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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

H

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.

Open to Public Inspection

OMB No 1545-0047

AF	or the	2012 calendar year, or tax year beginning	and	enaing		
Bc	heck if	C Name of organization			D Employer identific	eation number
	Addres change	GOLDEN BELT COMMUNITY F				
	Name change	Doing Búsiness As		<u> </u>	74-2	804940
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	•
	Termin				620-	792-3000
X	Ameno				G Gross receipts \$	3,830,298.
	Application				H(a) Is this a group re	tum
	pendin	F Name and address of principal officer:CHRI	STY L. TUSTIN		for affiliates?	Yes X No
		1307 WILLIAMS, GREAT BEN	D, KS 67530		H(b) Are all affiliates inc	luded? Yes No
I T	ax-exe	empt status: X 501(c)(3) 501(c)()	(Insert no.) 4947(a)(1)	or 🔲 527	If "No," attach a	list. (see instructions)
JV	Vebsit	e: ▶ GOLDENBELTCF.ORG	<u> </u>		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Asso	ociation Other >	L Year	of formation: 1996 N	State of legal domicile: KS
Pa	ırt I	Summary				
•	1	Briefly describe the organization's mission or most s	ignificant activities: COMM	UNITY	FOUNDATION	
Activities & Governance						
ř	2	Check this box 🕨 🔲 if the organization discont	inued its operations or dispo	sed of more	e than 25% of its net as	
Š	3	Number of voting members of the governing body (F	Part VI, line 1a)		3	14
<u>ن</u> مع	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	14
Se	5	Total number of individuals employed in calendar ye	ar 2012 (Part V, line 2a)		5	3
¥	6	Total number of volunteers (estimate if necessary) .			6	35
Ę	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12			0.
_	b	Net unrelated business taxable income from Form 9	90-T, line 34	····		0.
					Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			723,576.	<u>1,977,141.</u>
Ž	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		119,898.	323,915.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		60,644.	74,940.
	12_	Total revenue - add lines 8 through 11 (must equal P	art VIII, column (A), line 12)		904,118.	<u>2,375,996.</u>
	13	Grants and similar amounts paid (Part IX, column (A)), lines 1-3)		244,410.	<u>234,843.</u>
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		0.	0.
ø	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		98,959.	94,977.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)	L	0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line	25) ▶ <u>43,8</u>	<u>07.</u>		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	L	124,939.	143,030.
_	18	Total expenses. Add lines 13-17 (must equal /Part-IX	column (A), line 25)	L	468,308.	<u>472,850.</u>
3_	19	Revenue less expenses. Subtract line 18 from line 1	RECEIVED		435,810.	1,903,146.
√ ∟ છ	1	i 		Be	ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)	SEP 3.0.2013 Q		8,104,416.	10,629,065.
t Age	21	Total liabilities (Part X, line 26)	<u></u>		254,034.	<u>407,804.</u>
<u> 5</u>	22	Net assets or fund balances. Subtract line 21 from-li	no-20		<u>7,850,382.</u>	10,221,261.
⊃ Pa	art II	Signature Block	OGDEN, UI			
Dund	er pena	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from-li Signature Block Ities of perjury, I declare that I have examined this return, if t, and complete Declaration of preparer (other than officer) Fignature of officer CHRISTY L. TUSTIN, EXECTIVE Type or print name and title	icluding accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is
true,	, correc	t, and complete, Declaration of preparer (other than officer)	is based on all information of w	hich prepare	r has any knowledge.	1.0
髪		Chusty of Justin	<u>/</u>		9/26	//3
Sign	n	pignature of officer			Date	
Her	e	CHRISTY/L. TUSTIN, EXEC	UTIVE DIRECTOR			
(D)						PTIN
		", '	Preparer's signature		if ''	 '
Paid			HOMAS A. HINTZ		self-employ	
	parer	Firm's name VARNEY & ASSOCIAT			Firm's EIN	30-0038643
Use	Only	Firm's address 120 NORTH JULIETT				OE E35 0000
			02-6092		Phone no. 7	85-537-2202
May	the If	RS discuss this return with the preparer shown above	e? (see instructions)			X Yes No

Form	1990 (2012) GOLDEN BELT COMMUNITY FOUNDATION	<u>74-2804940</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
		······································	
1	Briefly describe the organization's mission:		
	THE GOLDEN BELT COMMUNITY FOUNDATION EXISTS TO PROVIDE	${ t NON-PROFIT}$	
	ORGANIZATIONS IN CENTRAL KANSAS WITH A PERMANENT SOURCE		AND
	TO SERVE AS A VEHICLE FOR CHARITABLE GIVING FOR DONORS.		
	SERVES THE COUNTIES OF BARTON, PAWNEE, RUSH, AND STAFFO	RD.	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Vac	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	\Yes	X No
	If "Yes," describe these changes on Schedule O.		
4		manaurad by avaana	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 370,340. including grants of \$ 234,843.) (Reven		1
70			
	GRANTS - THE FOUNDATION DISBURSED GRANTS TO EXEMPT/CHAR		
	ORGANIZATIONS. GRANTS ARE DISBURSED UPON THE DISCRETION	N OF THE BOA	I RD
	OF DIRECTORS OR AS SPECIFIED BY THE DONOR.		
	OI BIRDETOND ON AD BIBETITED BY THE BONON.	·	
			
			
			
4b	(Code:) (Expenses \$) (Reven	iue S)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v	
		···	
			
4c	(Code) (Expenses \$ including grants of \$) (Reven	nue \$)
			
			
			<u>.</u>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$))	
4e	Total program service expenses ► 370,340.		
70	JIU, JEV.	Form (990 (2012)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		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? If "Yes," complete Schedule C, Part II	4		х
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		х
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? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		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?	İ		
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	 11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- ''		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - 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		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	1	_	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f		116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
120	Cohort to D. Corte W. and W.	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.4		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	le the experiencian a school described in section 470/LV/4V/4V/6V0 (6 IV/c II associate Cabadyle C	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1-75		
. •	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 -		 -
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
9	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		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -

Form 990 (2012) GOLDEN BELT COMMUN
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	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	i	
ď		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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			•
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u></u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_ X	

<u>'Pa</u>				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u></u>	<u> </u>
	1 1 -	-	Yes	No
1a		* **	7.37	- 75 7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	(3) K.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	360	201 A	
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			- 22 - 32
	filled for the calendar year ending with or within the year covered by this return		The second	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
ь	If "Yes," enter the name of the foreign country:			12.65
F	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2 E-2		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	00	550	5,75
′_	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		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u> -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	237		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		***	3.6
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	17.2		
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		3,172	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			ائد. 1 - ا
а	Gross income from members or shareholders	44: Sp		- NA.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	3		
	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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 2	OLUT	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	6		ا-دائات
b	Enter the amount of reserves the organization is required to maintain by the states in which the	. 4	35.5	
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		100	7,6
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146		i

232005 12-10-12

Form **990** (2012)

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tiòn A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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?	_2		<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		<u> </u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> X</u>				
6	Did the organization have members or stockholders?	_6_		<u> </u>				
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?	_7a_		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	 		v				
_	persons other than the governing body?	_7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	X					
	Each committee with authority to act on behalf of the governing body?	_8b_	_					
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		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-42				
000	tion 5.1 Onoics (This Section & Tequests information about policies not required by the internal nevertice code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	A SAL III							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	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?							
а	The organization's CEO, Executive Director, or top management official	15a	_X_					
b	Other officers or key employees of the organization	15b		_X_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1						
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		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
<u>C</u>	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie					
	for public inspection. Indicate how you made these available. Check all that apply.							
10	Own website Another's website X Upon request Other (explain in Schedule O)	d fin	امزما					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iinar	icial					
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: 🖎						
20	CHRISTY TUSTIN - 620-792-3000	aon. p						
	1307 WILLIAMS, GREAT BEND, KS 67530-1911							
232006 12-10-		Form	990	(2012)				

Check if Schedule O contains a response to any question 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.

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

- 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more box, unless person sofficer and a director			ON ore than one on is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MELANIE CALCARA DIRECTOR	1.00	x						0.	0.	0.
(2) MARK BITTER DIRECTOR	1.00	x						0.	0.	0.
(3) JOAN DREHER DIRECTOR	1.00	x						0.	0.	0.
(4) RANDY GOERING DIRECTOR	1.00	х						0.	0.	0.
(5) JIM FROETSCHNER DIRECTOR	1.00	x						0.	0.	0.
(6) AMBER LITTLER DIRECTOR	1.00	х						0.	0.	0.
(7) DEVIN MCMILLEN TREASURER	1.00	x		x				0.	0.	0.
(8) TAMMY ROSENBERG SECRETARY	1.00	x		x				0.	0.	0.
(9) DR. RON SANDSTROM PRESIDENT	1.00	x		х				0.	0.	0.
(10) STEVE MILLER DIRECTOR	1.00	X						0.	0.	0.
(11) GARY SEIBERT DIRECTOR	1.00	x		1				0.	0.	0.
(12) TOM SMITH VICE PRESIDENT	1.00	x		х				0.	0.	0.
(13) PAUL SNAPP DIRECTOR	1.00	x						0.	0.	0.
(14) KATHY STRAUB DIRECTOR	1.00	x						0.	0.	0.
(15) CHRISTY TUSTIN EXECUTIVE DIRECTOR	40.00			х				51,112.	0.	0.
						-				,

232007 12-10-12

				YTINUMMO:	<u>FOUNDATIO</u>	<u>N</u>	<u>74-280</u>	<u>4940 Page 9</u>
Pa	rt VII	II Statement of Rever	nue					
		* Check if Schedule O cont	ains a response	to any question ii	n this Part VIII	<u></u> .	,,,	,,, .
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1а					
		Membership dues	• • •					
	c							
			1d					
		Government grants (contributi						
		-						
	T	All other contributions, gifts, grant		4 575 444				
뎚		similar amounts not included above		1,977,141.				
o d	_	Noncash contributions included in lines						
O B	<u> </u>	Total. Add lines 1a-1f	 	P	1,977,141.			
				Business Code				
ice	2 a	·	 				<u></u>	
e S	b	·						
S u	С	; <u></u>						<u> </u>
Je J	d	<u> </u>						
Program Service Revenue	е	·						
₫	f	All other program service reve	nue	<u></u>				<u> </u>
		Total. Add lines 2a-2f	<u></u>	D				
	3	Investment income (including		L				
		other similar amounts)		▶ [219,615.	219,615.		
	4	Income from investment of tax						
	5	Royalties	<u></u>	<u></u> ▶ [
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	ь	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		•				
		Gross amount from sales of	(ı) Securities	(ii) Other				
		assets other than inventory	1,558,602.					
	h	Less: cost or other basis	2,330,002,					
		and sales expenses	1,454,302.	1				
		01.0						
		l Not som outless)			104 300.	104,300.		
		Gross income from fundraising		· · · •	104,300,	104,300.		
Ĕ	0 4							
Ve		including \$ contributions reported on line]				
Re		•	•	[
Other Revenue	_	Part IV, line 18		I i				
ō		Less: direct expenses						
		Net income or (loss) from fund	_	·····				-
	9 а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		P				.
	10 a	Gross sales of inventory, less						
		and allowances						
			b	L				
	c	Net income or (loss) from sale:		···· • • • • • • • • • • • • • • • • •				
		Miscellaneous Revenu		Business Code				
	11 a	ADMINISTRATIVE FEES		900099	74,940.	74,940,		
	þ	·		<u> </u>	<u>.</u>	ļ		
	C		<u> </u>	<u> </u>				
	d	All other revenue						

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 to any question in this Part IX (D) Fundraising (B) (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 218,993. 218,993. organizations in the United States. See Part IV. line 21 Grants and other assistance to individuals in 15,850 15,850. the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 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)(B) 26,682. 35,577. 26,683. 88,942. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,811.6,035. 1,810. 2,414 10 Fees for services (non-employees): Management 75,004 75,004 9,464 946 6,625. 1,893. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Office expenses 13 122. 122. Information technology 14 15 Royalties 449. 449. 16 615. 616. 1,368. 137. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,447. 434 362 651. 19 Conferences, conventions, and meetings 21 2,267. 114. 2,040. 113. Depreciation, depletion, and amortization 22 2,153. 216. 215 1.722. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a HEALTH COMMUNITY DESIGN 10,414. 10,414 7,547. 7,547. LEADERSHIP 1,473. 2,209. SOFTWARE LEASE <u>7,364.</u> 3.682. 6,920. 5,190. 346. 1,384. CONSULTATION FEE 5,052. e All other expenses 18,511. 6,856. 6,603. 472,850. 370,340. 58,703. 43,807. Total functional expenses. Add lines 1 through 24e 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)

232010 12-10-12

Form 990 (2012)
Part X Balance Sheet

Par	t X	Balance Sheet		
		Check if Schedule O contains a response to any question in this Part X	<u> </u>	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	127,538.	1,271,055
İ	2	Savings and temporary cash investments	632,117.	497,503
	3	Pledges and grants receivable, net		317,500
-	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors,		·
	•	trustees, key employees, and highest compensated employees. Complete		
l		Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
[employers and sponsoring organizations of section 501(c)(9) voluntary		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		5
3	7	F		7
Assets	7	Notes and loans receivable, net		3
(8	Inventories for sale or use		-
	9	Prepaid expenses and deferred charges		9
l	าบล	Land, buildings, and equipment: cost or other		
	_	basis. Complete Part VI of Schedule D 10a 89,840.	CE 000	
-		Less: accumulated depreciation 10b 20,574.	65,228.10	
ł	11	Investments - publicly traded securities	7,110,576. 1	
ı	12	Investments - other securities. See Part IV, line 11		2
	13	Investments - program-related. See Part IV, line 11		3
Į	14	Intangible assets		4
-	15	Other assets. See Part IV, line 11	2,454. 1	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		6 10,629,065
	17	Accounts payable and accrued expenses	903. 1	7 5,772
	18	Grants payable		8 6,243
ĺ	19	Deferred revenue		9
ŀ	20	Tax-exempt bond liabilities		90
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2	1
	22	Loans and other payables to current and former officers, directors, trustees,		
Liabilities		key employees, highest compensated employees, and disqualified persons.		
-		Complete Part II of Schedule L	2	2
-	23	Secured mortgages and notes payable to unrelated third parties	2	3
	24	Unsecured notes and loans payable to unrelated third parties	2	4
-	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	<u>253,131.</u> 2	5 395,789
	26	Total liabilities. Add lines 17 through 25	254,034. 2	407,804
- 1		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
3		complete lines 27 through 29, and lines 33 and 34,		
	27	Unrestricted net assets	1,264,586. 2	7 1,395,752
	28	Temporarily restricted net assets	604 -04	8 1,391,555
	29	Permanently restricted net assets	5,894,295. 2	9 7,433,954
.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		
;		and complete lines 30 through 34.		
Net Assets of Fully Balaites	30	Capital stock or trust principal, or current funds	з	o
	31	Paid-in or capital surplus, or land, building, or equipment fund	3	11
: 1	32	Retained earnings, endowment, accumulated income, or other funds	3	2
:	33	Total net assets or fund balances	7,850,382. з	3 10,221,261.
- 1	34	Total liabilities and net assets/fund balances		4 10,629,065.

Form	990 (2012) GOLDEN BELT COMMUNITY FOUNDATION 7	74-28	04940	Pac	ae 12
	t XI Reconciliation of Net Assets				<u>,</u>
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>2,37</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	<u>. </u>			<u>50.</u>
3	Revenue less expenses. Subtract line 2 from line 1	,	1,90	3,1	<u>46.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		7,850		
5	Net unrealized gains (losses) on investments	<u> </u>	610),3	<u>91.</u>
6	Donated services and use of facilities	<u>; </u>			
7	Investment expenses	<u>, </u>		_	
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O) 9	,	<14	2,6	<u>58.</u> :
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
		10	<u>10,22</u>	L <u>,2</u>	<u>61.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u> ,	<u></u>	X
				Yes	No
1	Accounting method used to prepare the Form 990: X 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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	١a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,			ĺ
	consolidated basis, or both:		li		
	X Separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu				ĺ
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	• Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	i audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

12-10-12

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number Name of the organization GOLDEN BELT COMMUNITY FOUNDATION 74-2804940 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) Я 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c ____ Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes the governing body of the supported organization? 11g(i) (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) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of monetary (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S.? governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No LHA For Paperwork Reduction Act Notice, see the Instructions for

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

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.)

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
	Gifts, grants, contributions, and						_					
	membership fees received. (Do not											
	include any "unusual grants.")	527,146.	251,710.	449,475.	723,576.	1637217.	3589124.					
2	Tax revenues levied for the organ-											
	ızatıon's benefit and either paid to			i								
	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	527,146.	251,710.	449,475.	723,576.	1637217.	3589124.					
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			i								
	amount shown on line 11,			;		-						
	column (f)						1667820.					
6	Public support. Subtract line 5 from line 4				·		1921304.					
	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
7	Amounts from line 4	527,146.	251,710.	449,475.	723,576.	1637217.	3589124.					
8	Gross income from interest,						_					
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources	175,435.	146,897.	139,743.	180,398.	219,615.	862,088.					
9	Net income from unrelated business	_	-		-							
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain				· -							
	or loss from the sale of capital											
	assets (Explain in Part IV.)											
11	Total support. Add lines 7 through 10			•			4451212.					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12						
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)						
	organization, check this box and stop	here					▶□					
Sec	tion C. Computation of Publ	ic Support Per	rcentage									
14	Public support percentage for 2012 (I	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	43.16 %					
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	<u>56.85 %</u>					
16a	33 1/3% support test - 2012. If the	rganization did no	t check the box or	n line 13, and line ¹	14 is 33 1/3% or m	ore, check this bo						
	stop here. The organization qualifies	as a publicly supp	orted organization				▶\X					
b	33 1/3% support test - 2011. If the	rganızation did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶□					
17a	10% -facts-and-circumstances test	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac	ts-and-circumstane	ces" test, check th	nis box and stop h	ere. Explain in Pai	t IV how the organ	ization					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a ¡	publicly supported	l organization		▶□					
b	10% -facts-and-circumstances test	- 2011. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or					
	more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	٠					
	organization meets the "facts-and-circ	umstances" test.	The organization q	jualifies as a public	cly supported orga	nization	▶□					
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction:	s ▶□					
					0-1-	A //E 000	000 E7) 0040					

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Compi	iete oı	nly i	f yo	u che	ckec	l the	box o	n line 9	of F	art i	or if	the	organ	ızatioı	n faile	d to	qualify	unde	er Pa	rt II. I	If the	orgai	nızatıc	n fai	ils to
										_															

Sad	qualify under the tests listed be	elow, please com	olete Part II.)	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(b) 2009	(6) 2010	(0) 2011	16) 2012	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					 	
_	merchandise sold or services per-						
	formed, or facilities furnished in			ł	ì	1	
	any activity that is related to the organization's tax-exempt purpose				ł	}	
3	Gross receipts from activities that					1	
_	are not an unrelated trade or bus-			j	j	}	
	iness under section 513			ļ	1		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		}	}	ł		}
5	The value of services or facilities						
	furnished by a governmental unit to		ļ				
	the organization without charge			j	}]	j
6	Total, Add lines 1 through 5				1		
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					1	
	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)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	- <u></u>		L	L	L	<u> </u>
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					<u> </u>	
c	: Add lines 10a and 10b				<u> </u>	<u> </u>	
11	Net income from unrelated business						_
	activities not included in line 10b, whether or not the business is						
	regularly carried on			<u> </u>			
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		<u> </u>			<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)			L		<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						
	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2012 (li			column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves					, - ,	
17	Investment income percentage for 20	•		ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2012. If the						7 is not
	more than 33 1/3%, check this box ar	="					▶└_
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che		-				▶∟
20	Private foundation. If the organization	did not check a	<u>box on line 14, 19</u>	a, or 19b, check th			<u> </u>
23202	23 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 20						74-28049	
Part IV Supplemental Info	ormation. Complete this part	ete this part to for any additi	provide the onal informati	explanations reconn. (See instruc	quired by Part II, tions).	line 10; Part II, line 1	7a or 17b;
SCHEDULE A, LIST O	F UNUSUAL	GRANTS	RECEIVE	ED:			
NPA							
DATE: 09/15/06	AMOUNT:	100000	ı <u>.</u>	·			
KHF CHILDREN'S				<u>.</u>			
DATE: 04/03/06	AMOUNT:	700000					
NPA							
DATE: 09/10/07	AMOUNT:	100000	<u>.</u>				
MISC							
DATE: 12/31/08	AMOUNT:	101645					
MISC							
DATE: 12/31/08	AMOUNT:	350000) <u>.</u>	. <u>.</u>			
MISC							
DATE: 02/10/09	AMOUNT:	100000) •				
MISC							
DATE: 05/04/09	AMOUNT:	100000	·	·			
MISC							
DATE: 06/30/09	AMOUNT:	200000	<u>.</u>	 	···		
GROW 2 MATCH			_				
DATE: 12/31/10	AMOUNT:	171342					
BEQUEST							
DATE: 12/31/10	AMOUNT:	840000	<u>.</u>				
GROW 2 MATCH							
DATE: 12/31/11	AMOUNT:	112661	. •				
BEQUEST							
DATE: 12/31/11	AMOUNT:	28564.			 		· ·
GROW 2 MATCH					.		
DATE: 12/31/12	AMOUNT:	268497	<u>' • </u>				
BEQUEST 232024 12-04-12					Sche	dule A (Form 990 or	990-EZ) 201:
406064 16-04-16			16		Scrie	weis in it of the saw Uf	200 22,2012

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17 and Part III, line 12. Also complete this part for any additional information. (See instructions). ATE: 04/27/12 AMOUNT: 71427.		74-2804940	FOUNDATION	ELT COMMUNITY	2012 GOLDEN B	(Form 990 or 990-EZ) 2	chedule A
	7a or 17b;	art II, line 10; Part II, line 17a o	xplanations required by Pa	te this part to provide th	nformation. Comple	Supplemental Inf	art IV
MTE: 04/27/12 AMOUNT: 71427.			on. (See instructions).	for any additional informa	lso complete this part	and Part III, line 12. Al	
				71427	ΣΜΩΙΤΝΨ•	04/27/12	nπt.
				11441.	AMOUNT.	04/2//12	AIE:
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public

➤ Attach to Form 990. ➤ See separate instructions. Inspection **Employer identification number** Name of the organization GOLDEN BELT COMMUNITY FOUNDATION 74-2804940 Part i Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 34 1 Aggregate contributions to (during year) 1,479,677. 2 189,948. Aggregate grants from (during year) 3 3,564,690. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes impermissible private benefit? No Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) _____Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051

Schedule D (Form 990) 2012

Sched	dule D (Form 990) 2012 GOLDEN E	ELT COMMU	NITY FOUND	ATION		74-28	04940) Pa	ıge 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or (Other Simila	r Asset	S(continu	ued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check any of the	following that ar	e a significant u	se of its o	collection	items	3
	(check all that apply):								
а	Public exhibition	đ	Loan or exc	nange programs					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explair	how they further th	ne organization's	exempt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other s	imılar assets				
	to be sold to raise funds rather than to be mai			_	<u> </u>		Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	te if the organizatio	n answered "Ye	s" to Form 990,	Part IV, II	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	ın or other intermed	iary for contribution	s or other asset	s not included		_	_	,
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing table:						
							Amount		
C	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				-
	Did the organization include an amount on Fo	•	******				Yes	<u>_</u>	No
b	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV,					
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three y	ears back	(e) Four	years	<u>back</u>
1a	Beginning of year balance	4,944,451.	4,679,512.	4.079.8	59. 3.1	46,285,	3	554	<u> 185.</u>
b	Contributions	623,800.	477,008,	345,2	07. 3	00,443.		775,	921.
C	Net investment earnings, gains, and losses	621,601.	13,339.	459_2	33. 7	34,247.	<1,	054	714.
d	Grants or scholarships	167,625,	164,764.	154,8	40.	60,095.		90	620.
е	Other expenditures for facilities				l				
	and programs		·						
f	Administrative expenses	74,940.	60,644.	49,9	47.	41,021.		_38,	487.
g	End of year balance	5,947,287.	4,944,451.	4,679,5	12. 4.0	79,859,	3.	146,	285.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	10.00	_%						
b	Permanent endowment ► 90.00	%							
C	Temporarily restricted endowment ▶	.00%							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered	for the organiz	ation	r		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		<u> </u>
							3a(ii)		X
b	If "Yes" to 3a($\scriptstyle\rm II$), are the related organizations				<i>.</i>		_3b		
4	Describe in Part XIII the intended uses of the								
Par	<u> </u>								-
	Description of property	(a) Cost or o		1	(c) Accumulate	d	(d) Book	value	9
		basis (investr	nent) basis	(other)	depreciation				
1a	Land								4=
b	Buildings			2,570.	9,9	43.	62	4,6	<u>47.</u>
	Leasehold improvements	-							
d	Equipment	ļ			40 0				1.0
	Other	<u></u>		7,270.	10,6	5 <u>T • </u>		2 . 2	<u> 19.</u>
Tatal	Add lines 1a through 1e (Column (d) must ed	rual Earm 00/1 Dart	Y column (R) line 1	(O(C))			, d	s /.	nn .

Schedule D (Form 990) 2012

232053 12-10-12

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

_	dule D (Fo	orm 990) 2012 GOLDEN BELT COMMUNITY FOUND.			74-2	2804940 Page 4
Par	t XI R	leconciliation of Revenue per Audited Financial Statemen	ts W	th Revenue per R	leturn	
1	Total rev	enue, gains, and other support per audited financial statements			1	<u>2,843,729.</u>
2	Amounts	included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unre	alized gains on investments	2a	610,391.		
		services and use of facilities	2b			
_		es of prior year grants	2c		1 [
			2d	<142,658.	 	
	•			<u> </u>	2e	467,733.
_					3	2,375,996.
		line 2e from line 1		· · · · · · · · · · · · · · · · · · ·	3	2,313,330.
		s included on Form 990, Part VIII, line 12, but not on line 1:	. 1]	
		ent expenses not included on Form 990, Part VIII, line 7b	_4a	·	1 1	
b	Other (Do	escribe in Part XIII.)	<u>4b</u>		- 1	•
C	Add lines	s 4a and 4b			4c_	0.
5_	Total rev	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 	5	<u>2,375,996.</u>
Par	t XII R	leconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	
1	Total exp	penses and losses per audited financial statements			11	472,850.
2	=	s included on line 1 but not on Form 990, Part IX, line 25:				
		services and use of facilities	2a			
		ar adjustments	2b		1	
	Other los		2c		1	
C			2d		1	
d	•	escribe in Part XIII.)			1 _ 1	n
		s 2a through 2d			2e	472,850.
3		line 2e from line 1			3	4/2,850.
4	Amounts	s included on Form 990, Part IX, line 25, but not on line 1:				
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	_4a	<u> </u>	4 1	
b	Other (D	escribe in Part XIII.)	4b	 	<u> </u>	
C	Add lines	s 4a and 4b			4c	<u> </u>
5	Total exp	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	472,850.
Par	t XIII S	Supplemental Information				
Comp	lete this	part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Part IV, lines 1	b and 2	2b; Part V, line 4; Part
		(I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
		LINE 4: THE FOUNDATION USES THE ENDOW				URSE AS
	/	22372 37 3111 1 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
THE	POAT	RD OF DIRECTORS OR THE DONOR SPECIFIES	ጥር	איר אשריאווש	r FOI	UNDATIONS
1111	י דיסעדי	ND OF DIRECTORD OR THE DONOR DIBOTTIES		t Ott 111111 A-11		<u> </u>
CVC	י שכנועי	PURPOSE OF PROVIDING NON-PROFIT ORGANI	7 አጥ	TONG THE CENT	. א מיי	KANGAG
CAC	MP1	PURPOSE OF PROVIDING NON-PROFIT ORGANI	<u>DAI</u>	TONS IN CHAI	بيمى.	IMIOAD
		DEDUCTION COURSE OF CUIDODE AND MO CED	T 772)	ad a someticons	3 E/O	D
NT.T	<u>HA</u> .	PERMANENT SOURCE OF SUPPORT AND TO SER	<u>VĽ.</u>	AS A VEHICLE	FU	к
CHA	RITA	BLE GIVING FOR DONORS.				
PAR	TX.	LINE 2: THE FOUNDATION HAS NOT IDENTI	FIE:	D ANY_UNCERT	'AIN'	TIES IN
FEL	ERAL	OR STATE INCOME TAXES FOR ANY OPEN TA	<u> </u>	EARS AS OF I	ECE	MBER 31,

Schedule D (Form 990) 2012

Schedule Part X	D (Fo	rm 996	0) 2012 ement	tal In	G forma	OLDE	N BEL	T CC	MMUN	ITY	FOU	NDAT1	ON		74-	28049	40 Page 5
2012.	•							NGER	SUB	JECT	тО	FEDE	ERAL	AND	STATE	TAX	
•							RITIE			_					AUTH		ES
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PART	ΧI	L	NE	2D -	- OT	HER	ADJUS	TMEN	TS:								
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SCHEDULE (Form 990)

Part

Part II

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection ž

Employer identification number 74-2804940 X Yes 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 ▶ Attach to Form 990. GOLDEN BELT COMMUNITY FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

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

IEMORIAL, AND HIKE & BIKE SOCIETY AND DONOR ADVISED DONOR ADVISED FOR PARISH OPERATIONS OF HISTORICAL CONTRIBUTIONS TO BENEFIT CONTRIBUTIONS TO SUPPORT (h) Purpose of grant or assistance PARK, ZOO, VETERANS GRANT FOR CHRISTIAN THE HUMANE SOCIETY TO SUPPORT BARTON COMMUNITY COLLEGE CONTRIBUTIONS CONOR ADVISED DONOR ADVISED DPERATIONS SDUCATION PROJECTS (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) - FMV - FMV - FMV CASH - FMV - FMV - FMV CASH CASH CASH CASH CASH (e) Amount of non-cash assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 25,444, 6,500, 6,501, (d) Amount of cash grant 15,500 20,156 10,000 (c) IRC section of applicable 48-1131704 (b) EIN 1 (a) Name and address of organization BARTON COUNTY HISTORICAL SOCIETY FOUNDATION - 245 NE 30 ROAD GOLDEN BELT HUMANE SOCIETY BARTON COMMUNITY COLLEGE or government LASTING LIFE MINISTRIES PRINCE OF PEACE PARISH GREAT BEND, KS 67530 GREAT BEND, KS 67530 GREAT BEND, KS 67530 1209 WILLIAMS STREET GREAT BEND, KS 67530 GREAT BEND, KS 67530 GREAT BEND, KS 67530 CITY OF GREAT BEND 85 S. HIGHWAY 28 4100 BROADWAY 407 MCKINLEY PO BOX 1653

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 1	
74-2804940	

Schedule I (Form 990) GOLDEN BELT COMMUNITY FO	LT COMMUN	ITY FOUNDATION vernments and Organization	TON nizations in the U	nited States (Sch	OUNDATION and Organizations in the United States (Schedule I (Form 990), Part II.)		74-2804940 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL KANSAS MEDICAL CENTER FOUNATION - 3515 BROADWAY - GREAT BEND, KS 67530			5 466	0	CASH - FWV		TO SUPPORT FLU SHOT CLINIC AND HEARTLAND CANCER CENTER
CITY OF HOISINGTON 109 E. FIRST ST. HOISINGTON, KS 67544				0			TO SUPPORT THE PRIDE PARK PLAYGROUND REVITALIZATION
GREAT BEND FOUNDATION P.O. BOX 365 GREAT BEND, KS 67530			6,000.	•0	CASH - FMV		TO RELIEVE BURDEN OF GOVERNMENT AND SUPPORT DOWNTOWN REVITALIZATION
HOLY FAMILY SCHOOL 4200 BROADWAY GREAT BEND, KS 67530			5,145,	0.0	CASH - FMV		TO SUPPORT THE SCHOOL AND SPECIAL PROGRAMS FOR STUDENTS
KANSAS PEDIATRIC FOUNDATION P.O. BOX 860481 SHAWNEE, KS 66286			5,000	0	CASH - FMV		TO PURCHASE BOOKS AND LITERACY MATERIALS
							Schedule I (Form 990)

GOLDEN BELT COMMUNITY FOUNDATION Schedule I (Form 990) (2012) Part III

Page 2

74-2804940

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

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: THE FOUNDATION REQUIRES EACH GRANTEE TO SUBMIT A GRANT REPORT DESCRIBING THE OUTCOME OF THE PROGRAM OR PROJECT AND BUDGET 0.CASH - PMV (d) Amount of non-cash assistance 15,850. (c) Amount of cash grant INFORMATION ABOUT HOW THE GRANT FUNDS WERE SPENT. (b) Number of recipients 23 SCHOLARSHIP AWARDS TO INDIVIDUALS TO ATTEND (a) Type of grant or assistance COLLEGE

COLUMN (H): LINE 1, PART II, NAME OF ORGANIZATION OR GOVERNMENT: CITY OF GREAT BEND

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED CONTRIBUTIONS TO

ZOO, VETERANS MEMORIAL, AND HIKE & BIKE TRAILS BENEFIT PARK,

232102 12-18-12

SCHEDULE O (Form 990 or 990-EZ)

•

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury internal Revenue Service

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

OMB No 1545-0047 Open to Public

Inspection Name of the organization **Employer identification number** GOLDEN BELT COMMUNITY FOUNDATION 74-2804940 FORM 990, PART VI, SECTION B, LINE 11: DISCUSSION IN BOARD MEETING FORM 990, PART VI, SECTION B, LINE 12C: STATEMENTS SIGNED ANNUALLY AFFIRMING COMPLIANCE WITH CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: ANNUALLY, DETERMINATION OF THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED BY THE GOVERNING BODY. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -142,658.ORGANIZATIONAL ENDOWMENTS TRANSFER FORM 990, PART XII, LINE 2C OVERSIGHT OF INDEPENDENT AUDITOR THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDITOR. FORM 990, ITEM B EXPLANATION OF AMENDED RETURN FORM 990 WAS AMENDED TO INCLUDE THE DESIGNATION OF THE ELECTED BOARD OFFICERS AND THE EXECUTIVE DIRECTOR AS OFFICERS ON PART VII. THE WAGE COMPENSATION OF THE EXECUTIVE DIRECTOR HAS ALSO BEEN ADDED. ADDITION, QUESTIONS 9A AND 9B ON PART V HAVE BEEN MARKED AS NO, WHERE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13