPENDENCE RD							
HUTCHINSON, KS 67502-8417	48-0651342	501(C)3	10,000.	٥.			RELIGION
HOLY FAMILY CATHOLIC CHURCH							
820 BIRCH STREET	49.0564401	E01(G)2	07 500	_			
EUDORA, KS 66025	48-0564491	501(C)3	27,500.	0.			RELIGION
HOSPICE & HOME CARE OF RENO COUNTY							
2020 N WALDRON, STE 100							
HUTCHINSON, KS 67502-1100	48-0927101	501(C)3	368,271.	0.			HUMAN SERVICES
	10 0527101	501(0)5		••			
HUTCH IN HARMONY INC							
11 E SHERMAN ST							
HUTCHINSON, KS 67501	84-4682278	501(C)3	30,630.	0.			HUMAN SERVICES
HUTCH REC FOUNDATION							
17 E 1ST AVE							
HUTCHINSON, KS 67501-7146	48-1126138	501(C)3	55,685.	0.			COMMUNITY IMPROVEMENT
IIIIMAUTNAAN ADM AACAGTAMTAN							
HUTCHINSON ART ASSOCIATION							
405 N WASHINGTON ST	E1 0177300	F01(G)2	22 014	_			ARTS - CULTURE -
HUTCHINSON, KS 67501-4852	51-0177399	501(C)3	33,014.	0.			HUMANITIES
HUTCHINSON FAMILY SERVICES INC							
1010 E 5 TH AVE							
HUTCHINSON, KS 67501-7001	48-0770969	501(C)3	5,809.	0.			HUMAN SERVICES
HUTCHINSON MUNICIPAL BAND							
ASSOCIATION - 400 E 12TH AVE -							ARTS - CULTURE -
HUTCHINSON, KS 67501-5824	48-6112163	501(C)3	12,950.	Ο.			HUMANITIES

Schedule I (Form 990) HUTCHINSON COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUTCHINSON PUBLIC LIBRARY							
901 N MAIN ST							
HUTCHINSON, KS 67501-4401	48-6015781	501(C)3	30,229.	0.			EDUCATION
	10 0013701	501(0)5					
HUTCHINSON REGIONAL MEDICAL CENTER							
FOUNDATION - 1701 E 23RD AVE -							
HUTCHINSON, KS 67502-1191	48-0891435	501(C)3	21,578.	0.			HEALTH RELATED
HUTCHINSON THEATRE GUILD (STAGE 9)							
PO BOX 993	48-0760438	501(C)3	9 704	0.			ARTS - CULTURE -
HUTCHINSON, KS 67504	40-0700430	501(C)3	8,704.	U.			HUMANITIES
HUTCHINSON'S HISTORIC FOX THEATRE							
18 E 1ST AVE							ARTS - CULTURE -
HUTCHINSON, KS 67501-7101	48-0986508	501(C)3	155,754.	0.			HUMANITIES
,,							
INSPIRE CHURCH							
4290 N MONROE ST							
HUTCHINSON, KS 67502-2223	48-0548935	501(C)3	53,837.	0.			RELIGION
INTERFAITH HOUSING SERVICES, INC.							
PO BOX 1987							
HUTCHINSON, KS 67504-1987	48-1099496	501(C)3	9,626.	0.			HUMAN SERVICES
KANSAS 4-H FOUNDATION, INC							
1680 CHARLES PLACE, STE 100			10.000				
MANHATTAN, KS 66506	48-0623884	501(C)3	10,000.	0.			YOUTH DEVELOPMENT
KANSAS CHILDREN'S SERVICE LEAGUE							
1365 N CUSTER ST							
WICHITA, KS 67203-6634	48-0543749	501(C)3	5,050.	0.			HUMAN SERVICES
			5,000				
KANSAS CHILDREN'S SERVICE LEAGUE							
FOUNDATION - 3545 SW 5TH ST -							
TOPEKA, KS 66606	48-1199143	501(C)3	10,000.	0.			HUMAN SERVICES

Schedule I (Form 990) HUTCHINSON COMMUNITY FOUNDATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS FAIRGROUNDS FOUNDATION							
2000 N POPLAR ST							
HUTCHINSON, KS 67502-5562	75-3129856	501(C)3	1,267,929.	0.			COMMUNITY DEVELOPMENT
KANSAS MENNONITE DISASTER SERVICE							
312 N MAIN ST							
HESSTON, KS 67062	48-0871475	501(C)3	18,919.	0.			PUBLIC SAFETY
KANSAS STATE TREASURER							
900 SW JACKSON ST RM 201							
TOPEKA, KS 66612-1235	48-6029925	STATE GOVERNMENT	30,000.	0.			GOVERNMENT
7			,				
KC BLIND ALL-STARS FOUNDATION							
1100 STATE AVE							
KANSAS CITY, KS 66102-4411	48-0950013	501(C)3	10,227.	0.			EDUCATION
KPTS CHANNEL 8							
PO BOX 783100							ARTS - CULTURE
WICHITA, KS 67278-3100	48-0735215	501(C)3	10,350.	Ο.			-HUMANITIES
KU ENDOWMENT							
PO BOX 928	40.0547724	F01/(0) 2	22 750	0			
LAWRENCE, KS 66044-0928	48-0547734	501(C)3	22,750.	0.			EDUCATION
MCPHERSON COLLEGE							
PO BOX 1402							
MCPHERSON, KS 67460-1402	48-0543736	501(C)3	25,000.	0.			EDUCATION
AMATEUR ATHLETIC UNION OF THE							
UNITED STATES INC - 5216 BYRAMS	82 4460670	F01/(0) 2	0 000	_			
FORD RD - KANSAS CITY, MO 64129	82-4460670	501(C)3	8,000.	0.			YOUTH DEVELOPMENT
MID-AMERICA ARTS ALLIANCE							
2018 BALTIMORE AVE							ARTS, CULTURE, &
KANSAS CITY, MO 64108-1914	23-7303693	501(C)3	101,000.	Ο.			HUMANITIES

Schedule I (Form 990) HUTCHINSON COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDAMERICA NAZARENE UNIVERSITY							
2030 EAST COLLEGE WAY							
OLATHE, KS 66062-1851	48-0730814	501(C)3	21,535.	0.			EDUCATION
NAACP							
21 E 1ST AVE STE 7							
HUTCHINSON, KS 67501-3318	13-1084135	501(C)3	7,497.	0.			HUMAN SERVICES
NEW BEGINNINGS, INC.							
PO BOX 2504							
HUTCHINSON, KS 67504-2504	48-1056141	501(C)3	604,424.	0.			HUMAN SERVICES
PARTRIDGE COMMUNITY CHURCH							
PO BOX 38							
PARTRIDGE, KS 67566-0038	48-0936575	501(C)3	6,750.	0.			RELIGION
RADIO KANSAS							
815 N WALNUT ST STE 300							ARTS - CULTURE -
HUTCHINSON, KS 67501-6389	48-0688389	501(C)3	257,600.	0.			HUMANITIES
RENO COUNTY 4-H FAIR							
12810 S FAIRVIEW RD	26 2862206	E01(0)2	7 250	0			
ARLINGTON, KS 67514	36-2862206	501(C)3	7,250.	0.			YOUTH DEVELOPMENT
RENO COUNTY HEALTH DEPARTMENT							
209 W 2ND AVE							
HUTCHINSON, KS 67501-5232	48-6015542	LOCAL GOVERNMENT	150,500.	0.			HUMAN SERVICES
,				- •			
RENO COUNTY HISTORICAL SOCIETY							
PO BOX 1864							ARTS - CULTURE -
HUTCHINSON, KS 67504-1864	48-6117137	501(C)3	6,404.	0.			HUMANITIES
SAINT FRANCIS COMMUNITY SERVICES							
PO BOX 1340							
SALINA, KS 67401-1340	48-0543809	501(C)3	38,166.	0.			HUMAN SERVICES

HUTCHINSON COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SAINT MARGARET'S EPISCOPAL CHURCH 5700 W 6TH ST							
LAWRENCE, KS 66049-4829	74-2851983	501(C)3	10,000.	0.			RELIGION
SALVATION ARMY OF HUTCHINSON 700 N WALNUT ST	44-0545998	501(C)3	100.051	0.			HUMAN SERVICES
HUTCHINSON, KS 67501-6288	44-0545996	501(0)5	100,051.	0.			HUMAN SERVICES
SKY RYDERS PERFORMING ARTS FOUNDATION – PO BOX 2406 – HUTCHINSON, KS 67504–2406	93-1449077	501(C)3	10,250.	0.			ARTS, CULTURE & HUMANITIES
SPARK UNITED CHURCH OF THE NAZARENE - 114 S. WASHINGTON ST							
HUTCHINSON, KS 67501	87-4393867	501(C)3	20,000.	0.			RELIGION
ST GEORGE SERBIAN ORTHODOX CHURCH 11001 GREENWOOD ST							
LENEXA, KS 66215	68-0563683	501(C)3	50,000.	0.			RELIGION
STERLING COLLEGE 125 W COOPER AVENUE	48-0543728	501(C)3	7 572	0.			EDUCATION
STERLING, KS 67579-1533 STERLING REFORMED PRESBYTERIAN	40-0343720	501(0)3	7,573.				EDUCATION
CHURCH - PO BOX 153 - STERLING, KS 67579-0153	48-6123654	501(C)3	16,000.	0.			RELIGION
SUNSHINE MEADOWS RETIREMENT COMMUNITY - 400 S BUHLER RD -							
BUHLER, KS 67522-8133	48-0829210	501(C)3	15,112.	0.			HUMAN SERVICES
TECH, INC. 10 E 1ST							
HUTCHINSON, KS 67501	48-0798502	501(C)3	99,958.	0.			HUMAN SERVICES

Schedule I (Form 990) HUTCHINSON COMMUNITY FOUNDATION

40-10/0910 Page 1	48-1076910	Page 1
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY PO BOX 4345 COPEKA, KS 66604-0345	53-0242652	501(C)3	26,000.	0.			ENVIRONMENTAL
TRINITY UNITED METHODIST CHURCH 1602 N MAIN ST HUTCHINSON, KS 67501-4008	48-0571839	501(C)3	34,925.	0.			RELIGION
UNITED WAY OF RENO COUNTY PO BOX 2230 HUTCHINSON, KS 67504-2230	48-0833061	501(C)3	76,145.	0.			HUMAN SERVICES
WESLEY TOWERS 700 MONEREY PLACE HUTCHINSON, KS 67502-2266	48-0803058	501(C)3	6,148.	0.			HUMAN SERVICES
WESTERN KANSAS COMMUNITY FOUNDATION - 402 N MAIN ST - GARDEN CITY, KS 67846-5428	48-1184667	501(C)3	5,995.	0.			COMMUNITY IMPROVEMENT
WICHITA GRAND OPERA INC 300 W DOUGLAS AVE, STE 325 WICHITA, KS 67202-2920	48-1239185	501(C)3	10,000.	0.			ARTS - CULTURE
YMCA OF HUTCHINSON 716 E 13TH AVE HUTCHINSON, KS 67501-5856	48-0556722	501(C)3	7,296.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990) 2023

HUTCHINSON COMMUNITY FOUNDATION

48-1076910

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS: HUTCHINSON COMMUNITY COLLEGE	15	20,200.	0.		
SCHOLARSHIPS: KANSAS STATE UNIVERSITY	8	9,500.	0.		
SCHOLARSHIPS: UNIVERSITY OF KANSAS	5	6,000.	0.		
SCHOLARSHIPS: STERLING COLLEGE	4	4,000.	0.		
SCHOLARSHIPS: WICHITA STATE UNIVERSITY	4	6,500.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2					
GRANTS REQUESTED BY A FUND'S ADVIS	OR ARE R	EATEMED BE	FORE THE G	RANT IS	
PAID OUT THROUGH THE DUE DILIGENCE	PROCESS	. THE DUE	DILIGENCE	PROCESS	
INCLUDES VERIFICATION OF THE ORGAN	IZATION'	S CHARITAB	LE TAX STA	TUS,	
REVIEW OF FINANCIAL STATEMENTS, AN	D OTHER	RESEARCH D	EEMED NECE	SSARY BY	
STAFF. IF A GRANT IS AWARDED TO A	NON-CHA	RITY, EXPE	NDITURE		

RESPONSIBILITY IS REQUIRED. EXPENDITURE RESPONSIBILITY MAY ALSO BE

REQUIRED FOR GRANTS TO CHARITABLE ORGANIZATIONS IF THE GRANT IS FOR

SPECIAL PROJECTS. A GRANT AWARDED THROUGH A COMPETITIVE PROCESS

Schedule I (Form 990) HUTCHINSON COM					48-1076910 Pa
Part III Continuation of Grants and Other Assistance to Dome	estic Individuals	Schedule I (Form 99	90), Part III.) T		1
(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 noncash assistant
SCHOLARSHIPS: BUTLER COUNTY COMMUNITY COLLEGE	3.	2,500.	0.		
SCHOLARSHIPS: ALLEN COMMUNITY COLLEGE	2.	2,000.	0.		
SCHOLARSHIPS: BLINN COMMUNITY COLLEGE	1.	1,000.	0.		
SCHOLARSHIPS: KANSAS COLLEGE OF VETERINARY MEDICINE	1.	500.	0.		
SCHOLARSHIPS: OKLAHOMA STATE UNIVERSITY	1.	1,000.	0.		
SCHOLARSHIPS: PRATT COMMUNITY COLLEGE	1.	500.	0.		
SCHOLARSHIPS: REDLANDS COMMUNITY COLLEGE	1.	1,000.	0.		
					Sahadula I (Farm

Schedule (Form 990) HUTCHINSON COMMUNITY FOUNDATION 48-1076910 Page 2 Part IV Supplemental Information
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.
332291 04-01-23 Schedule I (Form 990)
45 281031 755310 062880.0 2023.04030 HUTCHINSON COMMUNITY FOUNDA 062880_1

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	77	2		
	-	Compensated Employees		ΔU	Ľυ)		
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organization		Employer i			mber		
		HUTCHINSON COMMUNITY FOUNDATION	48-1	L07691	0			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	onal use					
	Travel for com							
	Tax indemnification and gross-up payments							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		provision of all of the expenses described above? If "No," complete Part III to explain		1 b	X			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X			
_								
3		ny, of the following the organization used to establish the compensation of the organization'						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant Compensation survey or study						
	Form 990 of o	ther organizations Approval by the board or compensation of	committee					
	During the user dis	Lanvaran listed on Form 000 Port VII. Costion A line to with respect to the filing						
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re			10		x		
a h		e payment or change-of-control payment?				X		
b						X		
C	 c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 							
	IT TES to any of in	les 4a°c, list the persons and provide the applicable amounts for each termin Part III.						
	Only section 501/c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
5	contingent on the r							
а	Ũ			5a		X		
b	Any related organiz	ation?		5u 5b		X		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	0			6a		Х		
		ation?				X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
_		1 53.4958-6(c)?	<u></u>	9				
For		ion Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990) 2023		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) AUBREY ABBOTT PATTERSON	(i)	149,288.	0.	0.	4,743.	19,576.	173,607.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HUTCHINSON COMMUNITY FOUNDATION PAYS FOR THE PRESIDENT'S MEMBERSHIP DUES TO

LOCAL HEALTH AND SOCIAL CLUB

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Part I

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

48-1076910

1 aurile	01	 orgui	nzution	

HUTCHINSON COMMUNITY FOUNDATION

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1		(b) Relationship between disqualified		(d) Cor	rected?
	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	/ the organization managers or disqualified	ed persons during the year under		
	section 4958			\$	
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	Ition	\$	

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization		fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or hittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)DANIEL FRIESE	FORMER B	IMPACT I		X	215,000.	115,725.		Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$	115,725.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

OMB No. 1545-0047

Open to Public

Inspection

Schedule L (Form 990) 2023

HUTCHINSON COMMUNITY FOUNDATION

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DANIEL FRIESEN

(B) RELATIONSHIP WITH ORGANIZATION: FORMER BOARD MEMBER

(C) PURPOSE OF LOAN: IMPACT INVESTING & RURAL BROADBAND

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

r

48-1076910

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.

Open to Public Inspection Employer identification number

Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Pai	rt I Types of Property							
		(a) Obsektif	(b) Number of	(c)	(d)	+		
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	s
		applicable	items contributed	Form 990, Part VIII, line 1g			nount	<u> </u>
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	Х	8	4,024,246.	EQUITY EXCH	ANG	E	
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 ()							
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rej	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ontribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period?	•				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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:

STOCK GIFTS:

Part II

A DONOR NOTIFIES THE FOUNDATION OF HIS OR HER INTENT TO DONATE STOCK.

THE STOCK IS TRANSFERRED TO THE BROKER, AND THE BROKER SELLS THE

SECURITIES BASED ON DIRECTIONS FROM THE FOUNDATION.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

HUTCHINSON COMMUNITY FOUNDATION

Employer identification number 48 - 1076910

OMB No 1545-0047

Open to Public

Inspection

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

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:

ANNUALLY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS NOT ON THE BOARD, AND STAFF COMPLETE AND SIGN A 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:

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:

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 OF ANY

SCHEDULES IDENTIFYING NAMES AND ADDRESSES OF CONTRIBUTORS TO THE

FOUNDATION.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2023LHA332211 11-14-23

ame of the organization HUTCHINSON COMMUNITY FOUNDATION	Employer identification number 48-1076910
HESE SAME REPORTS ARE AVAILABLE ON THE FOUNDATION'S WEBS	ITE. FORM 990 IS
LSO AVAILABLE VIA THE INTERNET THROUGH GUIDESTAR AND/OR	SIMILAR
NFORMATION WEBSITES.	
EQUESTS FOR THE FOUNDATION'S FORM 990, AUDITED FINANCIAL	STATEMENTS, AND
ONFLICT OF INTEREST POLICY SHOULD BE DIRECTED TO THE EXE	CUTIVE 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: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THAT SELECTS AN INDEPENDENT ACCOUNTANT. THIS PROCEDURE IS CONSISTENT WITH PRIOR YEARS.

332212 11-14-23

Schedule O (Form 990) 2023

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name HUTCHINSON COMMUNITY FOUNDATION	Employer Identification 48-10769	on Number 1 O
Based on the information provided with this return, the following are possible carryover amounts to next year.		
PASSIVE ACTIVITY LOSS - ENTERPRISE PRODUCTS PARTNERS	, LP - P	10,548.
FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP I	NCOME	10,548.
	· .	
	· ·	
	·	
	·	
	·	
	·	
319341 04-01-23 54.1		

11281031 755310 062880.0 2023.04030 HUTCHINSON COMMUNITY FOUNDA 062880_1

Name:	: HUTC	HINSON COL	MMUNITY FOUND	ATION							FEIN:	48-1076910
Type Section	and Ent	tity: PAR' ual Limitation	TNERSHIP INCON	ME POST-2017 N Section 382 Carryover	OL FE	DETAIL C	ARRYOVER SCH	IEDULE				
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Department rule Do not sent to the first, Keep or your rectords. Wanter devination Co to wave wire, ago/Form207871E for the latest information. Wanter differ Ell or SSN Wanter differ Ell or SSN Wanter differ Ell or SSN Wanter differ AUBREXY ABBOTT PATTERSON PRESEDENT Part 1 Type of Return and Return Information Concex the box for the return or which you are wange that form 8075 Ta and enter the applicable amount, if any, from the return. Form 8035 CF Form 3030 files may enter dialers and cents. For all other forms, enter whole dialer only. if you check the box on line 1a. 23, 4a, 45, 66, 67, 76, 8b, 9b, 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 than one line in 120. 1a Form 309-Check here b b Total tax (form 1120 PCL, line 22) 3b 2a Form 309-Check here b b Total tax (form 900-C, Part III, line 4) 5b 5a Form 303-Check here b B B all and (form 470 - 00 the above entity or 1) 7b 5a Form 303-Check here b b B and offer or 120 PCL, line 22 10b 5a Form 7220 check her			For calendar year 2023, or fi	scal year beginning, 2023, and ending	, 20	2023
Image of Refer Exp of Form 98979TE for the latest information. EN or SNN HUTCH INSON COMMUNITY FOUNDATION 48 - 1076910 Name and title of officer or presson subject to a ADBERY ABBOTT PATTERSON PRESIDENT PRESIDENT Creat. He box for the return for which you are using this Form 8870.TE and enter the applicable answurt, 4 any, form the neturn. Form 8030.CT As 5, 5, 6, 7, 8, 9, 8, 7, 8, 9, 8, 8, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Departme	nt of the Treasury		Do not send to the IRS. Keep for your records.		
HUTCHINSON COMMUNITY FOUNDATION 48-1076910 Name and the of offier or person subject to tax AUBREY ABBOTT PATERSON PRESIDENT Part Type of Return and Return Information Check the box for the return or which you are using the Form 8379 TE and enter the applicable amount, if any, from the return. Form 8038 CF form 5330 files may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line at PL, 2b, 3d, 4b, 5d, 6d, 7b, 8b, 9b, which were is applicable, blank (do not enter 0.). But, if you entered 0 on the return, then enter 0 on the applicable line bolow. Do not comple than one line in PDE? Check here b Total are reenue, if any (form 990 Part VIII, column (A), line 12) b b 3a Form 9800 Check here b b Total tax (form 910 PC, part III, line 3) b b 5a Form 9800 Check here b b Total tax (form 930 PC, Part III, line 1) c c 5a Form 9800 Check here b b Total tax (form 930 PC, Part III, line 1) c c 5a Form 9800 Check here b b Total tax (form 930 PC, Part III, line 2) tob 5a Form 9300 Check here b b Total tax (form 930, Part II, line 1) c c <td< th=""><th>Internal R</th><th>evenue Service</th><th>Got</th><th>o www.irs.gov/Form8879TE for the latest informa</th><th></th><th>_</th></td<>	Internal R	evenue Service	Got	o www.irs.gov/Form8879TE for the latest informa		_
Name and title of officer or person subject to tax AUBREY ABBOTT PATTERSON PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-1E and enter the applicable amount, if any, from the return. Form 8038-0E form 5300 dies range viert odilars and cents. Cr all their forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a To Bobow, and the amount on that help for the return being filed with this form was blank, then leave the 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, the return being filed with this form was blank, then leave the 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, the return being filed with this form was blank, then leave the 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, 7b, 8b, 7b, 8b, 8b, 7b, 8b, 7b, 8b, 9b, 7b, 8b, 7b, 8b, 8b, 7b, 8b, 7b, 8b, 9b, 7b, 8b, 7b, 7b, 7b, 8b, 8b, 7b, 8b, 7b, 8b, 7b, 8b, 7b, 8b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7	Name of					
PRESIDENT Part1 Type of Peturn and Return Information Creat the box for the return for which you are using this Form 8870.TE and enter the applicable mount, if any, from the return. Form 8030.CF Orm 5500 items are enter dollars and contrs. For all otter forms, enter whole dollars control, if you check the box on the 12, 23, 34, 45, 66, 7. Orm 6500 items are enter dollar and contrs. For all otter forms, enter dollar the return, then enter do- not the applicable line below. Do not complet than one line in Part i. 1a Form 9900 E2C check here b b Total revenue, if any (form 990, Part IVII, column (A), line 12) th 2a Form 9900 E2C check here b total revenue, if any (form 990, Part IVII, column (A), line 12) th 2a Form 9900 F2C check here b total arc (form 1920 PCL, line 82) db 5a Form 9900 F2C check here b total atax (form 990, Part IVII, line 4) db 5a Form 9900 F2C check here b Total atax (form 902, Part IVII, line 1) db 5a Form 9900 F2C check here b Total tax (form 902, Part IVII, line 1) db 5a Form 9900 F2C check here b Total tax (form 902, Part IVII, line 1) db 5a </td <td></td> <td></td> <td></td> <td></td> <td>48-</td> <td>1076910</td>					48-	1076910
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Form 330 fliers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 15, 26, 36, 46, 56, 77, 69, 59, 40, 50, 70 or 100 below, and the amount on that line for the return being field with this form was blank, the leaves line 15, 20, 30, 40, 56, 50, 76, 80, 50, 70, 80, 50, 70 1a Form 990 Check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990 Check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 990 Check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 900 Check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 5a Form 900 Check here b b Total tax (Form 320, Part II, line 4) 5b 5a Form 303 Check here b b Balance due (Form 8868, line 3c) 7b 7b 7a Form 4720 check here b b HW of sasets at end of tax year (Form 920-P, Part II, line 2) 0b 7a Form 4720 check here b b HW of sasets at end of tax year (Form 920-P, Part II, line 2) 0b 7a Form 4700 check here b b HW of sasets at end of tax year (Form 920-P, Part II, line 2) 0b </td <td>Part</td> <td>I Type of</td> <td>Return and Returi</td> <td>n Information</td> <td></td> <td></td>	Part	I Type of	Return and Returi	n Information		
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as Form 1120-POL check here b b tax based on investment income (Form 990-PF, Part V, line 5) 3b 4a Form 990-PF check here b b Balance due (Form 9806, line 3c) 5b 6a Form 990-PF check here b b Total tax (Form 970, Part III, line 4) 6b 7a Form 4720, Part III, line 1) 7b 8a Form 5327 check here b b Total tax (Form 930, Part II, line 1) 7b 8a Form 5330 check here b b Tax due (Form 9330, Part II, line 1) 7b 9a Form 3330 check here b b Tax due (Form 9330, Part II, line 1) 7b 9a Form 330 check here b b Tax due (Form 930, Part II, line 1) 7b 9a Form 330, Check here b b Tax due (Form 930, Part II, line 1) 7b 9a Form 330, Check here b Tax due (Form 930, Part II, line 1) 7b 9a Form 330, Check here b Tax due (Form 930, Part II, line 1) 7b 9a Form 330, Check here b Tax due (Form 930, Part II, line 1) 7b 9a Form 330, Check here b Tax due (Form 930, Part II, line 1) 7b 9a Form 120, Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that iax (I) an an officer of the above not move of due her turn to the 185 and to acceve from the 183 (a) an another or person subject to tax with respect to (maco addition the tax part 1) above is the above not			ck here b	Total revenue, if any (Form 990-EZ. line 9)		2b
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Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Inder penalties of perjury, I declare that IX I am an officer of the above entity or □ am a person subject to tax with respect to (name of entity)						
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2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part labove is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an inchwoledgement of receive from the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct de infancial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the inancial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent to S33453 are than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the eleval taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a version of the return is signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 1 authorize 1 IINDBURG VOGEL PIERCE FARIS , CHARTERED to enter my PIN 7691 ERO firm name as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter in on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronicall return. If I have indicated within this return that a copy of the return is being with a state agency(-					
ER0 firm name Enter five num do not enter al as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter a on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronicall 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 IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **** 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. 48542790461 Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically file dreturn indicated above. I confirm that I an submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Provide Business Returns. ERO's signature BILLY J KLUG Date 10/31/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	PIN: ch	leck one box only			onsent to electronic ful	
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ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	submitt	ting this return in ad				
Do Not Submit This Form to the IRS Unless Requested To Do So	ERO's si	gnature BIL	LY J KLUG	Dat	te 10/31/2	4
· · · · · · · · · · · · · · · · · · ·						
	For Pri	vacy Act and Pape				Form 8879-TE (2
LHA 302521 01-05-24 55	LHA 30	02521 01-05-24				

Form	990-T	E	Exempt Organization Business Incor	ne Tax Returi	n	OMB No. 1545-0047
				2023		
		For ca	endar year 2023 or other tax year beginning, and endi Go to www.irs.gov/Form990T for instructions and the lat		— ·	Ζυζυ
Departn Internal	nent of the Treasury Revenue Service		Do not enter SSN numbers on this form as it may be made public if your of			Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name of organization (Check box if name changed and see instruct	ions.)	D Em	ployer identification number
	empt under section	Print	HUTCHINSON COMMUNITY FOUNDATION			8-1076910
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.			oup exemption number e instructions)
	408(e) 220(e)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PO BOX 298		_	
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code $HUTCHINSON$, KS $67504-0298$		F	Check box if
			, , , , , , , , , , , , , , , , , , , ,	379,171.		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust	Other trust	State	college/university
H C	heck if filing only to	n claim	6417(d)(1)(A) Applicable entity Credit from Form 8941 Refund shown on Form 24	39 Elective payme	nt amo	ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corpo			
-			ed Schedules A (Form 990-T)			1
K D	uring the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidi	ary controlled group?		Yes X No
	•		d identifying number of the parent corporation			
	ne books are in car			elephone number 6	520-	663-5293
Par			d Business Taxable Income	· · · · · · · · · · · · · · · · · · ·		0.
1 2			ess taxable income computed from all unrelated trades or busines		1	0.
2					3	
4			(see instructions for limitation rules)		4	0.
5			s taxable income before net operating losses. Subtract line 4 from		5	
6			ting loss. See instructions		6	
7			ess taxable income before specific deduction and section 199A de			
	Subtract line 6 fro				7	1
8			erally \$1,000, but see instructions for exceptions)		8	1,000.
9			eduction. See instructions		9	1,000.
10			lines 8 and 9		10	1,000.
11 Par	t II Tax Com		able income. Subtract line 10 from line 7. If line 10 is greater than ion	line 7, enter zero	11	0.
1		-	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
2			rates. See instructions for tax computation. Income tax on the am			
	Part I, line 11, fro	m: 🗌	Tax rate schedule or Schedule D (Form 1041)		2	
3	Proxy tax. See in	struction	ons		3	
4			instructions		4	
5	Alternative minim	ium tax			5	
6			acility income. See instructions		6	0
7 Par	t III Tax and		gh 6 to line 1 or 2, whichever applies		7	0.
		-		a		
b	Other credits (see			a b		
c			· · · · · · · · · · · · · · · · · · ·	с		
d				d		
е	Total credits. Ad	ld lines	1a through 1d		1e	
2			rt II, line 7		2	0.
3a	Amount due from	Form	4255	a		
b	Amount due from			b	_	
ر م	Amount due from				-	
d	Amount due from Other amounts de			id ie		
e f		•	lines 3a through 3e	-	3f	0.
4	Total tax. Add lin	nes 2 ar	and 3f (see instructions). Check if includes tax previously defe	rred under		
			x amount here		4	0.
5			lity paid from Form 965-A, Part II, column (k)		5	0.
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23			Form 990-T (2023)

11281031 755310 062880.0 2023.04030 HUTCHINSON COMMUNITY FOUNDA 062880_1

Form 9	90-T (2023)					F	2 Page
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	. 6a					
b	Current year's estimated tax payments. Check if section 643(g) election	_					
	applies	6b					
С	Tax deposited with Form 8868	. 6c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	. 6d					
е	Backup withholding (see instructions)	. 6e	187,651.				
f	Credit for small employer health insurance premiums (attach Form 8941)	. 6f					
g	Elective payment election amount from Form 3800	. 6g					
h	Payment from Form 2439	. 6h					
i	Credit from Form 4136	. 6i					
j	Other (see instructions)						
7	Total payments. Add lines 6a through 6j		·····	7	18	87,6	51.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid		10			51.
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11	18	87,6	51.
Part	IV Statements Regarding Certain Activities and Other Informa	tion (se	e instructions)				
1	At any time during the 2023 calendar year, did the organization have an interest in o	r a signat	ure or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organiza	ation may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name o	of the foreign country				
	here						X
2	During the tax year, did the organization receive a distribution from, or was it the gra	ntor of, o	r transferor to, a				
	foreign trust?						X
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year \ldots		\$				
4	Enter available pre-2018 NOL carryovers here \$ Do not	include a	ny post-2017 NOL car	ryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedu	uction reported on Pa	rt I, line	6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL ca	arryovers. Don't reduc	е			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fc	or the tax	year. See instructions	i.			
	Business Activity Code	Ava	ilable post-2017 NOL	carryov	/er		
		\$					
	9	\$					
		\$					
		\$					
6 a	Reserved for future use						
b	Reserved for future use						
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign	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 taxpayer) is based on all information of which preparer has any knowledge.									
Here				PRESI	DENT			the IRS discuss this return with reparer shown below (see		
	Signature of officer		Date	Title			instru	uctions)? X Yes No		
	Print/Type prepa	arer's name	Preparer's signature		Date	Check	if	PTIN		
Paid						self-emplo	yed			
Preparer	BILLY J	KLUG	BILLY J KLU	G	10/31/24			P00707301		
Use Only		LINDBURG V	OGEL PIERCE F	EL PIERCE FARIS, CHARTERED			N	48-0841034		
		2301 N HALSTEAD - P O BOX 2047								
	Firm's address	HUTCHINS	ON, KS 67504-	2047		Phone no	. 62	0 669-0461		
								Form 990-T (2023)		

323711 11-20-23

57 2023.04030 HUTCHINSON COMMUNITY FOUNDA 062880_1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

F

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

48-1076910

D Sequence:

Α Name of the organization HUTCHINSON COMMUNITY FOUNDATION

900099 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business **PARTNERSHIP INCOME**

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b		4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-10,548.		-10,548.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-10,548.		-10,548.
Pa	rt II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in			ductions. Deduct	ions must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				2
3	Repairs and maintenance				
4	Dad dahta				

4	Bad debts		4	
5	Interest (attach statement). See instructions			
6	Taxes and licenses			
7	Taxes and licenses	7		
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion			
10	Contributions to deferred compensation plans			
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)			
15	Total deductions. Add lines 1 through 14			0.
16	Unrelated business income before net operating loss deduction. Subtrac	t line 15 from Part I, line 13,		
	column (C)			-10,548.
17	Deduction for net operating loss. See instructions			0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-10,548.	
For	Paperwork Reduction Act Notice, see instructions.	Schedule	A (Form 990-T) 2023	

LHA 323741 01-19-24

<u> </u>	/7					_	1
Sched Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter met	hod of inventory valuati	on			Pa	age 2
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter				8		
9	Do the rules of section 263A (with respect to property					Yes	No
Part	IV Rent Income (From Real Property an	d Personal Proper	ty Leased With	Real Prope	rty)		
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use. See ins	tructions.			
	A 🛄						
	в 🛄						
	c						
	D						
		A	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income) \ldots						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
							0
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6,	column (A)			0.
	Deductions directly connected with the income						
4	in lines 2a and 2b (attach statement)						
F	Total deductions. Add line 4, columns A through D. E	inter bare and an Dart I	ling 6 column (D)				0.
5 Part				<u></u>			
1	Description of debt-financed property (street address,	,	heck if a dual-use. Se	e instructions			
•	A				•		
	в 🗌						
	c 🗆						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed		_				
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D		t I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and	on Part I, line 7, colu	mn (B)			0.
11	Total dividends-received deductions included in line						0.
323721	01-19-24					(Form 990-T)	2023
		59					
2810	31 755310 062880.0 2023	3.04030 HUTC	HINSON COMM	IUNITY F	OUNDA	. 062880)_1

	ule A (Form 990-T) 2023 VI Interest, Anni		ovaltios and P	onto Err	m Contr		Tragnizatio				Page 3
Fail	VI Interest, Ann	lilles, n	byaities, and n				Exempt Contro	,		,	
 Name of controlled organization 		identification in		3. Net unrelated 4. Total		al of specified nents made tion's gross		art of colui included olling orga	mn 4 in the aniza-	 Deductions directly connected with income in column 5 	
(1)									s groot int		
(2)											
(3)											
(4)											
		-	No	nexempt (Controlled O	rganizati	ions				
7	7. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mac		10. Part of that is incontrolling gross	luded	in the zation's		Deductions directly connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	n Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B).
Totals									0.		0.
Part			of a Section 50)1(c)(7),			nization (s	ee inst	ructions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state	ected	4. Set (attach s	asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	inte in					Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B). 0 •
Part	VIII Exploited E	xempt /	Activity Income	, Other	Than Adv	ertisir	ng Income	(see in:	structions)	
1	Description of exploite									Í	
2	Gross unrelated busin	iess incom	e from trade or busi	iness. Ente	er here and o	on Part I	, line 10, colun	nn (A)		2	
3	Expenses directly con	nected wit	th production of unr	elated bus	iness incom	e. Enter	here and on F	Part I,			
	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac	tivity that i	is not unrelated bus	iness inco	me					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2023

1

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	ule A (Form 990-T) 2023				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a	consolidated basi	S.	
	A				
	B C				
Entor ·	amounts for each periodical listed above in the				
		A	В	С	D
2	Gross advertising income				
-	Add columns A through D. Enter here and on		1	I	0.
а	5	, , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on				0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
8	than line 6, enter -0-				
0	Excess readership costs allowed as a deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		l al or -0- here and (I	
u	Part II, line 13				0.
Part		rectors, and Trustees (s	ee instructions)		
Part	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Di 1. Name	rectors, and Trustees (s 2. Title	ee instructions)		
Part	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	3. Percentage	4. Compensation
(1)	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2)	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X Compensation of Officers, Di 1. Name	rectors, and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
Part (1) (2) (3) (4) Total Part	X Compensation of Officers, Di 1. Name . Enter here and on Part II, line 1	rectors, and Trustees (s 2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
ENTERPRISE PRODUCTS PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-10,548.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-10,548.