

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.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUTCHINSON COMMUNITY FOUNDATION		D Employer identification number 48-1076910
	Doing business as		E Telephone number 620-663-5293
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code HUTCHINSON, KS 67504-0298		G Gross receipts \$ 34,740,230.
F Name and address of principal officer: AUBREY ABBOTT PATTERSON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.HUTCHCF.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1989		M State of legal domicile: KS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSPIRE PHILANTHROPY, COLLABORATION & INNOVATIVE LEADERSHIP TO STRENGTHEN OUR COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,689,226.	Current Year 7,597,677.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,425,163.	4,040,469.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,114,389.	11,638,146.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,972,261.	5,351,730.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	714,438.	746,630.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 179,621.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	624,694.	605,620.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,311,393.	6,703,980.	
19 Revenue less expenses. Subtract line 18 from line 12	3,802,996.	4,934,166.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 77,594,038.	End of Year 87,026,416.
	21 Total liabilities (Part X, line 26)	450,314.	747,740.
	22 Net assets or fund balances. Subtract line 21 from line 20	77,143,724.	86,278,676.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	AUBREY ABBOTT PATTERSON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BILLY J KLUG	Preparer's signature BILLY J KLUG	Date 09/30/21	Check if self-employed <input type="checkbox"/>	PTIN P00707301
	Firm's name ▶ LINDBURG VOGEL PIERCE FARIS, CHARTERED	Firm's EIN ▶ 48-0841034	Firm's address ▶ 2301 N HALSTEAD - P O BOX 2047 HUTCHINSON, KS 67504-2047		
			Phone no. 620 669-0461		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,936,742. including grants of \$ 5,351,730.) (Revenue \$)
GRANTS AND ALLOCATIONS TO CHARITABLE ORGANIZATIONS.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,936,742.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS 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 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
1b	Enter the number of voting members included on line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **AMY CROCKETT - 620-663-5293**
PO BOX 298, HUTCHINSON, KS 67504-0298

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUBREY ABBOTT PATTERSON PRESIDENT	45.00			X			120,703.	0.	21,203.	
(2) DELL MARIE SHANAHAN SWEARER SECRETARY	42.00			X			78,083.	0.	12,941.	
(3) KENNETH E. VOGEL TREASURER	2.00	X		X			0.	0.	0.	
(4) ALICE JANE HAYES DIRECTOR	1.00	X					0.	0.	0.	
(5) DASHONA MAHONEY VICE-CHAIR	2.00	X		X			0.	0.	0.	
(6) STEVE DILLON DIRECTOR	1.00	X					0.	0.	0.	
(7) MICHELLE INSKEEP DIRECTOR	1.00	X					0.	0.	0.	
(8) LISA FRENCH CHAIR	3.00	X		X			0.	0.	0.	
(9) DANIEL FRIESEN DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVID NEAL DIRECTOR	1.00	X					0.	0.	0.	
(11) SUSAN BUTTRAM PAST CHAIR	1.00	X		X			0.	0.	0.	
(12) SUSAN RICHARDSON DIRECTOR	1.00	X					0.	0.	0.	
(13) DAWN JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(14) KIM MOORE DIRECTOR	1.00	X					0.	0.	0.	
(15) DALE SNELL DIRECTOR	1.00	X					0.	0.	0.	
(16) JANE WAGLER DIRECTOR	1.00	X					0.	0.	0.	
(17) JON RICHARDSON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							198,786.	0.	34,144.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							198,786.	0.	34,144.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	395,655.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,202,022.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 443,236.				
	h Total. Add lines 1a-1f			7,597,677.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,172,196.	1,172,196.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	25,970,357.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	23,102,084.				
	c Gain or (loss)	7c	2,868,273.				
	d Net gain or (loss)			2,868,273.		2,868,273.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			11,638,146.	1,172,196.	0.	2,868,273.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,312,780.	5,312,780.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,950.	38,950.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,931.	44,579.	152,875.	35,477.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	421,935.	246,325.	156,359.	19,251.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,653.	6,925.	4,227.	501.
9 Other employee benefits	35,758.	20,944.	12,030.	2,784.
10 Payroll taxes	44,353.	20,132.	20,557.	3,664.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,946.	40.	4,906.	
c Accounting	16,745.	4,521.	10,968.	1,256.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	127,543.	1,600.	79,090.	46,853.
12 Advertising and promotion	71,674.	18,097.	2,493.	51,084.
13 Office expenses	26,503.	11,289.	14,844.	370.
14 Information technology	97,926.	37,568.	53,024.	7,334.
15 Royalties				
16 Occupancy	71,445.	18,835.	47,378.	5,232.
17 Travel	577.	702.	-125.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	144,030.	134,263.	9,020.	747.
20 Interest				
21 Payments to affiliates	11,319.	5,524.	5,795.	
22 Depreciation, depletion, and amortization				
23 Insurance	12,698.	1,123.	11,575.	
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 O.)				
a TAXES & FEES	19,520.	12,545.	1,907.	5,068.
b MISCELLANEOUS	694.		694.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,703,980.	5,936,742.	587,617.	179,621.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,810,464.	2	4,124,476.
	3 Pledges and grants receivable, net	502,144.	3	1,785,013.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	215,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,490,653.		
	b Less: accumulated depreciation	10b	1,508,486.	10c 1,490,653.
	11 Investments - publicly traded securities	71,436,675.	11	79,082,131.
	12 Investments - other securities. See Part IV, line 11	127,534.	12	133,470.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	208,735.	15	195,673.
16 Total assets. Add lines 1 through 15 (must equal line 33)	77,594,038.	16	87,026,416.	
Liabilities	17 Accounts payable and accrued expenses	156,244.	17	115,055.
	18 Grants payable	294,070.	18	632,685.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	450,314.	26	747,740.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	71,897,212.	27	79,608,336.
	28 Net assets with donor restrictions	5,246,512.	28	6,670,340.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	77,143,724.	32	86,278,676.
33 Total liabilities and net assets/fund balances	77,594,038.	33	87,026,416.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,638,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,703,980.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,934,166.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,143,724.
5	Net unrealized gains (losses) on investments	5	4,240,787.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-40,001.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,278,676.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization HUTCHINSON COMMUNITY FOUNDATION	Employer identification number 48-1076910
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5794634.	9665701.	7219846.	6689226.	7597677.	36967084.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5794634.	9665701.	7219846.	6689226.	7597677.	36967084.
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)						9246678.
6 Public support. Subtract line 5 from line 4.						27720406.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5794634.	9665701.	7219846.	6689226.	7597677.	36967084.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	674,489.	875,808.	1159075.	1352750.	1172196.	5234318.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						42201402.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	65.69 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	68.75 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section 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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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.	Yes	No
2a		
b Did the activities described in 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.		
2b		
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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Employer identification number

48-1076910

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	80	
2 Aggregate value of contributions to (during year)	2,154,282.	
3 Aggregate value of grants from (during year)	3,815,132.	
4 Aggregate value at end of year	24,647,431.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (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 day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,980,896.	37,189,915.	37,681,132.	29,774,007.	30,079,547.
b Contributions	2,740,915.	610,129.	2,858,298.	4,826,668.	971,027.
c Net investment earnings, gains, and losses	7,687,751.	5,540,740.	-2,091,580.	4,285,489.	2,336,839.
d Grants or scholarships	1,022,065.	1,359,888.	1,257,935.	1,199,716.	1,546,331.
e Other expenditures for facilities and programs					1,839,047.
f Administrative expenses				5,316.	228,028.
g End of year balance	51,387,497.	41,980,896.	37,189,915.	37,681,132.	29,774,007.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 90.6600 %
 - b Permanent endowment _____ %
 - c Term endowment 9.3400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,490,653.			1,490,653.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,490,653.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	14,258,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,240,787.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,240,787.
3	Subtract line 2e from line 1	3	10,018,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,619,995.
c	Add lines 4a and 4b	4c	1,619,995.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,638,146.

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

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

1	Total expenses and losses per audited financial statements	1	6,321,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,321,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	382,704.
c	Add lines 4a and 4b	4c	382,704.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,703,980.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET SFAS NO 136 ADJUSTMENT TO REVENUE 1,619,995.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS NO 136 ADJUSTMENT TO EXPENSES 382,704.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION 1820 E DOUGLAS AVE WICHITA, KS 67214-4213	13-3039601	501(C)3	10,742.	0.			MEDICAL RESEARCH
AMERICAN CANCER SOCIETY 1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	13-1788491	501(C)3	21,584.	0.			MEDICAL RESEARCH
AMERICAN RED CROSS SERVING MIDWAY-KANSAS - 707 N MAIN - WICHITA, KS 67203-3604	53-0196605	501(C)3	52,488.	0.			HUMAN SERVICES
ANDOVER LUTHERAN CHURCH 117 DAKOTA RD WINDOM, KS 67491-9327	48-0963623	501(C)3	5,000.	0.			RELIGION
BERT NASH COMMUNITY MENTAL HEALTH CENTER, INC - 200 MAINE ST, STE A - LAWRENCE, KS 66044-1396	48-0775739	501(C)3	20,000.	0.			HUMAN SERVICES
BETHANY CHURCH OF THE NAZARENE 408 N KENT RD HUTCHINSON, KS 67501-9617	48-6189466	501(C)3	10,000.	0.			RELIGION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **91.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF RENO COUNTY - PO BOX 887 - HUTCHINSON, KS 67504-0887	23-7056717	501(C)3	17,170.	0.			YOUTH DEVELOPMENT
BISHOP SEABURY ACADEMY 4120 CLINTON PKWY LAWRENCE, KS 66047-2004	48-1143932	501(C)3	101,000.	0.			EDUCATION
BOY SCOUTS OF AMERICA - QUIVIRA COUNCIL - 3247 N OLIVER ST - WICHITA, KS 67220	23-7147508	501(C)3	7,258.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF HUTCHINSON PO BOX 1967 HUTCHINSON, KS 67504-1967	48-1088026	501(C)3	194,508.	0.			YOUTH DEVELOPMENT
BRIGHTHOUSE, INC 335 N WASHINGTON ST STE 240 HUTCHINSON, KS 67501-4864	48-0936478	501(C)3	31,394.	0.			HUMAN SERVICES
BUHLER MENNONITE BRETHREN CHURCH 415 N WEST ST BUHLER, KS 67522-9807	48-6133725	501(C)3	10,000.	0.			RELIGION
BUHLER PUBLIC LIBRARY PO BOX 466 BUHLER, KS 67522-0466	48-6016385	501(C)3	5,500.	0.			EDUCATION
BUHLER USD 313 406 WEST 7TH BUHLER, KS 67522	48-0720473	501(C)3	8,656.	0.			EDUCATION
BUHLER USD 313 EDUCATION FOUNDATION - 406 WEST 7TH - BUHLER, KS 67522	48-1215636	501(C)3	15,410.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER COUNCIL OF RENO COUNTY PO BOX 633 HUTCHINSON, KS 67504-0633	48-1196499	501(C)3	23,052.	0.			HUMAN SERVICES
CAUSE FOR PAWS PO BOX 1391 HUTCHINSON, KS 67504-1391	20-5240367	501(C)3	7,373.	0.			ANIMAL RELATED
CENTRAL CHRISTIAN SCHOOL 1910 E 30TH AVE HUTCHINSON, KS 67502-1297	48-0625981	501(C)3	10,200.	0.			EDUCATION
CHILD CARE LINKS ASSOCIATION 21 W 2ND AVE HUTCHINSON, KS 67501-5207	48-0840803	501(C)3	32,500.	0.			HUMAN SERVICES
CHILDREN'S EMERGENCY SHELTER HOME PO BOX 54 HUTCHINSON, KS 67504-0054	48-0641086	501(C)3	10,758.	0.			HUMAN SERVICES
CITY OF BUHLER 219 N MAIN ST BUHLER, KS 67522-2251	48-6016385	LOCAL GOVERNMENT	8,410.	0.			COMMUNITY IMPROVEMENT
CITY OF HUTCHINSON PO BOX 1567 HUTCHINSON, KS 67504-1567	48-6015517	LOCAL GOVERNMENT	11,252.	0.			COMMUNITY IMPROVEMENT
COSMOSPHERE, INC 1100 N PLUM ST HUTCHINSON, KS 67501-1418	48-6120520	501(C)3	159,891.	0.			ARTS - CULTURE - HUMANITIES
COTTEY COLLEGE 1000 W AUSTIN BLVD NEVADA, MO 64772-2763	44-0545271	501(C)3	8,860.	0.			EDUCATION

Schedule I (Form 990)

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

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CREEDE REPERTORY THEATRE INC. PO BOX 269 CREEDE, CO 81130-0269	84-0660026	501(C)3	8,250.	0.			ARTS - CULTURE - HUMANITIES
CRU, CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)3	5,000.	0.			RELIGION
DELIVERANCE CHRISTIAN MINISTRIES 301 E 3RD AVE HUTCHINSON, KS 67501-6965	48-0992575	501(C)3	5,384.	0.			HUMAN SERVICES
DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVE KANSAS CITY, MO 64106-1361	44-0549931	501(C)3	12,000.	0.			HUMAN SERVICES
DILLON NATURE CENTER 3002 E 30TH AVE HUTCHINSON, KS 67502-1506	23-7169383	501(C)3	18,435.	0.			ENVIRONMENTAL
EARLY EDUCATION CENTER INC 303 E BIGGER ST HUTCHINSON, KS 67501-7702	83-0562447	501(C)3	40,481.	0.			EDUCATION
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206-3404	48-0675131	501(C)3	13,500.	0.			RELIGION
FAMILY COMMUNITY THEATRE 310 N MAIN ST HUTCHINSON, KS 67501-4814	48-1061925	501(C)3	18,559.	0.			ARTS - CULTURE - HUMANITIES
FIRST BAPTIST CHURCH 800 N MAIN ST HUTCHINSON, KS 67501-4606	48-0668026	501(C)3	21,484.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHURCH OF THE NAZARENE 4290 N MONROE ST HUTCHINSON, KS 67502-2223	48-0548935	501(C)3	51,261.	0.			RELIGION
FIRST PRESBYTERIAN CHURCH 201 E SHERMAN HUTCHINSON, KS 67501-7161	48-0547711	501(C)3	177,200.	0.			RELIGION
FOOD BANK OF RENO COUNTY 700 N WALNUT ST HUTCHINSON, KS 67501-6288	48-0949148	501(C)3	73,215.	0.			HUMAN SERVICES
GENERAL BOARD OF THE CHURCH OF THE NAZARENE - 17001 PRAIRE STAR PARKWAY - LENEXA, KS 676220-790	44-0552034	501(C)3	30,757.	0.			RELIGION
HARVESTERS THE COMMUNITY FOOD BANK 3801 TOPPING AVE KANSAS CITY, MO 64129-1744	43-1208665	501(C)3	5,000.	0.			HUMAN SERVICES
HCC ENDOWMENT ASSOCIATION 1300 N PLUM ST HUTCHINSON, KS 67501-5831	48-0688389	501(C)3	113,334.	0.			EDUCATION
HOSPICE & HOME CARE OF RENO COUNTY 2020 N WALDRON, STE 100 HUTCHINSON, KS 67502-1100	48-0927101	501(C)3	57,991.	0.			HUMAN SERVICES
HUMANE SOCIETY OF GREATER KANSAS CITY - 5445 PARALLEL PKWY - KANSAS CITY, MO 66104	48-0581965	501(C)3	71,700.	0.			ANIMAL RELATED
HUTCHINSON AREA STUDENT HEALTH SERVICES, INC - 516 E 14TH AVE - HUTCHINSON, KS 67501-5835	48-1085539	501(C)3	65,819.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUTCHINSON ART ASSOCIATION 405 N WASHINGTON ST HUTCHINSON, KS 67501-4852	51-0177399	501(C)3	58,526.	0.			ARTS - CULTURE - HUMANITIES
HUTCHINSON FAMILY SERVICES INC 1010 E 5TH AVE HUTCHINSON, KS 67501-7001	48-0770969	501(C)3	6,497.	0.			HUMAN SERVICES
HUTCHINSON FRIENDS OF THE ZOO INC PO BOX 2674 HUTCHINSON, KS 67504-2674	48-1015493	501(C)3	8,618.	0.			ANIMAL RELATED
HUTCHINSON MEALS ON WHEELS 700 MONTEREY PLACE HUTCHINSON, KS 67502-2266	48-0802048	501(C)3	10,807.	0.			HUMAN SERVICES
HUTCHINSON PUBLIC LIBRARY 901 N MAIN ST HUTCHINSON, KS 67501-4401	48-6015781	501(C)3	25,124.	0.			EDUCATION
HUTCHINSON RECREATION COMMISSION 17 E 1ST AVE HUTCHINSON, KS 67501-7146	48-6071468	LOCAL GOVERNMENT	68,282.	0.			COMMUNITY IMPROVEMENT
HUTCHINSON REGIONAL MEDICAL CENTER FOUNDATION - 1701 E 23RD AVE - HUTCHINSON, KS 67502	48-0891435	501(C)3	22,884.	0.			HEALTH RELATED
HUTCHINSON SYMPHONY ASSOCIATION PO BOX 1241 HUTCHINSON, KS 67504-1241	48-6120931	501(C)3	14,517.	0.			ARTS - CULTURE - HUMANITIES
HUTCHINSON THEATRE GUILD PO BOX 993 HUTCHINSON, KS 67504-0993	48-0760438	501(C)3	36,384.	0.			ARTS - CULTURE - HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUTCHINSON'S HISTORIC FOX THEATRE 18 E 1ST AVE HUTCHINSON, KS 67501-7101	48-0986508	501(C)3	211,310.	0.			ARTS - CULTURE - HUMANITIES
INTERFAITH HOUSING SERVICES, INC. PO BOX 1987 HUTCHINSON, KS 67504-1987	48-1099496	501(C)3	38,200.	0.			HUMAN SERVICES
JOURNEY MENNONITE CHURCH 808 S POPLAR STREET SOUTH HUTCHINSON, KS 67505-2114	48-0869337	501(C)3	10,000.	0.			RELIGION
KANSAS 4-H FOUNDATION, INC 116 UMBERGER HALL MANHATTAN, KS 66506-3417	48-0623884	501(C)3	20,000.	0.			YOUTH DEVELOPMENT
KANSAS CITY METROPOLITAN CRIME COMMISSION, INC - 3100 BROADWAY BLVD STE 226 - KANSAS CITY, KS 64111-2494	44-0540176	501(C)3	12,000.	0.			PUBLIC SAFETY
KANSAS FOOD BANK WAREHOUSE INC 1919 E DOUGLAS AVE WICHITA, KS 67211-1627	48-0959213	501(C)3	10,000.	0.			HUMAN SERVICES
KANSAS MENNONITE DISASTER SERVICE 312 N MAIN ST HESSTON, KS 67062	48-0871475	501(C)3	18,365.	0.			PUBLIC SAFETY
KC BLIND ALL-STARS 1100 STATE AVE KANSAS CITY, KS 66102-4411	48-0950013	501(C)3	8,167.	0.			EDUCATION
KPTS CHANNEL 8 320 W 21ST ST N WICHITA, KS 67203-2413	48-0735215	501(C)3	7,950.	0.			ARTS - CULTURE -HUMANITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVE FREE MINISTRIES, INC. 201 S CHESTNUT ST MCPHERSON, KS 67460-4702	48-1201468	501(C)3	6,900.	0.			RELIGION
MENNONITE FRIENDSHIP COMMUNITIES INC - 600 W BLANCHARD AVE - SOUTH HUTCHINSON, KS 67505-1526	48-0798371	501(C)3	21,086.	0.			HUMAN SERVICES
MIDAMERICA NAZARENE UNIVERSITY 2030 EAST COLLEGE WAY OLATHE, KS 66062-1851	48-0730814	501(C)3	20,505.	0.			EDUCATION
MILE HIGH WEIMARANER RESCUE PO BOX 1220 BRIGHTON, CO 80601-1220	27-1267476	501(C)3	8,000.	0.			ANIMAL RELATED
NEW BEGINNINGS, INC. PO BOX 2504 HUTCHINSON, KS 67504-2504	48-1056141	501(C)3	798,305.	0.			HUMAN SERVICES
NICKERSON UNITED METHODIST CHURCH PO BOX 43 NICKERSON, KS 67561-0043	48-0588360	501(C)3	5,239.	0.			RELIGION
OFFICE OF THE KANSAS STATE TREASURER - 900 SW JACKSON, STE 201 - TOPEKA, KS 66612-1235	48-6029925	LOCAL GOVERNMENT	372,498.	0.			ARTS - CULTURE - HUMANITIES
OTTAWA UNIVERSITY 1001 S CEDAR ST OTTAWA, KS 66067-3399	48-0543772	501(C)3	5,000.	0.			EDUCATION
OUR LADY OF GUADALUPE CATHOLIC CHURCH - 612 S MAPLE ST - SOUTH HUTCHINSON, KS 67505-2020	48-0727979	501(C)3	11,100.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR REDEEMER LUTHERAN CHURCH 407 E 12TH AVE HUTCHINSON, KS 67501-5823	48-0680455	501(C)3	9,800.	0.			EARLY CHILDHOOD EDUCATION
PLAINVIEW MENNONITE CHURCH 5610 W TRAIL WEST RD HUTCHINSON, KS 67501-7878	47-3371138	501(C)3	8,500.	0.			RELIGION
RADIO KANSAS 815 N WALNUT ST STE 300 HUTCHINSON, KS 67501-6389	48-0688389	501(C)3	8,456.	0.			ARTS - CULTURE - HUMANITIES
RENO COUNTY 4-H FAIR 12810 S FAIRVIEW RD ARLINGTON, KS 67514	36-2862206	501(C)3	7,000.	0.			YOUTH DEVELOPMENT
RENO COUNTY HEALTH DEPARTMENT 209 W 2ND AVE HUTCHINSON, KS 67501-5232	48-6015542	LOCAL GOVERNMENT	144,000.	0.			HUMAN SERVICES
RENO COUNTY HISTORICAL SOCIETY PO BOX 1864 HUTCHINSON, KS 67504-1864	48-6117137	501(C)3	30,900.	0.			ARTS - CULTURE - HUMANITIES
RISE UP RENO PREVENTION NETWORK 1520 N PLUM HUTCHINSON, KS 67501-5854	27-4664299	501(C)3	5,194.	0.			YOUTH DEVELOPMENT
SAINT FRANCIS COMMUNITY SERVICES PO BOX 1340 SALINA, KS 67401-1340	48-0543809	501(C)3	37,536.	0.			HUMAN SERVICES
SALVATION ARMY OF HUTCHINSON 700 N WALNUT ST HUTCHINSON, KS 67501-6288	44-0545998	501(C)3	89,943.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST GEORGIE SERBIAN ORTHODOX CHURCH 11001 GREENWOOD ST LENEXA, KS 66215	68-0563683	501(C)3	40,000.	0.			RELIGION
STARTUP HUTCH, INC 1 E 9TH AVE HUTCHINSON, KS 67501-6210	48-1039882	501(C)3	481,769.	0.			COMMUNITY IMPROVEMENT
STERLING COLLEGE 125 W COOPER ST STERLING, KS 67579-1533	48-0543728	501(C)3	12,623.	0.			EDUCATION
STERLING REFORMED PRESBYTERIAN CHURCH - PO BOX 153 - STERLING, KS 67579-0153	48-6123654	501(C)3	8,000.	0.			RELIGION
SUNSHINE MEADOWS RETIREMENT COMMUNITY - 400 S BUHLER RD - BUHLER, KS 67522-8133	48-0829210	501(C)3	12,422.	0.			HUMAN SERVICES
TECH, INC. 10 E 1ST HUTCHINSON, KS 67501	48-0798502	501(C)3	105,721.	0.			HUMAN SERVICES
THE NATURE CONSERVANCY 2420 NW BUTTON RD TOPEKA, KS 66618-1410	53-0242652	501(C)3	22,768.	0.			ENVIRONMENTAL CONSERVATION
TRINITY UNITED METHODIST CHURCH 1602 N MAIN ST HUTCHINSON, KS 67501-4008	48-0571839	501(C)3	39,100.	0.			RELIGION
UNITED WAY OF RENO COUNTY PO BOX 2230 HUTCHINSON, KS 67504-2230	48-0833061	501(C)3	236,928.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 310 FAIRFIELD UNIFIED SCHOOL DISTRICT - 16115 S LANGDON RD - LANGDON, KS 67583-9052	48-0720350	501(C)3	15,271.	0.			EDUCATION
WESLEY TOWERS 700 MONTEREY PLACE HUTCHINSON, KS 67502-2266	48-0803058	501(C)3	63,910.	0.			HUMAN SERVICES
YMCA OF THE ROCKIES PO BOX 20800 ESTES PARK, CO 80511-2800	84-0404913	501(C)3	5,000.	0.			YOUTH DEVELOPMENT
YOUNG LIFE FOUNDATION - WICHITA 6505 E CENTRAL AVE WICHITA, KS 67206-1924	84-6041371	501(C)3	5,000.	0.			YOUTH DEVELOPMENT

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	17	16,200.	0.		
SCHOLARSHIPS: KANSAS STATE UNIVERSITY	6	5,500.	0.		
SCHOLARSHIPS: WICHITA STATE UNIVERSITY	4	4,250.	0.		
SCHOLARSHIPS: COLBY COMMUNITY COLLEGE	1	750.	0.		
SCHOLARSHIPS: UNIVERSITY OF KANSAS	3	2,000.	0.		

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

PART I, LINE 2

GRANTS REQUESTED BY A FUND'S ADVISOR ARE REVIEWED BEFORE THE GRANT IS PAID OUT THROUGH THE DUE DILIGENCE PROCESS. THE DUE DILIGENCE PROCESS INCLUDES VERIFICATION OF THE ORGANIZATION'S CHARITABLE TAX STATUS, REVIEW OF FINANCIAL STATEMENTS, AND OTHER RESEARCH DEEMED NECESSARY BY STAFF. IF A GRANT IS AWARDED TO A NON-CHARITY, EXPENDITURE RESPONSIBILITY IS REQUIRED. EXPENDITURE RESPONSIBILITY MAY ALSO BE REQUIRED FOR GRANTS TO CHARITABLE ORGANIZATIONS IF THE GRANT IS FOR SPECIAL PROJECTS. A GRANT AWARDED THROUGH A COMPETITIVE PROCESS

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS: FORT HAYS STATE UNIVERSITY	1.	1,500.	0.		
SCHOLARSHIPS: HESSTON COLLEGE	1.	1,500.	0.		
SCHOLARSHIPS: STERLING COLLEGE	1.	500.	0.		
SCHOLARSHIPS: EMPORIA STATE UNIVERSITY	3.	1,500.	0.		
SCHOLARSHIPS: FRIENDS UNIVERSITY	2.	1,250.	0.		
SCHOLARSHIP: TABOR COLLEGE	1.	1,000.	0.		
SCHOLARSHIP: SOUTHEAST MISSOURI STATE UNIVERSITY	1.	500.	0.		
SCHOLARSHIP: COLLEGE OF THE OZARKS	1.	500.	0.		
SCHOLARSHIP: BUTLER COUNTY COMMUNITY COLLEGE	1.	500.	0.		

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP: COWLEY COMMUNITY COLLEGE	1.	1,500.	0.		

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.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ **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.**

Open To Public Inspection

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

Part I 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	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
DANIEL FRIESEN	BOARD MEMBER	IMPACT I		X	215,000.	215,000.		X	X		X	
Total						▶ \$ 215,000.						

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

SEE PART V FOR CONTINUATIONS

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) Sharing of organization's revenues?	
				Yes	No

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: BOARD MEMBER

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	443,236.	EQUITY EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

STOCK GIFTS:

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Employer identification number

48-1076910

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.

Name of the organization

HUTCHINSON COMMUNITY FOUNDATION

Employer identification number

48-1076910

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

REQUESTS FOR THE FOUNDATION'S FORM 990, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY SHOULD BE DIRECTED TO THE EXECUTIVE DIRECTOR.

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

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

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

CHANGE IN ESTIMATED BEQUEST RECEIVABLE -40,001.

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.