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## Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

A F	or the	2010 ca	lendar year, or tax year beg	ginning 01-01-2010 and ending 12-31-20	10			
ВС	heck ıf a	applicable	C Name of organization Community Foundation of Sou	ithwest Kansas		D Employe	er identificat	ion number
ΓA	ddress cl	hange	,			48-111	17413	
Ги	ame cha	ange	Doing Business As			E Telepho	ne number	
∏ Ir	ntıal retu	ırn	Number and street (or P O bo	ox if mail is not delivered to street address)	Room/suite	(620) 2	25-0959	
Гτ	ermınate	ed	PO Box 1313			(000)		
ΓA	mended	return	City or town, state or country,	and ZIP + 4		<b>G</b> Gross red	ceipts \$ 1,228,	848
Γ <sub>A</sub>	pplication	n pending	Dodge City, KS 67801					
			<b>F</b> Name and address o	f principal officer	H(a) 1-46	a group return for	-#I3 F V	
			Patric Hamit		in(a) is this	a group return for	amiliates / j Yes	s I No
			114 Gunsmoke Dodge City, KS 67801		H(b) Are a	ll affiliates includ	led?	┌ Yes ┌ No
			bodge City, R5 07001		If"N	lo," attach a	list (see ins	structions)
ī	ax-exen	npt status	▼ 501(c)(3)	) ◀ (insert no )	H(c) Gro	up exemptior	number 🟲	
	V ehsit d	e: <b>b</b> \\\\\\\\	v communityfoundationswks	s.com				
			·		<u> </u>		1	
		_	Corporation Trust Asso	ociation   Other -	L Year of fo	ormation 1991	<b>M</b> State of	legal domicile KS
Р	art I		mary					
Governance		The miss	sion of Community Foundati	nission or most significant activities on of Southwest Kansas is to improve the ership and maintaining and enhancing the				
ē								
90	2	Check th	nis box 🕶 if the organization	on discontinued its operations or disposed	d of more than	25% of its ne	et assets	
			•	verning body (Part VI, line 1a)		1	3	12
<u>&amp;</u>				pers of the governing body (Part VI, line 1		_	4	12
Activities &				d in calendar year 2010 (Part V, line 2a)			5	3
곡				e if necessary)			6	23
	7a	Total uni	related business revenue fro	om Part VIII, column (C), line 12		7	7a	0
	ь	Net unre	lated business taxable inco	me from Form 990-T, line 34		7	7b	0
					Pric	or Year	Curr	ent Year
	8	Contri	butions and grants (Part VI	II, line 1h)		2,147,20	О	437,512
ā	9	Progra	m service revenue (Part VI	II, line 2g)			0	0
Revenue	10	Invest	ment income (Part VIII, co	lumn (A), lines 3, 4, and 7d)		134,89	0	146,415
ш	11		· ·	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	28,768
	12		-	h 11 (must equal Part VIII, column (A), l	ine	2,282,09	o	612,695
	13			Part IX, column (A), lines 1-3)		305,98		517,974
	14		· · ·	art IX, column (A), line 4)		· · ·	0	0
	15			ployee benefits (Part IX, column (A), lines	5 5 –			
83		10)				83,32	3	87,542
Expenses	16a	Profes	sional fundraising fees (Par	t IX, column (A), line 11e)			0	0
蓋	Ь	Total fu	ndraising expenses (Part IX, colur	nn (D), line 25) 🕨 39,012				
	17	Other	expenses (Part IX, column	(A), lines 11a-11d, 11f-24f)		68,46	4	71,013
	18		•	(must equal Part IX, column (A), line 25)		457,76		676,529
	19	Reven	ue less expenses Subtract	line 18 from line 12		1,824,32	2	-63,834
\$ 60 20 20 20 20 20 20 20 20 20 20 20 20 20					_	ng of Current Year	End	of Year
10 m	20	Totala	assets (Part X, line 16)			12,653,21	0	13,686,860
Net Assets or Fund Balances	21					627,09		519,793
žŽ	22			ract line 21 from line 20		12,026,11		13,167,067
Pa	rt II	Sign	ature Block					· · · · · · · · · · · · · · · · · · ·
Und knov	er pena	alties of pe and belie	erjury, I declare that I have ex	camined this return, including accompanying olete. Declaration of preparer (other than offi				
_		****				011-07-12		
Sig		Signa	ture of officer			Oate		
He	re		Hamit Executive director					
	- 1	<u> </u>	or print name and title					
		Print/Type preparer's		Preparer's signature	Date 2011-07-12	Check if self- employed 🕨	PTIN	
Paid			ne F Kennedy McKee & Compar	y LLP	2011 0/ 12	<u>, , , , , , , , , , , , , , , , , , , </u>	Firm's EIN	ı <b>•</b>
	oarer	Firm's add	iress PO Box 1477					► (620) 227-
use	Only		Dodge City, KS 6780114				3135	, (020) 221

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Form	990	(2010)	

Par		nt of Program Servi hedule O contains a resp				F
1	Briefly describe th	he organization's mission				
ongo					y of life in the Southwest K , cultural, health, and civic	
2	Did the organization	on undertake any significa O or 990-EZ?	nt program services		which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Sc	hedule O			
3	Did the organization	on cease conducting, or n	ake sıgnıfıcant chan	ges in how it cond	ducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	le O			
4	Section 501(c)(3)		ons and section 494	7(a)(1) trusts are	argest program services by e required to report the amo ervice reported	
4a	(Code	) (Expenses \$	163,291 ıncludı	ng grants of \$	132,400 ) (Revenue \$	)
	Awarding of 134 scho	plarships to students attending	nigher education facilities			
	(Code	) (Expenses \$	379,407 ıncludı	ng grants of \$	378,904 ) (Revenue \$	)
	Awarding of 100 grai	nts to area not-for-profit organi	zations to further their wo	orthy causes and Impi	rove the quality of life in the Sou	thwest Kansas area
4c	(Code	) (Expenses \$	6,670 ıncludı	ng grants of \$	) (Revenue \$	)
	Sponsoring of Rachel	l's Legacy program to area scho	ols representing approxin	nately 2,600 students	s, to address school violence	
4d	Other program se	ervices (Describe in Scho	edule O )			
	(Expenses \$	ıncl	ıdıng grants of \$		) (Revenue \$	)
4e	Total program se	rvice expenses <b>)</b> -\$	549,368			

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,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	, , , , ,	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2010)

Part V	Statements	Regarding	Other	IRS Filings	and Tax Co	mpliance

	990 (2010)			Page <b>5</b>
Pai	statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V	• •	. T	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		165	110
_	1a	1		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N o
6a	organization solicit any contributions that were not tax deductible?	ба		NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		N
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
٠	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	5 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	-		
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
c	Enter the amount of reserves on hand			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O	contains a response to any question in this Part VI										. [고
		_	-	-	-	-	-	-	-	_	

_Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			NO
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	<b>4 5</b>		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
, u	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			-
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection Indicate how you make these available Check all that apply

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Pat Hamit

208 W Wyatt Earp Blvd Suite 200

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

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

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

Check this box if neither the organize	•	lated or	ganız	atıo	n co	mpens	ate	d any current office	r, dırector, or trust	e e
(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Bradley Ralph Director		х						0	0	0
(2) Michael Hitz Director		Х						О	0	0
(3) Margaret Hamilton Board Chair		Х		х				0	0	0
(4) Floris Jean Hampton Director		х						0	0	0
(5) Lu Ann Wetmore Director		х						0	0	0
(6) Janet Kliesen Director		х						0	0	0
(7) David Snapp Director		х						0	0	0
(8) Alice Schoonover Director		х						О	0	0
(9) Rolland Werner Secretary/Treasurer		х		х				0	0	0
(10) Martha Barnhardt Director		х						0	0	0
(11) Darrel Kohlman Director		х						0	0	0
(12) Jeff Thorpe Director		х						0	0	0
(13) Patric Hamit Executive director	40 00			х				52,619	0	0
	<u> </u>									

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

	<b>(A)</b> Name and Title	(B) A verage hours per	1	(tion that a					( <b>D)</b> Reportable compensati	(E) Reportable compensation from related		(F) Estima amount o compens	ited fother	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization 2/1099-MIS		organizations (W- 2/1099- MISC)		from t organizati relati organiza	:he on and ed
												+		
												+		
1b	Sub-Total			<del></del>		<u> </u>	<del></del>	<b> </b>				+		
С	Total from continuation sheets	s to Part VII, Sec	tion A				<b> -</b>							
d	Total (add lines 1b and 1c) .							Þ	52,	619	(	0		0
2	Total number of individuals (inc \$100,000 in reportable compe					ted	above	) who	received mor	e thai	ı			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So				e, k	eye •	mploy •	ee, o •	or highest com	pensa • •	ited employee	3		Νο
4	For any individual listed on line organization and related organiz													
_	ındıvıdual			•	•	•		•		•		4		Νo
5	Did any person listed on line 1a services rendered to the organi									:ion o •	r individual for	5		Νο
	ection B. Independent Cor	atractors.												
1	Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent c	ontra	tors	that received	more	than			
		(A) me and business add								Descri	(B) ption of services		(C Compen	
			_	-									<del></del>	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶0

				Page <b>10</b>
t IX Statement of Functional Expenses				
			(D)	
		(B)		(D)
b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and organizations in the U S See Part IV, line 21	385,574			<u> </u>
Grants and other assistance to individuals in the U.S. See Part IV, line 22	132.400	132.400		
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	132,400	132,400		
Benefits paid to or for members			1	
Compensation of current officers, directors, trustees, and key employees	52,619		37,444	15,175
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
Other salaries and wages	28,696	28,696		
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
Other employee benefits				
Payroll taxes	6,227	2,195	2,837	1,195
Fees for services (non-employees) Management				
Legal				
Accounting	23,120		23,120	
Lobbying				
Professional fundraising services See Part IV, line 17				
Investment management fees				
Other	12,277			12,277
Advertising and promotion	1,295		1,295	· · · · · · · · · · · · · · · · · · ·
Office expenses	7,412		7,412	
Information technology				
Royalties				
	5,250		5,250	
	,		,	
Payments of travel or entertainment expenses for any federal,				
·				
Depreciation, depletion, and amortization	3,110		3,110	
Insurance	2,129		2,129	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	,		,	
Promotion and fund deve	10,365			10,365
T elephone	2,124		2,124	
Dues and fees	1,850		1,850	
Miscellaneous	1,584	503	1,081	
Repairs and maintenance	497		497	
All other expenses				
Total functional expenses. Add lines 1 through 24f	676,529	549,368	88,149	39,012
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	27.2,222	2.1.,250	12,2.0	
	Section 501(c)(3) and 501(c)(4) organizations mus II other organizations must complete column (A) but are not required to co to it include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the U S See Part IV, line 21  Grants and other assistance to individuals in the U S See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, line 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)  Other salaries and wages  Pension plan contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and persons described in section 403(b) employer contributions (include section 401(k) and persons described in section 401(k) and persons described in section 401(k) and persons 401(k) employer contributions (include section 401(k) and persons described in section 401(k) employer contributions (include section 401(k) employer contributions (include section 401(k) emplo	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not required to complete column (b), but are not required to complete column (c), but are not required to column (c), but are not required to complete column (c), col	Section 501(c)(3) and 501(c)(4) organizations must complete columns (B), (C), and to include amounts reported on lines 6b, by and 10b of Part VIII.    Crants and other assistance to governments and organizations in the U S See Part IV, line 2 1   Grants and other assistance to governments and organizations in the U S See Part IV, line 2 1   Grants and other assistance to governments, organizations and includes the U S See Part IV, line 2 1   Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 2 1   Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16   Benefits paid to or for members	It where organizations must complete column (A) but are not required to complete columns (B), by, and 100- for the organizations must complete column (A) but are not required to complete columns (B), by, and 100- for the organizations of the columns (B), by, and 100- for Part VIII.    Grants and other assistance to governments and organizations in the US See Part IV, line 21

Pa	irt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		11,556	1	-2,771
	2	Savings and temporary cash investments		1,215,944	2	617,393
lies Assets	3	Pledges and grants receivable, net		1,376,175	3	102,021
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B), and contributing emsponsoring organizations of section 501(c)(9) voluntary employed organizations (see instructions)	ployers, and			
ets		Schedule L			6	
8	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 <i>Complete</i> Part VI of Schedule D	310,932			
	Ь	Less accumulated depreciation	<b>10b</b> 14,63°	301,580	10c	296,301
Liabilities Assets	11	Investments—publicly traded securities	9,747,955	11	12,673,916	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV , line 11			15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		12,653,210	16	13,686,860
	17	Accounts payable and accrued expenses .		2,052	17	2,059
	18	Grants payable		55,075	18	77,550
	19	Deferred revenue			19	
- 46	20	Tax-exempt bond liabilities			20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D		569,967	25	440,184
	26	Total liabilities. Add lines 17 through 25		627,094	26	519,793
ces		Organizations that follow SFAS 117, check here ▶ ↓ and complethrough 29, and lines 33 and 34.	ete lines 27			
<u>a</u>	27	Unrestricted net assets		972,223	27	1,558,389
8	28	Temporarily restricted net assets		512,513	28	768,276
Ξ	29	Permanently restricted net assets		10,541,380	29	10,840,402
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	l complet e			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds		32	
Ř	33	Total net assets or fund balances		12,026,116	33	13,167,067
~	34	Total liabilities and net assets/fund balances		12.653.210	34	13.686.860

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\epsilon$	512,69
2	Total expenses (must equal Part IX, column (A), line 25)	2			576,529
3	Revenue less expenses Subtract line 2 from line 1	3			-63,83
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,0	26,11
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,2	204,78
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		13,1	167,06
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

**Employer identification number** 

#### COCESS | AS FIRE

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Comm	nunity F	oundation of Southwest Kansas				
Da	rt I	Reason for Public Charity Status (All organizations must complete this part.)	S-1117413	tions		
		zation is not a private foundation because it is (For lines 1 through 11, check only one box )	) See mad de	10113		
1	Г	A church, convention of churches, or association of churches described in section 170(b)(1)	(A)(i).			
2	Ė	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)	. , ,			
3	Ē	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(	iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section</b> hospital's name, city, and state	170(b)(1)(A)(	iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a gov	ernmental unit	describe	d ın	
	_	section 170(b)(1)(A)(iv). (Complete Part II)				
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)				
7	ı	An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi) (Complete Part II)	unit or from the	general	public	
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributio	ns, membershi	p fees, ar	nd gros	S S
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2	2) no more than	ว 3 3 1/3%	of	
		its support from gross investment income and unrelated business taxable income (less secti	on 511 tax) fro	om busine	sses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III	)			
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(	a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions one or more publicly supported organizations described in section 509(a)(1) or section 509(the box that describes the type of supporting organization and complete lines 11e through 11 a  Type I	s of, or to carry a)(2) See <b>sect</b> I h		a)(3).	Checl
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type II contact this box		porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?				ı
		(i) a person who directly or indirectly controls, either alone or together with persons describe	ed in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		
h 		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	organızatı col (ı) of	Old you notify the organization in col (i) of your support?		e on in anized S ?	<b>(vii)</b> A mount of support
		instructions))	Yes	No	Yes	No	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.)

	under Fait III. II di	e organización i	alis to quality u	idei tile tests il	sted below, pie	ase co	ilibiete r	art III.)
S	ection A. Public Support							
Cale	e <b>ndar year</b> (or fiscal year beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	t 287,575	1,111,647	701,379	787,200		437,512	3,325,313
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 t	0						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	287,575	1,111,647	701,379	787,200		437,512	3,325,313
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included of line 1 that exceeds 2% of the amount shown on line 11, column (f)	on .						1,082,410
6	Public Support. Subtract line 5 from line 4	n						2,242,903
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	( <b>e)</b> 20	10	<b>(f)</b> Total
7	A mounts from line 4	287,575	1,111,647	701,379	787,200		437,512	3,325,313
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	125,593	243,820	245,957	171,465		192,484	979,319
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part							
11	IV ) Total support (Add lines 7 through 10)							4,304,632
12	Gross receipts from related activit	ies, etc (See insti	ructions )	•	<b>"</b>	12		
13	<b>First Five Years</b> If the Form 990 is check this box and <b>stop here</b>	for the organization	on's first, second,	third, fourth, or fil	fth tax year as a !			ation,
S	ection C. Computation of Pu	blic Support P	ercentage					
14 15	Public Support Percentage for 201  Public Support Percentage for 200			l1 column (f))		14		52 100 % 62 970 %
		•	•	on line 12 and li	no 14 to 22 1/20/	15	ahaali ti	
	33 1/3% support test—2010. If the and stop here. The organization que 33 1/3% support test—2009. If the	ialifies as a publicl e organization did	y supported orgai not check the box	nization on line 13 or 16a				<b>►</b> ✓ check this_
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization means are to the organization means are the or	t <b>—2010.</b> If the orga atıon meets the "fa	inization did not c icts and circumst	heck a box on line ances" test, chec	k this box and <b>st</b>	op here.	Explain	
b	organization  10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization	inization meets the	"facts and circui	nstances" test, c	heck this box and	stop he	ere.	<b>▶</b> □
18	supported organization  Private Foundation If the organiza instructions	tion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and	see	▶□ ▶□

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (For	m 990 or 990-EZ) 2010 Page <b>4</b>
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any
	additional information. (See instructions).

Facts A	and Cir	cumsta	inces	Test

**Explanation** 

Schedule A, Part IV, List of Unusual Grants Scholarships Date 12/31/07 Amount 393234 Grants Date 12/31/09 Amount 1360000

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493193002471

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Community Foundation of Southwest Kansas

Par	Organizations Maintaining Donor A organization answered "Yes" to Form 99			or Accounts. Complete if the
		(a) Donor advised funds	(	(b) Funds and other accounts
<b>1</b> T	otal number at end of year	10		
<b>2</b> /	ggregate contributions to (during year)	3,650		
<b>3</b> A	ggregate grants from (during year)	21,000		
1 /	ggregate value at end of year	1,397,764		
	Old the organization inform all donors and donor adv unds are the organization's property, subject to the		radvı	sed Yes No
	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the being conferring impermissible private benefit			
Part	<b>Conservation Easements.</b> Complete	of the organization answered "Yes" to	Forn	n 990, Part IV, line 7.
   	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	cion or pleasure)	ertified	d historic structure
	easement on the last day of the tax year	imed conservation contribution in the form of	Ji a CC	
а.	Total number of conservation easements	-	2a	Held at the End of the Year
_	Total acreage restricted by conservation easements	_	2b	
	Number of conservation easements on a certified his	<del> </del>	2c	
_	Number of conservation easements included in (c) a	` '	2d	
	Number of conservation easements modified, transf	· · · · · · · ·		o organization during
	the taxable year 🗠	erreu, rereaseu, extiniguismeu, or terminateu	ו טא נוו	e organization during
	Number of states where property subject to conserv		_	
	Does the organization have a written policy regarding inforcement of the conservation easements it holds		ing of	violations, and Yes No
5 !	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	nts d	uring the year ►
7 ,	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	durıng	g the year ► \$
	Does each conservation easement reported on line . L70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	ion	┌ Yes
- 1	n Part XIV, describe how the organization reports of palance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s	•	·
Part	Organizations Maintaining Collection Complete if the organization answered		r Otl	ner Similar Assets.
	f the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or research	n ın fu	
- 1	f the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		
(	(i) Revenues included in Form 990, Part VIII, line 1	1		<b>►</b> \$
(	ii) Assets included in Form 990, Part X			<b>►</b> \$
2 :	If the organization received or held works of art, his following amounts required to be reported under SFA		finan	
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
				· т

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	, His	toric	<u>cal Tre</u>	asur	es, or C	<u> the</u>	<u>r Simil</u>	ar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	owing th	at are	a significa	ant u	se of its	collecti	on	
а	Public exhibition		d	Γ	Loan or	exch	ange prog	rams				
ь	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w thev	further	the or	aanızatıor	ı's ex	empt pu	rpose ir	1	
-	Part XIV			,			<b>9</b>					
5	During the year, did the organization solicit								nılar	_		<b>-</b>
Day	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to be sold to be								oc" to E		Yes	☐ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	u i	es to r	UIIII 9:	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	etsı	not	Г	Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	ble							
										A me	ount	
c	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
		(a)Current Year 12,026,116	(E	Prior '	Year ,083,146	<b>(c)</b> Tw	o Years Bac 11,288,8	<del></del>	Three Yea	ars Back	<b>(e)</b> Four `	ears Back
1a	Beginning of year balance	369,812					605,5	_				
b	Contributions	1,226,474			,986,996		-2,380,0					
C _	Investment earnings or losses	287,629		1	264,845		360,3	-				
d	Grants or scholarships Other expenditures for facilities	207,029			204,043		300,5	,02				
е	and programs											
f	Administrative expenses	167,706			135,758		70,9	29				
g	End of year balance	13,167,067		12	,026,116		9,083,1	.46				
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨 82 330 %											
c	Term endowment ► 17 670 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	atıon	that a	re held a	and ad	lmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations							•		. 3a(i 3a(ii		No No
b	(ii) related organizations			 Schedi	ule R?	•		•		. 3b	<u> </u>	NO
4	Describe in Part XIV the intended uses of th	•						•				<u> </u>
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 99	0, Pa	rt X, line	10.				
	Description of investment				Cost or o		( <b>b)</b> Cost or basis (oth			ımulated cıatıon	( <b>d</b> ) B	ook value
	Land						28	1,000				281,000
b	Buildings											<u>.</u>
	Leasehold improvements											
d	Equipment						25	9,932		14,63	1	15,301
e	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B,	), line	10(c).)							296,301
									Sche	dule D	Form 9	90) 2010

Part VIII Investments—Other Securities. See	form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		of valuation
(including name of security)	(B)Book value	Cost or end-of-	ear market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.	
			of valuation
(a) Description of investment type	(b) Book value		year market value
		Cost of ellu-ol-	, car market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		( <b>b)</b> Book value
	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value

otal revenue (Form 990, Part VIII, column (A), line 12)	1	612,69
otal expenses (Form 990, Part IX, column (A), line 25)	2	676,52
ccess or (deficit) for the year Subtract line 2 from line 1	3	-63,83
et unrealized gains (losses) on investments	4	1,075,00
onated services and use of facilities	5	
vestment expenses	6	
or period adjustments	7	
ther (Describe in Part XIV)	8	129,78
otal adjustments (net) Add lines 4 - 8	9	1,204,78
cess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,140,95
	er Returi	1
otal revenue, gains, and other support per audited financial statements	1	1,596,28
mounts included on line 1 but not on Form 990, Part VIII, line 12		
et unrealized gains on investments		
onated services and use of facilities		
ecoveries of prior year grants		
ther (Describe in Part XIV)		
dd lines <b>2a</b> through <b>2d</b>	2e	1,084,15
ubtract line <b>2e</b> from line <b>1</b>	3	512,13
mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
nvestment expenses not included on Form 990, Part VIII, line 7b . 4a		
ther (Describe in Part XIV)		
dd lines <b>4a</b> and <b>4b</b>	4c	100,56
otal Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	612,69
Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	ırn
otal expenses and losses per audited financial tatements	1	455,33
mounts included on line 1 but not on Form 990, Part IX, line 25		
onated services and use of facilities		
rıor year adjustments		
ther losses		
ther (Describe in Part XIV) 2d		
dd lines <b>2a</b> through <b>2d</b>	2e	9,15
ubtract line <b>2e</b> from line <b>1</b>	3	446,18
mounts included on Form 990, Part IX, line 25, but not on line 1:		
nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
, , , , , , , , , , , , , , , , , , , ,		
ther (Describe in Part XIV)		
	4c	230,34
	et unrealized gains (losses) on investments onated services and use of facilities vestment expenses for period adjustments ther (Describe in Part XIV) that adjustments (net) Add lines 4 - 8 ticess or (deficit) for the year per financial statements Combine lines 3 and 9  I Reconciliation of Revenue per Audited Financial Statements With Revenue per otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments	et unrealized gains (losses) on investments  vestment expenses  vestment expenses  fier (Describe in Part XIV)  tall adjustments (net) Add lines 4 - 8  total adjustments (net) Add lines 3 and 9  II Reconciliation of Revenue per Audited Financial Statements With Revenue per Return otal revenue, gains, and other support per audited financial statements  total unrealized gains on investments  total unrealized gains on investments  total unrealized gains on investments  total cevenue, gains, and other support per audited financial statements  total revenue, gains, and other support per audited financial statements  total revenue add lines 3 and 4c (This should equal Form 990, Part VIII, line 7b  II Reconciliation of Expenses per Audited Financial Statements With Expenses per Return otal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  II Reconciliation of Expenses per Audited Financial Statements With Expenses per Return otal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  II Reconciliation of Expenses per Audited Financial Statements With Expenses per Return otal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  II Reconciliation of Expenses per Audited Financial Statements With Expenses per Return otal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  II Reconciliation of Expenses per Audited Financial Statements With Expenses per Return otal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 25  onated Services and use of facilities  2a 9,150  II Rec

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		We are a community foundation and have received funds from various individuals and organizations to provide endowments to fund various donor advised and designated charities, scholarships, and community grants to charitable entities
		Part XII, Line 4b Amounts received for agency funds \$100,562
		Part XIII, Line 4b Amounts paid for from agency funds \$230,344
		Form 990, Part XII, Line 2b The Foundation has not identified any uncertainties in federal or state income taxes for any open tax years as of December 31, 2010 The Foundation is no longer subject to federal and state tax examinations by tax authorities for years before 2008 No authorities have commenced income tax examinations as of December 31, 2010

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Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(c) IRC Code section

if applicable

Schedule I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

DLN: 93493193002471

**Inspection** 

(h) Purpose of grant

Department of the Treasury Internal Revenue Service

1 (a) Name and address of

organization

Name of the organization Community Foundation of Southwest Kansas Employer identification number

48-1117413

(g) Description of

Pe	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	$\Box$

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

(d) A mount of cash

grant

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EIN

(e) A mount of non-

cash

(f) Method of

valuation

or government		паррпсавле	grunt	assistance	(book, FMV, appraisal, other)	non cash assistance	or assistance
(1) United Methodist Youthville11200 Lariat Way Dodge City,KS 67801	48-0543712	501(c)(3)	5,864				Program expenses
(2) Spearville Pride CommitteePO Box 77 Spearville, KS 67876	48-9074237	501(c)(3)	17,400				ADA enhanced city park
(3) City of Dodge City806 N 2nd Avenue Dodge City,KS 67801	48-6008416	government entity	11,087				Hennesey Hall upkeep and maintenance
(4) Newman University236 San Jose Drive Dodge City,KS 67801	48-0556716	501(c)(3)	11,088				To provide assistance for the maintainence of a four year college presence in Dodge City
(5) Boot Hill Museum Inc Front Street Dodge City,KS 67801	48-0629167	501(c)(3)	70,000				O peration of the western heritage museum and facilities
(6) City of Plains 404 Grand Avenue Plains, KS 67869	48-6009704	government entity	150,040				Construction of a Community Building
(7) Ford County Oral Health Coalition co United Methodist Mexican American Min712 A St John Street Garden City, KS 67846	48-1049519	501(c)(3)	12,500				Dental clinic for low income individuals with no health insurance coverage
(8) Crisis Center of Dodge City1101 1st Avenue Dodge City,KS 67801	48-0975166	501(c)(3)	15,000				O peration of center for domestic violence victims
2 Enter total number of sec	tion 501(c)(3) and gov	ernment organizations .					•

Enter total number of other organizations . . . . . . . . .

t III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes"	' to Form 990,	Part IV, line	22
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Education scholarships	134	132,400			

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
,	1 '	Schedule I, Part I, Line 2 Proof of enrollment are required for all scholarships and checks are made payable to the school
Grants in the U S		rather than to the individual. This is a small city and for grants, the not for profit organizations receiving funds in the area are
		well known

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As Filed Data -

DLN: 93493193002471

48-1117413

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

### **Transactions with Interested Persons**

► Complete if the organization answered or Form 990-EZ, Part V lines 38a or 40b.

Internal Revenue Service

Name of the organization

Community Foundation of Southwest Kansas

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010 Open to Public Inspection **Employer identification number** 

1	(a) Name of disq	ualıfıad	nerson			<b>(b)</b> Desc					(c) C	orrecte
<u> </u>	(a) italia of aloq		Person			(b) Desc	.11011	OI LIAIIS	action		Yes	No
	e amount of tax ımpos	ed on tl	he orgar	nızatıon man	agers or	disqualified pers	ons dur	ing the y	ear unde	r		
	4958	٠							🕨	• \$ ——		
Enterth	e amount of tax, ıf any	, on line	2, abo	ve, reimburs	sed by th	e organization .			· · •	*		
art II	Loans to and/or I											
						D 1 T1/ 1 D C						
(	Complete if the organiz			d "Yes" on F	orm 990	, Part IV, line 26	, or For	m 990-E			<u>a</u>	
		(b) L	nswered oan to om the				(e)	In	(f) Approv	ved	(g)Writ	
<b>)</b> Name of ı	Complete If the organize on the control of the cont	(b) L or fro	oan to	d "Yes" on F (c)Orig principal a	jınal	, Part IV, line 26 (d)Balance due		In	(f)	ved d or		
<b>)</b> Name of ı	nterested person and	(b) L or fro	oan to m the	<b>(c)</b> 0 rig	jınal		(e)	In	(f) Approv	ved d or	(g)Writ	
<b>)</b> Name of ı	nterested person and	( <b>b)</b> L or fro	oan to m the zation?	<b>(c)</b> 0 rig	jınal		(e) defau	In ilt?	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
<b>)</b> Name of ı	nterested person and	( <b>b)</b> L or fro	oan to m the zation?	<b>(c)</b> 0 rig	jınal		(e) defau	In ilt?	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
<b>)</b> Name of ı	nterested person and	( <b>b)</b> L or fro	oan to m the zation?	<b>(c)</b> 0 rig	jınal		(e) defau	In ilt?	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
<b>)</b> Name of ı	nterested person and	( <b>b)</b> L or fro	oan to m the zation?	<b>(c)</b> 0 rig	jınal		(e) defau	In ilt?	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
) Name of I	nterested person and purpose	(b) L or fro organii To	oan to om the zation? From	(c)Orig principal a	jınal		(e) defau	In ilt?	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
) Name of I	nterested person and purpose	(b) L or fro organii To	oan to om the zation?  From	(c)Orig principal a	ginal amount	(d)Balance due	(e) defau Yes	No	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
) Name of I	nterested person and purpose	(b) L or fro organii To	oan to m the zation?  From  enefitton answ	(c)Original a	pinal amount  **  **  **  **  **  **  **  **  **	(d)Balance due	(e) defau Yes	No	(f) Approv by boar commit	ved d or tee?	( <b>g)</b> Writ	ent?
) Name of I	nterested person and purpose	(b) L or fro organii To	oan to m the zation?  From  enefitton answ	(c)Original a	sinal amount  **Sested F " on Folionip between	(d)Balance due	(e) defau Yes	No No 27.	(f) A pproving by boar commit: Yes	ved rd or tee? No	( <b>g)</b> Writ	No No
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) Name of I	nterested person and purpose	(b) L or fro organii To	oan to m the zation?  From  enefitton answ	(c)Original a	sinal amount  **Sested F " on Folionip between	(d)Balance due Persons. rm 990, Part IV en interested per	(e) defau Yes	No No 27.	(f) A pproving by boar commit: Yes	ved rd or tee? No	(g)Write agreeme	No No
) Name of I	nterested person and purpose	(b) L or fro organii To	oan to m the zation?  From  enefitton answ	(c)Original a	sinal amount  **Sested F " on Folionip between	(d)Balance due Persons. rm 990, Part IV en interested per	(e) defau Yes	No No 27.	(f) A pproving by boar commit: Yes	ved rd or tee? No	(g)Write agreeme	No No

### Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	ii alisweled Tes Uli	TOTTI 330, Part IV, III	ie 20a, 20b, 0i 20c.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?	
	organization			Yes	No	
(1) Kennedy McKee & Company LLP	Partner is a board member	13,820	Payment of accounting fees		No	
(2) Fidelity State Bank	Trust officer is a board member	1	Payment of investment management fees		No	
(3) Sunflower Bank	Trust officer is a board member	· '	Payment of investment management fees		No	

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

2010

Open to Public Inspection

**SCHEDULE 0** (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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

**Employer identification number** Name of the organization Community Foundation of Southwest Kansas 48-1117413

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Executive director reviewed prior to signing and filing. The form is available for all board members to review.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	This is regularly discussed at board meetings and any conflict of interest is resolved at that point

Identifier	Return Reference	Explanation
	l ' '	The organization governing documents, conflict of interest policy, and financial statements are available to the public at the business office upon request

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances		Net unrealized gains on investments 1,075,003 Net agency endow ment activity 129,783 Rounding -1 Total to Form 990, Part XI, Line 5 1,204,785