

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

1 1	or the	2022 Caleridar year, or tax year beginning	criting		
	heck if	C Name of organization		D Employer identific	cation number
	Addres	Golden Belt Community Foundation			202
	Name change	Doing business as		74-28049	40
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	1307 Williams		(620) 79	2-3000
	termin ated			G Gross receipts \$	5,830,057.
	Amend	ded Creat Band KG 67530		H(a) Is this a group re	eturn
	Applic			for subordinates	
	_tion pendin	same as C above		H(b) Are all subordinates in	The state of the s
- 20				1	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1	list. See instructions
	Vebsit		To account	H(c) Group exemptio	
< F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1996	M State of legal domicile: KS
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: The	Founda	tion's miss:	ion is to
Governance	9	bring extraordinary people together to pl	an for	a vibrant	future
nai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ver	3	and the state of t		3	12
9	100	사람이 살아가 하나 살아가면 하다 하는 것이 되었다. 그는 그렇게 하는 것이 없는 것이 없는 것이 모든 그렇게 되었다.		4	12
∞ಶ	100	그는 마음을 하면 하는 아이들은 바로 바다를 하는데 하는데 아이들이 들어 아이들이 없어 아니다. 그들은 아이들이 아이들이 아이들이 되었다면 하는데 하는데 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들			4
es	10000	- and the contract of the cont		*************	30
Ξ		Total number of volunteers (estimate if necessary)			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
m	8	Contributions and grants (Part VIII, line 1h)		1,848,274.	5,249,941.
Revenue	9	Program service revenue (Part VIII, line 2g)	annen .	23,597.	23,345.
ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		450,117.	552,460.
B		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,691.	4,311.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,324,679.	5,830,057.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,168,691.	3,219,497.
				0.	0.
	1000	Benefits paid to or for members (Part IX, column (A), line 4)	(10)-110	219,966.	233,562.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	155555500	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	C1 -		0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 116,1		100 626	150 750
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,636.	150,758.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,588,293.	3,603,817.
	19	Revenue less expenses. Subtract line 18 from line 12		736,386.	2,226,240.
Or			Be	eginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		32,071,471.	29,424,800.
ASS	21	Total liabilities (Part X, line 26)	I PARTICULAR PROPERTY OF THE PARTICULAR PROPERTY	2,510,168.	2,137,761.
Vet	22	Net assets or fund balances. Subtract line 21 from line 20		29,561,303.	27,287,039.
	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w			,
irue,	, correc		поп ргорагог	5/19	1/23
<u> </u>	108	Signature of officer		5/19 Date	/40
Sig				5-000	
Her	e	Christy Tustin, Executive Director			
_		Type or print name and title		Date laur r	PTIN
		Print/Type preparer's name Preparer's signature		Date Check [
Paid	t	Eric Kientz, CPA Cic Kientz, CP	1	May 19, 2023 self-emplo	P01526012
Prep	parer	Firm's name Kientz & Penick, CPAs, LLC		Firm's EIN	
Use	Only	Firm's address PO BOX 754			
		Manhattan, KS 66502		Phone no. (7	85) 477-9053
May	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
- + 164	,	The state of the s			222

See Schedule O for Continuation(s)

2022.03040 GOLDEN BELT COMMUNITY FOU 10025

3,364,277.

Total program service expenses

(Expenses \$

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Form 990 (2022)

			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	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	-	<u>X</u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	-	
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	24	
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	-	
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
	Schedule D, Part III	8		
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?		х	
	If "Yes," complete Schedule D, Part IV	9	Λ_	-
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	BERNISON.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.		Die.	III COLUM
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	UGV.		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Α
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			х
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Ves " complete Schedule F. Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4500		77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	7,000		.,
	or for foreign individuals? 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,			١,,,
	column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I, See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes " complete Schedule G. Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
Sex.	complete Schedule G. Part III	19	_	X
20a	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a	_	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	
Van van s		Forn	990	(2022)

Golden Belt Community Foundation 74-2804940 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 X Schedule K. If "No," go to line 25a 24a 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I 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 X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes." complete Schedule L. Part IV X 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes." complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b 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? X 36 If "Yes," complete Schedule R, Part V, line 2

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance
	Note:	All Form 990 filers are required to complete Schedule O
38	Did the	e organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

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

	Check if Schedule O contains a response or note to any line in this Part V	***********				-	
		22 65	1	Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7	(H 2750)	195	l	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			ı	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?		10	; X			

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Form 990 (2022)

X

X

37

38

Form 990 (2022) Golden Belt Community Foundation

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	T .	4480	pare	
	filed for the calendar year ending with or within the year covered by this return	2a 4			ni ng
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?	************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?	***************************************	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	vices provided to the payor?	7a		X
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	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	00.55		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		450	77
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.		II/ESI	Tr-y	77
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:	i i			T VI
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1994		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	F			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	District I		100	
	amounts due or received from them.)	11b	1000	No-state of	15000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	3 20	10000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-	1	ere to
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	E TON LES	
	Note: See the instructions for additional information the organization must report on Schedule O.				Entrace at
b	Enter the amount of reserves the organization is required to maintain by the states in which the	140.1			
	organization is licensed to issue qualified health plans	13b	100		
С	Enter the amount of reserves on hand	13c	14a	2000	X
14a	Did the organization receive any payments in most in a great state of the state of			_	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	ration or	14b	1	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		X
	excess parachute payment(s) during the year?		15	550	A
	If "Yes," see the instructions and file Form 4720, Schedule N.	tinoama?	46		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	102 103	A
	If "Yes," complete Form 4720, Schedule O.	tivitina	N. S. W.	100	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	JI S	=0.00
	If "Yes," complete Form 6069.		100		

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sect	ion 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	1a		12	27		
	If there are material differences in voting rights among members of the governing body, or if the governing					May y	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	iny other				
	officer, director, trustee, or key employee?		*******************		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		**********		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	one or	- 1			~ 100
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				Made
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:		711	1201	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, 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 bod	ly befor	e filing the form	n?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			-	45.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?		12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe	- 1			
	on Schedule O how this was done				12c	X	_
13	Did the organization have a written whistleblower policy?		S-107-11-0121007-11-11	22777	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 approve	al by in	dependent				100
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						dhiez
а	The organization's CEO, Executive Director, or top management official			and the	15a	X	
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					11-36	35-15
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			MEN	1984
	taxable entity during the year?			*****	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation				3.53
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	n's			JICA-0	17.34
	exempt status with respect to such arrangements?				16b		
Sec	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 (1024 or 1024-A, if applicable), 990, a	and 990)-T (section 50	1(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (expla						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest police	cy, and	finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks an	d records				
	The Organization - (620) 792-3000						
	1307 Williams, Great Bend, KS 67530					000	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	(B)	orga	niza		con C)	nper	sate	(D)	rector, or trustee. (E)	(F)
Name and title	Average	Ido		Pos	itior	than o		Reportable	Reportable compensation	Estimated
	hours per	box	, unle	ss pe	rson i	is both	an	compensation		amount of
	week	-	cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	director						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	p 10 a	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		yee	шреп		1099-NEC)	100011120)	and related
	below	Individual trustee or	Institutional trustee	_	Кеу етріоуее	st co	10			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			1,000-1,000-1,000-1,000-1
(1) Christy Tustin	40.00					П				
Executive Director				X				99,760.	0.	1,414.
(2) Sheryl Schamaun	1.00								177	
President		X		X				0.	0.	0.
(3) Kara Jecha	1.00									
Vice President		X		X				0.	0.	0.
(4) Chelsea Steffen	1.00									
Treasurer		X		X				0.	0.	0.
(5) Joan Panning	1.00									
Secretary		X		X				0.	0.	0.
(6) Leonard Bunselmeyer	1.00									
Board Member		X						0.	0.	0.
(7) Kim Guesnier	1.00								121	_
Board Member		X			_			0.	0.	0.
(8) Alan Hoffman (January to June)	1.00	1								
Board Member		X	_		┡	_	_	0.	0.	0.
(9) Kathleen Foster	1.00								_	_
Board Member		X		_	╙	_		0.	0.	0.
(10) Laura Luft	1.00	1								_
Board Member		X	_	_	┡	╄	┞	0.	0.	0.
(11) Janell Foote	1.00	١								_
Board Member	1 00	X	_	-	-	╄	_	0.	0.	0.
(12) Baudilio Hernandez	1.00	١								
Board Member	1 00	X	-		-	-	-	0.	0.	0.
(13) Cora Anderson	1.00	4						_		_
Board Member	1 00	X	-		-	+	-	0.	0.	0.
(14) Jim White	1.00							_	_	_
Board Member		X	-	-	+	+	-	0.	0.	0.
		1							_	
		+	+	-	+	+	-			
		1								
		_	_	-	_	_	_			000

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)	(B) (C)						(D)	(E)		(F)	
Name and title	Average	(do		Pos		than o	one	Reportable	Reportable	E	stimate	d
	hours per	box	, unle	ss pe	rson	is both	an	compensation	compensation	a	mount o	of
	week	_	ficer and a director/trustee)			T	1667	from	from related	224	other	
	(list any hours for	director						the organization	organizations (W-2/1099-MISC/		npensation the	
	related	p so a	tee			sated		(W-2/1099-MISC/	1099-NEC)		ganizatio	
	organizations	ruste	Itrus		80	Highest compensated employee		1099-NEC)	1033-1420)		nd relate	
	below	dual	tiona	L	nploy	st co	=	10001120			anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highe	Former				SELL PROPERTY.	
		-		Ť	×	-						
			\vdash		\vdash	+						
		1										
	-				\vdash	+	\vdash			+		
		1										
					\vdash	-						
		1				1						
		-	-		\vdash	\vdash	H			_		
		-										
		-	_	-	-	+				+-	_	_
		_	_	_	_	_				_		
		1										
		1										
		1										
1b Subtotal		_	_		_		_	99,760.	() .	1,41	14.
to Total from continuation sheets to Part V								0.	().		0.
							***	99,760.	().	1,41	14.
d Total (add lines 1b and 1c) Total number of individuals (including but	act limited to th	000	liete	nd a	hov	a) wh	no re		000 of reportable			
	not limited to tr	1056	11516	eu a	DOV	e) wi	10 16	ceived more triair \$100,	ooo or roportable			0
compensation from the organization		_		_							Yes	No
THE STATE OF THE PARTY OF TAXABLE		75-00 I		2000000	4000	ron o	e factor	Last assumented own	loves on		9 E2VE	a de la constante de la consta
3 Did the organization list any former office			key	emp	oloye	ee, o	r nig	nest compensated emp	loyee on	3		X
line 1a? If "Yes," complete Schedule J for	such individual	202	*****	C-111						3	1000	71
4 For any individual listed on line 1a, is the s										000		X
and related organizations greater than \$15	50,000? If "Yes	, " cc	omp	lete	Sch	edul	e J t	for such individual		4		Λ
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y unr	elate	ed organization or individ	dual for services		FIRST I	X
rendered to the organization? If "Yes." co.	mplete Schedu	le J	for s	uch	per	son				5		Λ
Section B. Independent Contractors										60	20	
Complete this table for your five highest c	ompensated in	depe	ende	ent c	cont	racto	ors t	nat received more than \$	\$100,000 of compe	nsation t	rom	
the organization. Report compensation fo	r the calendar y	ear	endi	ng v	with	or w	ithir	the organization's tax y	ear.		arcini -	
(A)								(B)			(C)	
Name and busines	s address	N	ON	E				Description of s	services	Comp	ensatio	n.
X												
		_	_									
							10	Labour Victor and a	ore than			2/2
2 Total number of independent contractors		not I	imite	ed to	o the		stec	above) who received in	ore triaff			
\$100,000 of compensation from the organ	nization	_	_	_		0				-	m 990	(2001

		Check if Schedule O contains a	response or r	note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a			HAVE BEEN		
in a	b	Membership dues	1b					
E,c	c	Fundraising events	1c					
ar		Related organizations	1d					
is,		Government grants (contributions)	1e					
tio S	f	All other contributions, gifts, grants, and	- ^	40 041				
聲		similar amounts not included above	1f 5,2	49,941.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f	1g \$ 3	84,586.	5,249,941.			
a C	h	Total. Add lines 1a-1f	B	usiness Code	5,245,541.			CENTRAL MANAGEMENT
æ 1	•	Agency fund manager	-	813211	23,345.	23,345.		
Program Service Revenue	2 a			013211	20,0101			
ine								
Ver	d							
Be	e	8						
P.	f	All other program service revenue						
		Total. Add lines 2a-2f			23,345.			
	3	Investment income (including divide	nds, interest,	and	550 460			EEO 460
		other similar amounts)			552,460.			552,460
	4	Income from investment of tax-exen	npt bond prod	ceeds	1 500			1,500
	5	Royalties		(ii) Dersonal	1,500.			1,500
			i) Real	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b					LANGE TO LANGE	
		Rental income or (loss) 6c						
		Net rental income or (loss) Gross amount from sales of (i) S	Securities	(ii) Other	BEAR LETTER		REAL PROPERTY.	
	r a	assets other than inventory 7a						1 Ex 6 8 2 0 11
	h	Less: cost or other basis						
0	D	and sales expenses 7b						
enn	c	Gain or (loss) 7c						
Revenue		Net gain or (loss)		***************				
Other F		Gross income from fundraising events (including \$	not					
3550		contributions reported on line 1c). S	See				E MICHAEL	
		Part IV, line 18	8a					
		Less: direct expenses				A STATE OF THE STA		
- 1		Net income or (loss) from fundraising						NAME OF THE
- 1	9 a	Gross income from gaming activitie	100					
- 1		Part IV, line 19	1					
- 1		Less: direct expenses						
		Net income or (loss) from gaming a				N SERVICE AND	A CONTRACTOR OF THE PARTY OF TH	
	10 a	Gross sales of inventory, less return						
		and allowances Less: cost of goods sold		7 - H				
		Net income or (loss) from sales of in						
	_			Business Code		I RELEASED		MICHAEL
snc	11 a	Other		813211	2,811	2,811		
nnec	b							
Miscellaneous Revenue	0							
Aisc		All other revenue			0.044			
2	•	Total. Add lines 11a-11d			2,811		. 0	. 553,960
	12	Total revenue. See instructions			5,830,057	. 26,156	•	. 333,300

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 3,199,831. 3,199,831. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 19,666. 19,666. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 39.904. 39,904. 19,952. 99,760. 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) 62,066. 20,689. 20,689. 103,444. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4.041. 5,387. 13,469. 4,041. 9 Other employee benefits 5,067. 5,066. 6,756. 16,889. Payroll taxes 10 Fees for services (nonemployees): a Management 60. 180. 60. 300. Legal 3,184. 11.144. 1.592. 15,920. Accounting Lobbying 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.) 1,572. 7,862. 15,723. 6,289. Advertising and promotion 12 8,420. 8,421. 22,691. 39,532. 13 Office expenses 17,697. 17,697. 8,849. 44,243. Information technology 14 Royalties 15 674. 2,021. 3,369. 674. 16 Occupancy 479. 107. 479. 1,065. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1.750. 1,311. 1.313. 4,374. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 282. 282. 5,074. 5,638. Depreciation, depletion, and amortization 22 3,573. 5,361. 8,935. 17.869. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 681. 681. 1,363. 2,725. Dues d All other expenses 116,151. 3.364,277. 123,389. 3,603,817. 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)

	Check if Schedule O contains a response or not	te to any line	in this Part X			

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		AZ - XX -	75,976.	1	89,452.
2	Savings and temporary cash investments			804,672.	2	672,690.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current o					
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disquali	fied persons	(as defined	STATE OF THE PARTY.		
					6	
7	Notes and loans receivable, net	200000000000000000000000000000000000000			7	
8					8	
9	Prepaid expenses and deferred charges			6,883.	9	6,908.
10a	Land, buildings, and equipment: cost or other				7	
	basis. Complete Part VI of Schedule D	10a	135,304.	22 224		07.666
b	Less: accumulated depreciation	10b	47,638.			87,666
11				31,070,484.		28,546,640
12	Investments - other securities. See Part IV, line					
13	Investments - program-related. See Part IV, line					
14	Intangible assets	20 152		21 444		
15						21,444
16						29,424,800
17	Accounts payable and accrued expenses			4,183.	75.50	4,605
18	Grants payable				-	
19	Deferred revenue					
20				2 505 005		2,133,156
21				2,505,965.	21	2,133,130
22	Loans and other payables to any current or for	mer officer, d	director,			
			ibutor, or 35%	THE RESERVE OF THE PARTY OF THE	00	
23						
24	Unsecured notes and loans payable to unrelate	ed third parti	es		24	
25	Other liabilities (including federal income tax, p	ayables to re	elated third			
	-				25	
				2 510 168.	_	2,137,761
26		- I. bawa	Y	Z / S I O / I O O I	20	
		ieck nere	A			
10000				2.080.974.	27	1,787,753
5397						25,499,286
28						
1		956, Check	nere			
		c			29	
29	Capital stock or trust principal, or current fund	aguinment fi	ınd		30	
123/160	Paid-in or capital surplus, or land, building, or	income or o	ther funds		31	
0.55				29,561,303.	_	27,287,039
255.00						29,424,800
	6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disquali under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets, Add lines 1 through 15 (must equal to the payable and accrued expenses) Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Secured mortgages and notes payable to unrelate Other liabilities (including federal income tax, payarties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated Total net assets or fund balances	trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons Loans and other receivables from other disqualified persons under section 4958(f)(1)), and persons described in section 47 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Scans and other payables to any current or former officer, of trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third particular of the payables to any current or former officer, of trustee, including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Conformal liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that donor festrictions Organizations that donor festrictions Organizations that donor festrictions Organizations that donor festrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment funds Retained earnings, endowment, accumulated income, or of Total net assets or fund balances	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 135,304. 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 8 Grants payable 10 Deferred revenue 10 Tax-exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earn	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Complete Part VI of Schedule D Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicity traded securities Investments - publicity traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Integration of the sasets. See Part IV, line 11 Integration of the sasets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Cher liabilities (including federal income tax, payables to related third parties Unsecured notes and loans payable to unrelated third parties Other liabilities and other payables to related third parties Other liabilities including federal income tax, payables to related third parties Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that donor restrictions Organizations that donor restrictions Organizations that on ont follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paich or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Tax-exempt bond liabilities 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Total liabilities. Add lines 17 through 25 28 Net assets without donor restrictions 29 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or fund balances 29 Capital stock or fund balances 29 (29, 561, 303, 32)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

X

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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). 7 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN n your gov (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and				_		
	membership fees received. (Do not					010512	
	include any "unusual grants.")	537,319.	369,656.	1197655.	1089252.	2915816.	6109698.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			-			
3	The value of services or facilities						
	furnished by a governmental unit to)				
	the organization without charge	10				5515516	6100600
4	Total. Add lines 1 through 3	537,319.	369,656.	1197655.	1089252.	2915816.	6109698.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					MALES AND	135,221.
6	Public support. Subtract line 5 from line 4.					ELINET WHI	5974477.
Sec	ction B. Total Support					Total Control of the	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	537,319.	369,656.	1197655.	1089252.	2915816.	6109698.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				150 115	552 060	2272020
	and income from similar sources	448,084.	484,796.	436,973.	450,117.	553,960.	2373930.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						8483628.
11	Total support. Add lines 7 through 10	With the party		PATRICK SERIO			81,819.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	01,013.
13	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				70.42 %
14	Public support percentage for 2022			column (f))		14	70.42 % 55.95 %
15	Public support percentage from 202	1 Schedule A, Part	II, line 14	,		15	
16	a 33 1/3% support test - 2022. If the	organization did n	ot check the box of	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	X
	The exemination qualifies	ac a nublicly sunt	ported organization	n			
1	b 33 1/3% support test - 2021. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check to	lis box
	The examination du	alifiae as a nublicly	supported organiz	zation			CONTRACTOR CONTRACTOR CO.
17	and stop nere. The organization que a 10% -facts-and-circumstances tes	t - 2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fac-	ts-and-circumstan	ces test, check thi	s box and stop n	ere. Explain in Par	t vi now the organ	IZALION
	meets the facts-and-circumstances t	est. The organizati	ion qualifies as a p	ublicly supported	organization		
	h 10% -facts-and-circumstances tes	t - 2021. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	1/a, and line 15 is	10% Of
	more, and if the organization meets	the facts-and-circu	mstances test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	cumstances test. T	The organization qu	ualifies as a public	ly supported organ	ization	
18	Private foundation. If the organizat	ion did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	N (Farm 000) 0000
						Schedule /	A (Form 990) 2022

Schedule A (Form 990) 2022 Golden Belt Community Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				-		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)		Marie Sales		TO STATE OF		
ection B. Total Support				_		
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
Oa 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						1
acquired after June 30, 1975						-
c Add lines 10a and 10b						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's	first, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2022 (li	ne 8, column (f),	divided by line 13,	column (f))		15	
16 Public support percentage from 2021	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	22 (line 10c, colu	umn (f), divided by	line 13, column (f))	17	
Investment income percentage from	2021 Schedule A	. Part III, line 17			18	
19a 33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	d stop here. Th	e organization qua	difies as a publicly	supported organi	zation	
b 33 1/3% support tests - 2021. If the	organization did	not check a box of	on line 14 or line 19	9a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and	stop here. The org	ganization qualifies	s as a publicly sup	ported organization	ı
20 Private foundation. If the organization				William Comment was a firm	netw estions	

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5h 5c 6 7 8 9a 9b 9c 10a 10b

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		0.0.5	
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		100000
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	5 S S S S	Total Control	
C+	detail in Part VI. tion B. Type I Supporting Organizations	11c		
seci	tion B. Type I Supporting Organizations		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	,	103	140
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	S,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			34
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		100	
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		NA.	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			- X
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vac	No
		1177000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	SATERA	-304	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		13(18)	
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Biskin.	-	11
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С		see instructio	Yes	No
2	Activities Test. Answer lines 2a and 2b below.	100000	Tes	NO
a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		V Su	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		P	
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		a los	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			14818
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1	La la
a	Division in the base the acquirer to regularly appoint or plact a majority of the officers, directors or		1	With
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		C PUBE	
~	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 Golden Belt Community	Foundat	ion	74-2804940 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete :	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
_	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
- 8	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	CAR CHENTS AND	
4	Enter greater of line 2 or line 3.	4		
-	Income tay imposed in prior year	5		No.

Schedule A (Form 990) 2022

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

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization Golden Belt Community Foundation 74-2804940 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II, See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Employer identification number

Golden Belt Community Foundation

74-2804940

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$521,933.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 191,901.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No5	Name, audress, and Eir T T	\$\$ <u>838,562.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		ss752,541.	Person X Payroll

Name of organization

Employer identification number

Golden Belt Community Foundation

74-2804940

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1101		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Golden Belt Community Foundation

74-2804940

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Agricultural land in Hamilton County, Kansas		
		\$\$	_08/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990)

Page 4 Schedule B (Form 990) (2022) Employer identification number Name of organization 74-2804940 Golden Belt Community Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

Schedule B (Form 990) (2022)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

	of the organization Golden Belt Communi	ty Foundation	74-2804940
Parl			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	2000 pt W 92 20 92	(a) Donor advised funds	(b) I dilds and other accounts
	Total number at end of year	688,923.	
	Aggregate value of contributions to (during year)	592,366.	
	Aggregate value of grants from (during year)	7,879,210.	
4	Aggregate value at end of year		16 - 4-
	Did the organization inform all donors and donor advisors in wr		V V
	are the organization's property, subject to the organization's ex	cclusive legal control?	X-0-1-X-0-X-1-X-0-X-1-X-1-X-1-X-1-X-1-X-
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose co	X Yes No
Par	impermissible private benefit? Conservation Easements. Complete if the organization	inization answered "Ves" on Form 990 Pa	
A PRODUCTION			are region of
1	Purpose(s) of conservation easements held by the organization		a historically important land area
	Preservation of land for public use (for example, recreation	로마양(2점 - CHR) (2점 12점 12점 12점 12점 12점 12점 12점 12점 12점 1	a certified historic structure
	Protection of natural habitat		
	Preservation of open space Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	f a conservation easement on the last
	Complete lines 2a through 2d if the organization field a qualified day of the tax year.	a conservation contribution in the form of	Held at the End of the Tax Year
			2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure.		
	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired aff		CAMPA CONTRACTOR OF THE CONTRA
d	historic structure listed in the National Register	tor only 20,2000, and no. 0. 2	2d
_	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by the	organization during the tax
3			20 A 10 A
cu:	year Number of states where property subject to conservation ease	ement is located	
-	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
6	Stall and volunteer flours devoted to memory, supplies		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservati	ion easements during the year
	7 th bank of oxpositors are a second of the second of the second or other seco	5	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	ents that describes the
	and a second transfer consequation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ott	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	I gain, provide
	the following amounts required to be reported under FASB A		
а		***************************************	\$
b	Assets included in Form 990, Part X		\$ Schedule D (Form 990) 202
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 202

		elt Communi					04940 P	age 2
art	III Organizations Maintaining Co	llections of Art,	Historical Trea	sures, or Ot	her Sin	nilar Assets	(continued)	
3 (Jsing the organization's acquisition, accession	n, and other records,	check any of the fo	llowing that mak	e signific	ant use of its		
C	collection items (check all that apply):							
а	Public exhibition	d		ange program				
)	Scholarly research	е	Other					
:	Preservation for future generations							
F	Provide a description of the organization's coll	ections and explain h	now they further the	organization's e	exempt pu	urpose in Part	XIII.	
	During the year, did the organization solicit or				nilar asset	ts	7	7 N.
	o be sold to raise funds rather than to be main	ntained as part of the	organization's coll	ection?		200 5 11/1	Yes	No
ırt	IV Escrow and Custodial Arrang		e if the organization	answered "Yes"	on Form	1990, Part IV, I	line 9, or	
	reported an amount on Form 990, Part			the constant	ant inclus	lad		
1	s the organization an agent, trustee, custodia					ied	Yes X	No
(on Form 990, Part X?						_ 103	
	f "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table:				Amount	
						1c		
: 1	Beginning balance	******************	V-1111			1d		
1	Additions during the year	***************************************			3342000	1e		
•	Distributions during the year		******************			1f		
	Ending balance		d for approve or cu	etodial account l	iability?		Yes	No
3	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for escrow or cu	arovided on Part	XIII		2	7
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	wared "Yes" on Fo	rm 990 Part IV. I	ine 10.			
ar	t V Endowment Funds. Complete if	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) T	hree years back	(e) Four year	s back
		25,674,021.	22,807,029.	-		17,550,778.	18,869	,254
	Beginning of year balance	2,464,631.	945,208.			346,854.	690	,510
	Contributions	-3,521,503.	2,855,481.	12/27 (10/20/20)	_	3,227,144.	-1,220	,115
	Net investment earnings, gains, and losses	824,310.	686,129.			648,056.	. 607	,751
	Grants or scholarships	024,510.	, ,					
e	Other expenditures for facilities			1,8	99.	-1,508	•	,656
	and programs	224,277.	247,568.	195,0	95.	193,743		2,776
2.	Administrative expenses	23,568,562.	25,674,021.		29.	20,284,485	. 17,550	,778
g	End of year balance	25,500,502:						
2	Provide the estimated percentage of the curr	3 . 0 0 0 0	%	W. Marina Rollinson				
a	Board designated or quasi-endowment	%	– ′°					
b	Permanent endowment 97.0000	%						
	Term endowment	uld agual 100%						
	The percentages on lines 2a, 2b, and 2c sho	ssion of the organiza	ation that are held a	and administered	for the		[W.	- N
	the poor						Ye	_
	Are there endowment funds not in the posse	,00,0,,						U
	Are there endowment funds not in the posse						[a m	_
3a	Are there endowment funds not in the posse organization by: (i) Unrelated organizations				.,,,,,,,,,,		3a(i) 3a(ii)	_
3a	Are there endowment funds not in the posse organization by: (i) Unrelated organizations				.,,,,,,,,,,		3a(i) 3a(ii)	_
3a	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations	ations listed as requi	red on Schedule R		.,,,,,,,,,,		3a(i) 3a(ii)	_
3a b	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the	ations listed as require organization's endo	red on Schedule R?	?	***************************************		3a(i) 3a(ii)	_
3a b	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the	ations listed as require organization's endo	red on Schedule R?	?	art X, lin	e 10.	3a(i) 3a(ii) 3b	Х
3a b	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the litt VI Land, Buildings, and Equipment of the organization answer.	ations listed as requine organization's endonent. ed "Yes" on Form 99	red on Schedule R? owment funds. 0, Part IV, line 11a.	?	Part X, lin	e 10. umulated	3a(i) 3a(ii)	Х
3a b	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the	ations listed as require organization's endo	red on Schedule Range of the second s	? See Form 990, F	Part X, lin	e 10.	3a(i) 3a(ii) 3b	X
b 4 Pa	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the Land, Buildings, and Equipm Complete if the organization answer Description of property	ations listed as require organization's endo nent. ed "Yes" on Form 99 (a) Cost or basis (invest	red on Schedule Richards. O, Part IV, line 11a. other (b) Coment) basi	See Form 990, F st or other s (other)	Part X, lind (c) Accordepre	e 10. umulated eciation	3a(i) 3a(ii) 3b	alue
3a b 4 Pa	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the Complete if the organization answer Description of property Land, Buildings, and Equipment of the organization answer Description of property	ations listed as require organization's endonent. ed "Yes" on Form 99 (a) Cost or basis (invest	red on Schedule Richards. O, Part IV, line 11a. other (b) Coment) basi	See Form 990, F	Part X, lind (c) Accordepre	e 10. umulated	3a(i) 3a(ii) 3b	X
3a b 4 Pa	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the Int VI Land, Buildings, and Equipm Complete if the organization answerd Description of property Land Description of property Land Description of Buildings	ations listed as require organization's endonent. ed "Yes" on Form 99 (a) Cost or basis (invest	red on Schedule Richards. O, Part IV, line 11a. other (b) Coment) basi	See Form 990, F st or other is (other)	Part X, line (c) Accordepre	e 10. umulated eciation	3a(i) 3a(ii) 3b (d) Book v	value
3a b 4 Pa	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the strength of the organization answere the property Description of property Land Buildings Leasehold improvements	ations listed as require organization's endo nent. ed "Yes" on Form 99 (a) Cost or basis (invest	red on Schedule Richards. O, Part IV, line 11a. other (b) Coment) basi	See Form 990, F st or other s (other)	Part X, line (c) Accordepre	e 10. umulated eciation	3a(i) 3a(ii) 3b (d) Book v	value
3a b 4 Pa	Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organiz Describe in Part XIII the intended uses of the Int VI Land, Buildings, and Equipm Complete if the organization answerd Description of property Land Description of property Land Description of Buildings	ations listed as require organization's endo nent. ed "Yes" on Form 99 (a) Cost or basis (invest	red on Schedule Richards. O, Part IV, line 11a. other (b) Coment) basi	See Form 990, F st or other is (other)	Part X, line (c) Accordepre	e 10. umulated eciation	3a(i) 3a(ii) 3b (d) Book v	X X x alue , 493

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	NEW ACCORDANCE STREET,	
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Part IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	a 11d. See Form 990, Part X, line 15.
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [ta 11d. See Form 990, Part X, line 15.
Complete if the organization answered "Yes" (a) [tall 11d. See Form 990, Part X, line 15. (b) Book value
(a) [(2) (3) (4)		ta 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		te 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		talld. See Form 990, Part X, line 15. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		talld. See Form 990, Part X, line 15. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	te 11d. See Form 990, Part X, line 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	talld. See Form 990, Part X, line 15. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Book value
Complete if the organization answered "Yes" (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability [1] Federal income taxes [2] [3] [4] [5] [6] [7]	Description 15.) on Form 990, Part IV, line	(b) Book value

Schedule D (Form 990) 2022

THEOME	tax	examiliacions	101	open	tax	years.	
	THEOME	Income car	THEOME CAN CHARITICETOTIS	THOOME CAN CAMPITACTORS TO	THEOME CAN CAUNTIFICATION FOR OPEN	THEOME CAN CHAMINGTOND FOR OPEN CAN	income tax examinations for open tax years.

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number

Golden Be.	It Commun	ity Foundat	lon				74-2804940
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the selection	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	toring the use of grant	funds in the United	States.			Standard Market CA
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Kansas State University Foundation 1800 Kimball Ave. #200 Manhattan, KS 66502-3347	48-0667209	501(C)(3)	500,000.	0.			To support the College of Agriculture
Barton Community College Foundation - 245 NE 30 Rd - Great Bend, KS 67530-9251	48-6132945	501(C)(3)	300,000.	0.			To support the new Ag Complex
Barton Community College Foundation - 245 NE 30 Rd - Great Bend, KS 67530-9251	48-6132945	501(C)(3)	50,000.	0.			To support agriculture and arts departments
Fort Larned Historical Society Inc 1349 K156 Hwy Larned, KS 67550-5347	48-0627347	501(C)(3)	50,000.	0.			To support the historical society
Pawnee Valley Community Hospital Foundation - 923 Carroll Ave - Larned, KS 67550-2429	45-5333776	501(C)(3)	50,000.	0.			To support PVCH
Prince of Peace Catholic Church P.O. Box 87 Great Bend, KS 67530	74-3096494	501(C)(3)	39,456.	0.			Giving Tuesday 2022
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	ne line 1 table			•	67.
3 Enter total number of other organizations	listed in the line	1 table					0.

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

Schedule I (Form 990) 2022

		ity Foundat					74-2804940 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Hoisington							
PO Box 418							Annual Endowment Fund
Hoisington, KS 67544	48-6012386	Government	33,939.	0.			Grant
JKHS Great Bend							
514 Cleveland							Annual Endow. Fund Grant
Great Bend, KS 67530	48-1202402	501(C)(3)	33,338.	0.			for Home Health & Hospice
Great Bend Zoological Society Inc PO Box J							Annual Endowment Fund
Great Bend, KS 67530-8010	43-1778972	501(C)(3)	30,451.	0.			Grant
Great Bend, KS 07550-0010	45 1770572	501(0)(3)	30,431.				Stant
Barton County Historical Society							
PO Box 1091							
Great Bend, KS 67530-1091	48-6127516	501(C)(3)	29,400.	0.			Giving Tuesday 2022
2					1		
Golden Belt Humane & Animal							
Welfare Society Inc - Po Box 1653	40.0001044		00.430				To support the humane
Great Bend, KS 67530-1653	48-0681041	501(C)(3)	27,138.	0.			society
Golden Belt Humane & Animal							
Welfare Society Inc - Po Box 1653							To support the humane
- Great Bend, KS 67530-1653	48-0681041	501(C)(3)	27,138.	0.			society
Golden Belt Humane & Animal							
Welfare Society Inc - Po Box 1653							To support the humane
- Great Bend, KS 67530-1653	48-0681041	501(C)(3)	27,138.	0.			society
Golden Belt Humane & Animal							
Welfare Society Inc - Po Box 1653							To support the humane
- Great Bend, KS 67530-1653	48-0681041	501(C)(3)	27,138.	0.			society
Corporation of the New Church Theological School - 1798 Scenic							To support the
	04-2192687	501(C)(3)	25,000.	0.			organization
Ave Berkeley, CA 94709	04-2192687	DOT(C)(3)	25,000.	0.			organization

Scriedule (Form 990) GOTACTI DE	TC COMMITME	icy roundac.	1011				4 2004740 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
General Convention of the New							
Jersulam in the United States of							
America, Inc 50 Quincy St							To support the
Cambridge, MA 02138-3013	04-6002669	501(C)(3)	25,000.	0.			organization
New Jerusalem Church							
P.O. Box 2							
Pawnee Rock, KS 67567	48-1057959	501(C)(3)	25,000.	0.			To support the church
University of Southern California,							
Sol Price School of Public Policy							
- 1150 S. Olive St., Suite 1500 -					\$ 8		To support research of
Los Angeles, CA 90015	95-1642394	501(C)(3)	25,000.	0.			Wandi Bruine de Bruin
Welcome Inn Leisure Center Inc							
113 W 4Th St							To support the Welcome
Larned, KS 67550-3517	48-0974419	501(C)(3)	25,000.	0.			Inn
darned, ab 07350 3317	10 03/1113	501(0/(3/	25,000.	· ·			
Barton County Historical Society							
PO Box 1091							Annual Endowment Fund
Great Bend, KS 67530-1091	48-6127516	501(C)(3)	20,456.	0.			Grant
Prince of Peace Catholic Church							
P.O. Box 87	74-3096494	501/01/21	17.000				5 - St D 1-1
Great Bend, KS 67530 University of Southern California,	74-3096494	B01(C)(3)	17,000.	0.			for St. Rose parking lot
Sol Price School of Public Policy							To support scholarships
- 1150 S. Olive St., Suite 1500 -							for student internships
Los Angeles, CA 90015	95-1642394	501/01/31	15,000.	0.			in public service
nos Aligeres, CA 90015	93-1042394	501(0)(3)	13,000.	٠.			In public service
UKHS Great Bend							
514 Cleveland							Annual Endow. Fund Grant
Great Bend, KS 67530	48-1202402	501(C)(3)	13,351.	0.			- St. Rose Health Center
ACTION OF THE PROPERTY OF THE		10000000000000000000000000000000000000	,				- 1000 TOO TOO TOO TOO TOO TOO TOO TOO TOO
Fort Hays State University							
Student Fiscal Services - Scholarsh							2
Hays, KS 67601	48-6116850	Government	13,000.	0.			2022-23 Scholarships

Part II Continuation of Grants and Other	Assistance to Dor	sistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Welcome Inn Leisure Center Inc 113 W 4Th St Larned, KS 67550-3517	48-0974419	501(C)(3)	11,495.	0.			For freezer, steam chef, floor scrubber					
United Way Of Central Kansas Inc 1125 Williams St Great Bend, KS 67530 4445	48-0683479	501(C)(3)	10,919.	0.			Giving Tuesday 2022					
Kansas State University 105 Anderson Hall Manhattan, KS 66506-0100	48-0771751	501(C)(3)	10,000.	0.			2022-23 Scholarships					
Wichita State University Financial Aid - Scholarships Wichita, KS 67260	48-6121167	Government	10,000.	0.			2022-23 Scholarship					
Barton Community College Foundation - 245 NE 30 Rd - Great Bend, KS 67530-9251	48-6132945	501(C)(3)	9,751.	0.			To support the mission of the organization					
City of Great Bend 1615 10th St. Great Bend, KS 67530	48-6012082	Government	9,751.	0.			To support Great Bend Brit Spaugh Zoo					
Great Bend Foundation Inc Po Box 365 Great Bend, KS 67530-0365	48-1088259	501(C)(3)	9,751.	0.			To support the Great Bend Public Library					
Sunflower Diversified Services Foundation Inc - Po Box 838 - Great Bend, KS 67530-0838	48-1114022	501(C)(3)	9,751.	0.			To support the mission of the organization					
The Salvation Army 5550 Prairie Stone Parkw Hoffman Estates, IL 60192-0000	36-2167910	501(C)(3)	9,751.	0.			To support programs in the state of KS					

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KHS Great Bend 514 Cleveland Great Bend, KS 67530	48-1202402	501(C)(3)	9,751.	0.			To support Golden Belt Home Health & Hospice
Barton County Arts Council Inc To Box 338 Great Bend, KS 67530-0338	48-1214045	501(C)(3)	9,359.	0.			To supports projects promoting the arts
Great Bend Recreation Commission Foundation - 1214 Stone St - Great Bend, KS 67530 4440	26-2229723	501(C)(3)	9,359.	0.			For ongoing GB projects Vets/Kiwanis partnership
Great Bend Zoological Society Inc Po Box J Great Bend, KS 67530-8010	43-1778972	501(C)(3)	9,359.	0.			To support special projects and/or exhibits
Golden Belt Humane & Animal Welfare Society Inc - Po Box 1653 - Great Bend, KS 67530-1653	48-0681041	501(C)(3)	7,844.	0.			Giving Tuesday 2022
Barton County Emergency Aid Association - 3007 10th Street - Great Bend, KS 67530-4275	27-3463786	501(C)(3)	7,656.	0.			Annual Endowment Fund Grant
Family Crisis Center Inc 4906 Quail Creek Dr Great Bend, KS 67530-6840	48-0935059	501(C)(3)	7,065.	0.			Giving Tuesday 2022
Community Food Bank Of Barton County Inc - 3007 10Th - Great Bend, KS 67530-4275	31-1770150	501(C)(3)	6,963.	0.			Giving Tuesday 2022
Holy Family School 4200 Broadway Ave Great Bend, KS 67530-3302	48-1241955	501(C)(3)	6,282.	0.			Annual Endowment Fund Grant Schedule I (Form 99

(a) Name and address of organization or government	(b) EIN (c) IRC secti if applicabl		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
entral Ks Dream Center Inc 100 Broadway Ave reat Bend, KS 67530 4024	86-1116289	501(C)(3)	5,959.	0.			Giving Tuesday 2022
amily Crisis Center Inc 924 Broadway Ave reat Bend, KS 67530-4010	48-0935059	501(C)(3)	5,833.	0.			Annual Endowment Fund Grant
entral Kansas CASA 125 Williams St reat Bend, KS 67530-4445	48-1020503	501(C)(3)	5,750.	0.			Giving Tuesday 2022
University of Kansas 502 Iowa St. Jawrence, KS 66045		Government	5,600.	0.			2022-23 Scholarships
Almost Home Assisted Living Inc 3022 29Th St Great Bend, KS 67530-7043	46-3020385	501(C)(3)	5,513.	0.			Annual Endowment Fund Grant
Birthright of Great Bend, Inc. 1420 Wilson St. Great Bend, KS 67530	23-7398222	501(C)(3)	5,313.	0.			Annual Endowment Distribution
Community Food Bank of Barton County - 3007 10th Street - Great Bend, KS 67530	31-1770150	501(C)(3)	5,313.	0.			Annual Endowment Distribution
USD 428 Education Foundation 201 S Patton Rd Great Bend, KS 67530-4613	48-1075567	501(C)(3)	5,125	. 0.			Annual Endowment Fund Grant

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
nancial hardship grants for women in Barton ounty, Kansas	13	5,946.	0.		
nancial hardship grants for residents of Barton, wnee, Rush or Stafford County, Kansas who are agnosed with cancer, age 18 or older, and ceiving active cancer treatment	19	13,720.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
art I, Line 2:					
he Foundation requires each gran	tee to sub	omit a gra	nt report d	lescribing	
he outcome of the program or pro					
	J000 a				
rant funds were spent.					

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

pen to Public Inspection

Name of the organization

Golden Belt Community Foundation

Employer identification number 74-2804940

Part	I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	Method of d noncash contrib	determini		
1 /	Art - Works of art								
3300	Art - Historical treasures								
	Art - Fractional interests								
	Books and publications								
	Clothing and household goods								
	Cars and other vehicles								
	Boats and planes								
	Intellectual property								
-	Securities - Publicly traded								
	Securities - Closely held stock								
	Securities - Partnership, LLC, or								
	trust interests								
	Securities - Miscellaneous								
	Qualified conservation contribution -								
13									
	Historic structures Qualified conservation contribution - Other								
1000	Real estate - Residential								
	Real estate - Commercial								
16		37	1	384,0	000.	Independen	t ap	prai	sa
17	Real estate - Other								
18	Collectibles			_					
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		+						
23	Scientific specimens		1						-
24	Archeological artifacts			1	586.	Sales proc	eeds		
25	Other (Grain)				300.				
26	Other ()			1					
27	Other ()			-					
28	Other (1.71 - 17					
29	Number of Forms 8283 received by the orga	nization duri	ng the tax year for	contributions	29			1	
	for which the organization completed Form 8	3283, Part V,	Donee Acknowled	igement	29			Yes	No
				or Boat Pass	d through	ah 20 that it		100	
30a	During the year, did the organization receive	by contribut	ion any property re	eported in Part I, lines	1 through	gri 20, triat it			
	must hold for at least 3 years from the date	of the initial of	contribution, and w	nich isn t required to t	Je useu	101	30a		Х
	exempt purposes for the entire holding period	od?					304	HEALTH .	395
b	If "Yes," describe the arrangement in Part II.						21	X	100 800
21	Does the organization have a gift acceptance	e policy that	requires the review	w of any nonstandard	contribu	itions?	31	125	_
32a	Does the organization hire or use third partie	es or related	organizations to so	olicit, process, or sell r	oncash	1	20-		X
	contributions?						32a		- 11
h	# "Ves " describe in Part II					0 2	N. S.	100	
33	If the organization didn't report an amount in	n column (c)	for a type of prope	erty for which column (a) is che	ecked,	, Te	To the	1
	describe in Part II.							000	1 000
LHA		ee the Instri	uctions for Form	990.		Schedu	le M (Fo	rm 990) 202

232142 09-09-22

14400519 164112 10025

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Golden Belt Community Foundation	74-2804940
Form 990, Part	I, Line 1, Description of Organization Miss	ion:
	y, friends, and neighbors creating remarkabl	
	III, Line 4a, Program Service Accomplishmen	
health and well	1-being of children and youth, services for	the indigent,
recreation and	play space, education and the arts.	
	VI, Section B, line 11b:	
A draft of IRS	Form 990 is given to management and it is p	presented to the
board of direc	tors. After approval by the board, the return	rn is filed with
the IRS.		
Form 990, Part	VI, Section B, Line 12c:	
Each member of	the board of directors and management sign	
annual basis a	affirming compliance with the conflict of in	terest policy.
Form 990, Part	VI, Section B, Line 15a:	
Determination	of the executive director's compensation is	reviewed by the
governing body	y •	
Form 990, Part	t VI, Section C, Line 19:	
	tion documents are available upon written re	
the Foundation	n's office in Great Bend, Kansas.	
-		

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Golden Belt Community Foundation

Employer identification number 74-2804940

Part I Identification of Disregarded Entities. Cor (a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) ne End-of-yea		(f) Direct controlling entity		
BCF Holdings, LLC = 47-4386988 307 Williams reat Bend, KS 67530	Receiving gifts of real property	Kansas	327,	180.	943.	Golden Belt Foundation	Communi	ity
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year. (a) Name, address, and EIN of related organization	ganizations. Complete if the organization (b) Primary activity	(c) Legal domicile (state or foreign country)	, Part IV, line 34, b (d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ect controlling entity	Section 5	olled ity?
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Dire	(f) ect controlling	Section 5	olled
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Dire	(f) ect controlling	Section 5	olled ity?

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a par (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	amount in box 20 of Schedule	(j) General or managing partner?	(k) Percenta ownersh
or related organization		foreign country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes No	
							-				
										\vdash	
				complete if the organizat							

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity	Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
	country)		or trusty		400010		Yes	No
		_						\perp
_								
								\vdash
		Primary activity Legal domicile (state or foreign	Primary activity Legal domicile (state or foreign entity)	Primary activity Legal domicile (state or foreign) Direct controlling entity (C corp, S corp, or trust)	Primary activity Legal domicile (state or foreign principle) Legal domicile (state or foreign principle)	Primary activity Legal domicile (state or foreign primary) Legal d	Primary activity Legal domicile (state or foreign foreign for eign) Legal domicile (state or foreign for eign) Legal domicile (state or foreign for eign) East Controlling entity C corp, S corp, or trust) Type of entity (C corp, S corp, or trust) Percentage ownership	Primary activity Legal domicile (state or foreign entity) Legal domici

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

and the standard of the standa			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	II-IV?		20890	
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		Х
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s)		1b		Х
b Gift, grant, or capital contribution to related organization(s)		1c	Х	
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)		1d		Х
d Loans or loan guarantees to or for related organization(s)	***************************************	1e		Х
e Loans or loan guarantees by related organization(s)		123	1	1
		1f		Х
f Dividends from related organization(s) g Sale of assets to related organization(s)	M-M-11441111111111111111111111111111111	1g		X
g Sale of assets to related organization(s)		1h		Х
h Purchase of assets from related organization(s)		1i		Х
i Exchange of assets with related organization(s)		1j		Х
j Lease of facilities, equipment, or other assets to related organization(s)	ACC-147-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		CIPYON I	ROLE
		1k		Х
k Lease of facilities, equipment, or other assets from related organization(s)	C1000111111111111111111111111111111111	11		X
Performance of services or membership or fundraising solicitations for related organization(s)		1m		X
m Performance of services or membership or fundraising solicitations by related organization(s)		1n	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		10	Х	
Sharing of paid employees with related organization(s)		10	960	1000
		1p		Х
p Reimbursement paid to related organization(s) for expenses		1g		X
q Reimbursement paid by related organization(s) for expenses	S	14	1000	20000
		1r	COLDER SIN	Х
r Other transfer of cash or property to related organization(s)		15		X
s Other transfer of cash or property from related organization(s)	ahine and transportion throsholds	15		
s Other transfer of cash or property from related organization by If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations.	ships and transaction thresholds.			
(a) Name of related organization (b) Transaction Amount involved type (a·s)	(d) Method of determining amount in	volved		
(1) GBCF Holdings, LLC C 326,703. Cash	h transfer amount			
(2)				
(3)				
(4)				
(5)				
(6)	nggyk Sububu	D /F		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners 501 (c)(orgs.		(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(sec.	Share of	Share of	Dispr	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or aging	Percentage
of entity		(state or foreign	excluded from tax under	orgs.		total income	end-of-year assets	alloca	tions?	of Schedule K-1	part	ner?	Ownership
		country)	sections 512-514)	Yes N	No	income	433013	Yes	No	(F01111 1005)	Yes	NO	
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