

PUBLIC DISCLOSURE COPY

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , **2022**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C TOPEKA COMMUNITY FOUNDATION 5431 SW 29TH ST. #300 TOPEKA, KS 66614-4195		D Employer identification number 48-0972106
	F Name and address of principal officer: TARA DIMICK SAME AS C ABOVE		E Telephone number 785-272-4804
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 14,631,854.	
J Website: WWW.TOPEKACOMMUNITYFOUNDATION.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
L Year of formation: 1983		M State of legal domicile: KS	
H(c) Group exemption number			

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,909.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	2,159.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,642,086.	11,895,062.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	165,336.	164,041.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,303,744.	-8,992,368.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-59,057.	
		20,052,109.	3,066,735.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,964,121.	5,392,599.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	448,022.	493,565.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>118,042.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	880,707.	1,083,117.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,292,850.	6,969,281.
19 Revenue less expenses. Subtract line 18 from line 12	12,759,259.	-3,902,546.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	100,471,763.	93,545,461.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,988,426.	21,080,378.
		76,483,337.	72,465,083.

Part II Signature Block

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

Sign Here	Signature of officer MARSHA L. POPE		Date PRESIDENT	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name YVONNE G. BROWNELL	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00129973
	Firm's name MIZE CPAS INC.	Firm's EIN 48-0882363		
	Firm's address 534 S KANSAS AVE, #400 TOPEKA, KS 66603	Phone no. 785-233-0536		
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,460,238. including grants of \$ 5,392,599.) (Revenue \$ 12,059,103.)

GRANTS AND SCHOLARSHIPS ARE MADE FOR CHARITABLE, SCIENTIFIC, RELIGIOUS, & EDUCATION PURPOSES FROM FUNDS CONTRIBUTED AND ENDOWMENTS ESTABLISHED. INFORMATION AND APPLICATIONS FOR THE NUMEROUS SCHOLARSHIPS AND VARIOUS GRANT APPLICATIONS ARE AVAILABLE AT THE FOUNDATION'S WEBSITE.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,460,238.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent. 1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? SEE SCHEDULE O	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? SEE SCH O	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
MARSHA L. POPE 5431 SW 29TH ST., SUITE 300 TOPEKA KS 66614 785-272-4804

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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARSHA L. POPE PRESIDENT	40 0			X				163,821.	0.	13,162.
(2) BARRY FEAKER BOARD MEMBER	1 0	X						0.	0.	0.
(3) TRACY KHOUNSAVANH KILLOUGH BOARD MEMBER	1 0	X						0.	0.	0.
(4) BRAD OWEN CO-TREASURER	2 0	X		X				0.	0.	0.
(5) PAM ALEXANDER PAST CHAIR	2 0	X		X				0.	0.	0.
(6) BRIAN LANG CO-TREASURER	2 0	X		X				0.	0.	0.
(7) TARA DIMICK CHAIR	2 0	X		X				0.	0.	0.
(8) ROBERT KENAGY BOARD MEMBER	1 0	X						0.	0.	0.
(9) DR. TIFFANY ANDERSON BOARD MEMBER	1 0	X						0.	0.	0.
(10) JENNIFER SOURK BOARD MEMBER	1 0	X						0.	0.	0.
(11) ARNOLD DOWNING, SR. BOARD MEMBER	1 0	X						0.	0.	0.
(12) STEPHEN WADE BOARD MEMBER	1 0	X						0.	0.	0.
(13) SHELLEY BUHLER SECRETARY	2 0	X		X				0.	0.	0.
(14) TIMOTHY BELL, JR. BOARD MEMBER	1 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NOEL ETZEL BOARD MEMBER	1 0	X					0.	0.	0.	
(16) ROBIN WOLGAST BOARD MEMBER	1 0	X					0.	0.	0.	
(17) CURTIS SNEDEN BOARD MEMBER	1 0	X					0.	0.	0.	
(18) SHANE VAN DALSEM BOARD MEMBER	1 0	X					0.	0.	0.	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	163,821.	0.	13,162.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	163,821.	0.	13,162.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,895,062.				
	g Noncash contributions included in lines 1a-1f	1g 6,962,362.				
	h Total. Add lines 1a-1f	11,895,062.				
	Program Service Revenue	2a <u>ADMINISTRATIVE FEES</u>	Business Code	164,041.	164,041.	
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f		164,041.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,572,751.	9,909.	2,562,842.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b 11565119.				
	c Gain or (loss)	7c -11565119.				
d Net gain or (loss)		-11565119.		-11565119.		
Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a -----	Business Code				
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		3,066,735.	164,041.	9,909.	-9,002,277.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,265,299.	5,265,299.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	127,300.	127,300.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,983.	17,698.	106,190.	53,095.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	250,396.	132,736.	100,531.	17,129.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	34,838.	15,964.	15,143.	3,731.
10 Payroll taxes	31,348.	11,285.	15,047.	5,016.
11 Fees for services (nonemployees):				
a Management				
b Legal	915.	330.	439.	146.
c Accounting	26,530.	9,551.	12,734.	4,245.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	46,391.	16,700.	22,268.	7,423.
12 Advertising and promotion				
13 Office expenses	5,463.	1,967.	2,622.	874.
14 Information technology	28,000.	10,080.	13,440.	4,480.
15 Royalties				
16 Occupancy	69,371.	24,974.	33,298.	11,099.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,376.	1,215.	1,621.	540.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,442.	1,599.	2,132.	711.
23 Insurance	11,948.	4,301.	5,735.	1,912.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>OTHER FUND EXPENDITURES</u>	802,041.	802,041.		
b <u>K-1 INVESTMENT EXPENSES</u>	23,967.		23,967.	
c <u>DONOR DEVELOPMENT</u>	20,189.	7,268.	9,691.	3,230.
d <u>K-1 FOREIGN TAXES</u>	11,228.		11,228.	
e All other expenses	29,256.	9,930.	14,915.	4,411.
25 Total functional expenses. Add lines 1 through 24e	6,969,281.	6,460,238.	391,001.	118,042.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	6,212,636.	2	5,107,465.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 143,738.		
	b Less: accumulated depreciation	10b 132,501.	12,827.	10c 11,237.
	11 Investments – publicly traded securities	88,587,626.	11	84,706,246.
	12 Investments – other securities. See Part IV, line 11	4,955,219.	12	3,147,235.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	703,455.	15	573,278.
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,471,763.	16	93,545,461.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,988,426.	25	21,080,378.
	26 Total liabilities. Add lines 17 through 25	23,988,426.	26	21,080,378.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	40,055,245.	27	40,354,553.
	28 Net assets with donor restrictions	36,428,092.	28	32,110,530.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	76,483,337.	32	72,465,083.
33 Total liabilities and net assets/fund balances	100,471,763.	33	93,545,461.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,066,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,969,281.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,902,546.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,483,337.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-115,708.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,465,083.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other SEE SCH. O		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
3b	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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	8,668,357.	7,981,263.	4,706,002.	8,642,086.	11895062.	41,892,770.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	8,668,357.	7,981,263.	4,706,002.	8,642,086.	11895062.	41,892,770.
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)						14,118,279.
6 Public support. Subtract line 5 from line 4						27,774,491.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8,668,357.	7,981,263.	4,706,002.	8,642,086.	11895062.	41,892,770.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,833,697.	1,797,976.	1,164,057.	2,320,340.	2,562,842.	9,678,912.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	149,349.	78,091.	90,882.	57,150.	2,159.	377,631.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						51,949,313.
12 Gross receipts from related activities, etc. (see instructions)					12	778,660.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	53.46 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	67.22 %

16a **33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 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 line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2022

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

Part VI

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY 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

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,356,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 681,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 7,001,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
4	4860 SH APPLE INC, 320 SH AMEREN CORP, 1163 SH BANK OF AMERICA CORP, 525 SH BANK OF NY MELLON CO, 1 SH BERKSHIRE HATHAWAY CL A, 32 SH CITIGROUP INC, 280 SH CHUBB LTD F, 11485 SH CAPITOL FEDERAL FINANCIAL INC, 500 SH COLGATE-PALMOLIVE CO, 1000 SH CONOCOPHILLIPS,	\$ 6,606,605.	5/19/22
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Name of organization
TOPEKA COMMUNITY FOUNDATION

Employer identification number
48-0972106

Part III 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 information once. See instructions.)..... \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

TOPEKA COMMUNITY FOUNDATION

48-0972106

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	104	
2 Aggregate value of contributions to (during year)	9,201,041.	
3 Aggregate value of grants from (during year)	3,661,906.	
4 Aggregate value at end of year	37,952,654.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- 4 Number of states where property subject to conservation easement is located _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. \$ _____
- (ii) Assets included in Form 990, Part X. \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. \$ _____
- b Assets included in Form 990, Part X. \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	35,057,299.	30,852,610.	29,305,784.	25,723,614.	28,253,768.
b Contributions	985,032.	56,458.	83,199.	52,276.	73,995.
c Net investment earnings, gains, and losses	-4,458,796.	5,094,124.	2,425,738.	4,486,258.	-2,002,211.
d Grants or scholarships	948,385.	813,930.	841,545.	762,449.	601,938.
e Other expenditures for facilities and programs	57,094.	131,963.	120,566.	193,915.	
f Administrative expenses					
g End of year balance	30,578,056.	35,057,299.	30,852,610.	29,305,784.	25,723,614.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 13.05 %
- b Permanent endowment 86.95 %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	X
(ii) Related organizations	<input type="checkbox"/>	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		143,738.	132,501.	11,237.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,237.

Part VII Investments – Other Securities. N/A		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS PAYABLE	21,080,378.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,932,156.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	-97,704.	
	e Add lines 2a through 2d		2e	-97,704.
3	Subtract line 2e from line 1		3	3,029,860.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,875.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	36,875.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,066,735.

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

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

1	Total expenses and losses per audited financial statements		1	6,932,406.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,932,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,875.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	36,875.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,969,281.

Part XIII Supplemental Information.

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

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGES IN BENEFICIAL INT. (AUDITED F/S)	\$	-97,704.
TOTAL	\$	<u>-97,704.</u>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CIVIL LIBERTIES UNIO 6701 W 64TH ST., STE. 210 OVERLAND PARK, KS 66202	43-0926406		42,500.	0.			CIVIL RIGHTS
(2) ARTSCONNECT 515 S KANSAS AVE., SUITE A TOPEKA, KS 66603	20-5256513		33,350.	0.			ARTS & CULTURE
(3) BREWSTER FOUNDATION 525 SW TOPEKA BLVD. TOPEKA, KS 66611	48-0669554		24,000.	0.			HUMAN SERVICES
(4) CAPPER FOUNDATION 3500 SW 10TH TOPEKA, KS 66604	48-0543745		172,378.	0.			HEALTH, GENERAL
(5) DOORSTEP, INC. 1119 SW 10TH AVE TOPEKA, KS 66604	48-0734624		58,042.	0.			FOOD, NUTRITION
(6) FAMILY SERVICE & GUIDANCE CEN 325 SW FRAZIER TOPEKA, KS 66606	48-0637039		143,000.	0.			YOUTH DEVELOPMENT
(7) FIRST UNITED METHODIST CHURCH 600 S TOPEKA BLVD TOPEKA, KS 66603	48-0543753		89,400.	0.			RELIGION
(8) FRIENDS OF THE TOPEKA ZOO 635 GAGE BLVD TOPEKA, KS 66606	48-6117369		115,471.	0.			ANIMAL-RELATED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **127**

3 Enter total number of other organizations listed in the line 1 table **0**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 VARIOUS GRANTS & SCHOLARSHIPS	114	127,300.		CASH	
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

SCHOLARSHIP APPLICATIONS ARE REVIEWED AND SCORED (BASED UPON THE CRITERIA OF EACH SCHOLARSHIP) BY AN INDEPENDENT READING TEAM. THE APPLICANT WHO SCORES THE HIGHEST IS AWARDED THE SCHOLARSHIP. IF THE APPLICANT IS ELIGIBLE FOR MORE THAN ONE SCHOLARSHIP, THE ONE WITH THE HIGHER MONETARY VALUE IS AWARDED. THE COMMUNITY INVESTMENT COMMITTEE ISSUES REQUESTS FOR PROPOSALS ANNUALLY TO AWARD THE FOUNDATION'S INITIATIVE GRANTS. RFP'S ARE REVIEWED AND REPRESENTATIVES OF THE ORGANIZATIONS ARE INTERVIEWED AND GRANTS ARE MADE TO THOSE DEMONSTRATING THE ABILITY TO PROVIDE THE LARGEST IMPACT IN THE COMMUNITY. DONOR ADVISED FUND GRANT REQUESTS ARE RESEARCHED BY THE PRESIDENT USING GUIDESTAR AND IRS PUBLICATION 78 TO ENSURE EACH GRANT IS MADE TO A 501(C) 3 ORGANIZATION.

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 12

Name of the organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GREATER TOPEKA PRNRSHP FOUND 719 S KANSAS AVE, STE 100 TOPEKA, KS 66603	80-0077427		84,000.				COMMUNITY DEVELOPMENT
KANSAS CHILDREN'S DISCOVERY C 4400 SW 10TH AVENUE TOPEKA, KS 66604	37-1534978		49,375.				ARTS, CULTURE
KS CHILDREN'S SERVICE LEAGUE 3545 SW 5TH ST TOPEKA, KS 66606	48-0543749		99,744.				HUMAN SERVICE
MARIAN DENTAL CLINIC 3164 E 6TH ST TOPEKA, KS 66607	48-1046905		5,574.				HEALTH, GENERAL
MOST PURE HEART OF MARY CHURC 1800 SW STONE AVE TOPEKA, KS 66604	48-0584211		7,460.				RELIGION
NATIONAL BLOOD FOUNDATION 8101 GLENBROOK RD BETHESDA, MD 20814	54-1552942		11,191.				HEALTH, GENERAL
OXFAM-AMERICA, INC. 226 CAUSEWAY ST, 5TH FLOOR BOSTON, MA 02114	23-7069110		23,500.				INTERNATIONAL RELIEF
STORMONT VAIL FOUNDATION 1500 SW 10TH TOPEKA, KS 66604	48-0980926		16,500.				HEALTH, GENERAL
TARC 2701 SW RANDOLPH TOPEKA, KS 66611	48-6086673		21,094.				EDUCATIONAL
THE LIBRARY FOUNDATION 1515 SW 10TH AVE TOPEKA, KS 66604	48-0778629		5,500.				EDUCATIONAL

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 12

Name of the organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>TOPEKA COLLEGIATE SCHOOL, INC</u> <u>2200 SW EVENINGSIDE DR</u> <u>TOPEKA, KS 66614</u>	48-0940713		10,700.				EDUCATIONAL
<u>TOPEKA RESCUE MISSION</u> <u>600 N KANSAS</u> <u>TOPEKA, KS 66608</u>	48-0688068		137,764.				HUMAN SERVICES
<u>TOPEKA YOUNG LIFE</u> <u>PO BOX 4336</u> <u>TOPEKA, KS 66604</u>	48-0385934		15,000.				YOUTH DEVELOPMENT
<u>UNIVERSITY OF KANSAS ENDOWMEN</u> <u>PO BOX 928</u> <u>LAWRENCE, KS 66044</u>	48-0547734		156,000.				EDUCATIONAL
<u>VALEO BEHAVIORAL HEALTH CARE</u> <u>5401 SW 7TH</u> <u>TOPEKA, KS 66606</u>	48-0730326		148,173.				MENTAL HEALTH
<u>WASHBURN UNIVERSITY FOUNDATIO</u> <u>1700 COLLEGE AVE</u> <u>TOPEKA, KS 66611</u>	48-6105561		274,580.				EDUCATIONAL
<u>WINCHESTER UNITED METHODIST C</u> <u>PO BOX K</u> <u>WINCHESTER, KS 66097</u>	48-0919894		15,984.				RELIGION
<u>AMERICAN RED CROSS</u> <u>1221 SW 17TH</u> <u>TOPEKA, KS 66604</u>	53-0196605		19,959.				DISASTER RELIEF
<u>BIRTHRIGHT OF TOPEKA</u> <u>PO BOX 414, 512 W 7TH ST.</u> <u>TOPEKA, KS 66601</u>	23-7190502		7,560.				HEALTH, GENERAL
<u>DOCTORS WITHOUT BORDERS USA</u> <u>40 RECTOR ST., 16TH FLOOR</u> <u>NEW YORK, NY 10006</u>	13-3433452		12,000.				DISASTER RELIEF

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>FIRST PRESBYTERIAN CHURCH</u> <u>817 SW HARRISON</u> <u>TOPEKA, KS 66612</u>	48-0549783		7,000.				RELIGION
<u>HARVESTERS-THE COMMUNITY FOOD</u> <u>3801 TOPPING AVE.</u> <u>KANSAS CITY, MO 64129</u>	43-1208665		7,500.				FOOD, NUTRITION
<u>MIDLAND CARE CONNECTION</u> <u>200 SW FRAZIER CIR.</u> <u>TOPEKA, KS 66606</u>	48-0883888		22,000.				HEALTH, GENERAL
<u>MORRIS ANIMAL FOUNDATION</u> <u>10200 E GIRARD AVE</u> <u>DENVER, CO 80231</u>	84-6032307		10,000.				ANIMAL-RELATED
<u>THE ROTARY FOUNDATION</u> <u>1560 SHERMAN AVE.</u> <u>EVANSTON, IL 60201</u>	36-3245072		20,000.				YOUTH DEVELOPMENT
<u>TOPEKA CIVIC THEATRE & ACADEM</u> <u>3028 SW 8TH AVE.</u> <u>TOPEKA, KS 66606</u>	48-0670096		31,617.				ARTS, CULTURE
<u>TOPEKA NORTH OUTREACH</u> <u>210 NW MENNINGER RD</u> <u>TOPEKA, KS 66617</u>	48-0891120		13,000.				COMMUNITY DEVELOPMENT
<u>TOPEKA SYMPHONY SOCIETY</u> <u>PO BOX 2206</u> <u>TOPEKA, KS 66601</u>	48-6108081		27,477.				ARTS, CULTURE
<u>VAN GO MOBILE ARTS INC</u> <u>715 NEW JERSEY</u> <u>LAWRENCE, KS 66044</u>	48-1171726		25,000.				HEALTH, GENERAL
<u>BALLARD FIRST LUTHERAN CHURCH</u> <u>2006 NW 65TH STREET</u> <u>SEATTLE, WA 98117</u>	41-1568278		10,000.				RELIGION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
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Continuation Page 4 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR., #2200 ORLANDO, FL 32832	95-6006173		6,730.				RELIGION
CASA OF SHAWNEE COUNTY 501 SE JEFFERSON, STE 2002 TOPEKA, KS 66607	48-1030095		7,759.				HUMAN SERVICE
GRACEMED HEALTH CLINIC, INC. 1122 N. TOPEKA STREET WICHITA, KS 67214	48-1159633		18,571.				HEALTH, GENERAL
NORTH TOPEKA OUTREACH INC. 210 NW MENNINGER ROAD TOPEKA, KS 66617	48-0891120		25,000.				HEALTH, GENERAL
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		21,900.				HUMAN SERVICE
SUNFLOWER MUSIC FESTIVAL, INC 1700 SW COLLEGE TOPEKA, KS 66621	48-1079501		49,364.				ARTS, CULTURE
BOYS AND GIRLS CLUB 550 SE 27TH ST. TOPEKA, KS 66605	48-0636732		17,234.				YOUTH DEVELOPMENT
FAITH LUTHERAN CHURCH 1716 SW GAGE BLVD. TOPEKA, KS 66604	48-0678481		13,000.				RELIGION
FRIENDS OF THE KAW PO BOX 1612 LAWRENCE, KS 66044	74-2878023		9,000.				ENVIRONMENTAL
GRACE EPISCOPAL CATHEDRAL 701 SW 8TH AVE TOPEKA, KS 66603	48-0543788		53,797.				RELIGION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HELPING HANDS HUMANE SOCIETY 5720 SW 21ST STREET TOPEKA, KS 66614	48-0597124		11,125.				ANIMAL RELATED
HIGHLAND PARK HIGH SCHOOL 2424 SE CALIFORNIA AVE. TOPEKA, KS 66605	48-0977979		5,500.				EDUCATION
TOPEKA HABITAT FOR HUMANITY 121 NE GORDON TOPEKA, KS 66608	48-0980011		82,500.				HOUSING, SHELTER
TRASH MOUNTAIN PROJECT, INC. 1555 NW GAGE BLVD. TOPEKA, KS 66618	26-4775012		55,000.				YOUTH DEVELOPMENT
YMCA 421 VAN BUREN TOPEKA, KS 66603	48-0543757		53,269.				YOUTH DEVELOPMENT
CRITTER CARE PO BOX 67341 TOPEKA, KS 66667	48-1038049		10,000.				ANIMAL RELATED
THE BRIDGE OF TOPEKA, INC. 1023 SW 8TH AVE. TOPEKA, KS 66606	26-1504474		50,000.				RELIGION
BIG BROTHERS BIG SISTERS 2300 SW 29TH ST., STE 200 TOPEKA, KS 66611	48-0812423		31,000.				YOUTH DEVELOPMENT
CONNECT CHURCH 4525 WYETH DR. GUNTERSVILLE, AL 35976	63-0860135		43,100.				RELIGION
CATHOLIC CHARITIES OF NE KS 234 S KANSAS AVE. TOPEKA, KS 66603	48-1181305		20,000.				RELIGION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>FLORENCE CRITTENTON SERVICES</u> <u>2649 SW ARROWHEAD RD.</u> <u>TOPEKA, KS 66614</u>	48-0561977		6,900.				HUMAN SERVICE
<u>KANSAS ADVOCATES FOR BETTER C</u> <u>913 TENNESSEE, STE. 2</u> <u>LAWRENCE, KS 66044</u>	48-0855008		89,458.				HUMAN SERVICE
<u>KVC BEHAVIORAL HEALTHCARE INC</u> <u>235 S KANSAS AVE.</u> <u>TOPEKA, KS 66603</u>	48-0770308		12,500.				HEALTH, GENERAL
<u>LAWRENCE ARTS CENTER</u> <u>940 NEW HAMPSHIRE ST</u> <u>LAWRENCE, KS 66044</u>	48-0825692		25,000.				ARTS, CULTURE
<u>SHELTERED LIVING</u> <u>3401 SW HARRISON ST.</u> <u>TOPEKA, KS 66611</u>	48-0779679		22,355.				HOUSING, SHELTER
<u>CITY OF TOPEKA</u> <u>215 SE 7TH ST</u> <u>TOPEKA, KS 66603</u>	48-6028701		190,243.				COMMUNITY DEVELOPMENT
<u>THE ELLIS FOUNDATION</u> <u>PO BOX 54</u> <u>FORT SCOTT, KS 66701</u>	48-1093604		110,000.				EDUCATIONAL
<u>TOPEKA HOUSING AUTHORITY</u> <u>2010 SE CALIFORNIA AVE</u> <u>TOPEKA, KS 66607</u>	48-1238782		26,415.				HOUSING, SHELTER
<u>TOPEKA PUBLIC SCHOOLS USD#501</u> <u>624 SW 24TH ST</u> <u>TOPEKA, KS 66611</u>	48-6028563		192,865.				EDUCATIONAL
<u>CATHOLIC CEMETERIES OF NE KS</u> <u>PO BOX 2327</u> <u>KANSAS CITY, KS 66102</u>	48-0547724		56,000.				RELIGION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 12

Name of the organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CFCC & ASSOCIATES, INC. 2000 SW GAGE BLVD TOPEKA, KS 66604	72-1621081		6,000.				MENTAL HEALTH
HIGHLAND COMMUNITY COLLEGE FD 606 W MAIN HIGHLAND, KS 66035	36-2592395		25,000.				EDUCATION
INTERNATIONAL COMMUNITY FNDTN 3505 NORTH AVE. NATIONAL CITY, CA 91950	33-0457858		15,000.				HUMAN SERVICE
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY E., STE 400 FAIRFIELD, CT 06825	06-0726487		20,000.				HUMAN SERVICE
SOLE REASON FOUNDATION 1235 NE KELLAM AVE TOPEKA, KS 66616	81-1326688		30,000.				HUMAN SERVICE
TOPEKA ROTARY FOUNDATION 534 S KANSAS AVE, STE 1500 TOPEKA, KS 66603	48-0845301		6,650.				HUMAN SERVICE
UNITED CHARITABLE 8201 GREENSBORO DR, STE 702 TYSONS, VA 22102	20-4286082		10,000.				PHILANTHROPY
WASHBURN UNIVERSITY 1700 SW COLLEGE TOPEKA, KS 66611	48-6030115		35,444.				EDUCATION
WASHBURN UNIV. TECH INSTITUTE 5724 SW HUNTOON ST TOPEKA, KS 66604	48-6030115		7,500.				EDUCATION
ALDRSGATE VILLAGE 7220 SW ASBURY DR TOPEKA, KS 66614	48-0543787		187,806.				HUMAN SERVICE

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ENSEMBLE IBERICA 4001 GLADSTONE BLVD KANSAS CITY, MO 64123	46-5055573		10,000.				ARTS. CULTURE
KANSAS PUBLIC RADIO 1120 W 11TH ST LAWRENCE, KS 66044	48-1209687		13,500.				ARTS, CULTURE
PET ASSISTANCE NETWORK OF TOP 2925 SE WALNUT DR. TOPEKA, KS 66605	26-3842930		10,000.				ANIMAL-RELATED
PROJECT TOPEKA COMMUNITY FOOD 1315 SW ARROWHEAD RD TOPEKA, KS 66604	30-0596254		142,500.				FOOD, NUTRITION
RONALD MCDONALD HOUSE CHARITI 825 SW BUCHANAN TOPEKA, KS 66606	48-1022967		10,500.				HOUSING, SHELTER
TEAM BLAKE FOUNDATION 4948 SE CROCO RD BERRYTON, KS 66409	82-4505514		30,000.				DISEASE/DISORDE R
NORTH TOPEKA ARTS DISTRICT, I 935 N KANSAS AVE TOPEKA, KS 66608	47-4579168		10,000.				ARTS, CULTURE
SCMS HEALTH ACCESS PO BOX 615 TOPEKA, KS 66601	48-1242654		57,797.				HEALTH, GENERAL
SENT, INC. 455 SE GOLF PARK BLVD TOPEKA, KS 66605	82-4892350		50,100.				COMMUNITY DEVELOPMENT
TOPEKA JAZZ WORKSHOP 411 SW GREENWOOD TOPEKA, KS 66606	48-1250006		19,690.				EDUCATIONAL

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 12

Name of the organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TRANS WORLD RADIO PACIFIC PO BOX 8700 CARY, NC 27512	23-7346116		12,000.				RELIGION
BAKER UNIVERSITY PO BOX 65 BALDWIN CITY, KS 66006	48-0543766		25,000.				EDUCATIONAL
BROWN V BROWN SUMNER LEGACY T PO BOX 2132 TOPEKA, KS 66601	48-5002272		20,000.				HEALTH, GENERAL
CARE 151 ELLIS ST ATLANTA, GA 30303	13-1685039		13,809.				FOOD, NUTRITION
DARTING BASKETBALL ACAD YOUTH 3430 SW STONYBROOK DR TOPEKA, KS 66614	84-1967745		6,000.				SPORTS, LEISURE
FAMILY PROMISE OF LAWRENCE, PO BOX 266 LAWRENCE, KS 66044	26-2709610		25,000.				HOUSING
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DR OWASSO, OK 74055	75-3240683		14,850.				HUMAN SERVICE
FRIENDS LAWRENCE PUB LIBRARY 707 VERMONT ST LAWRENCE, KS 66044	48-0858281		10,000.				ARTS, CULTURE
LAWRENCE HUMANE SOCIETY 1805 E 19TH ST LAWRENCE, KS 66046	48-0641821		10,000.				ANIMAL RELATED
MEDS & FOOD FOR KIDS 8050 WATSON RD, STE 355 ST. LOUIS, MO 63119	20-1257910		40,000.				FOOD, NUTRITION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 10 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STORMONT VAIL HEALTHCARE INC 1500 SW 10TH TOPEKA, KS 66604	48-0543789		56,632.				HEALTH, GENERAL
BERT NASH COMM MENTAL HLTH CT 200 MAINE ST, STE A LAWRENCE, KS 66044	48-0775739		25,000.				MENTAL HEALTH
TOPEKA BIBLE CHURCH 1135 SW COLLEGE AVE TOPEKA, KS 66604	48-0597125		65,250.				RELIGION
BE FILLED OF SOUTH TOPEKA 6620 SW ARBORGLADE LN TOPEKA, KS 66619	86-3641974		5,612.				HUMAN SERVICE
FIRST TEE OF GREATER TOPEKA PO BOX 4069 TOPEKA, KS 66604	84-4527570		11,500.				SPORTS & LEISURE
PROJECT 2 RESTORE 6021 SW 29TH ST, #A259 TOPEKA, KS 66614	48-1196600		36,000.				HUMAN SERVICE
STREET DOG COALITION 305 W MAGNOLIA #277 FORT COLLINS, CO 80521	81-0793989		19,000.				ANIMAL RELATED
ARCHDIOCESE OF KC IN KANSAS 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109			11,000.				RELIGION
CATHOLIC CHARITIES OF NE KANS 234 S KANSAS AVE TOPEKA, KS 66603			5,574.				YOUTH DEVELOPMENT
COMMON GROUND PROD & GROWERS 2250 N ROCK RD, STE 118 #130 WICHITA, KS 67226			15,000.				FOOD, NUTRITION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 11 of 12

Name of the organization TOPEKA COMMUNITY FOUNDATION	Employer identification number 48-0972106
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMM OF SCHOOLS IN MID AMERIC 1919 DELAWARE ST LAWRENCE, KS 66046			7,000.				EDUCATIONAL
DON'T EVER GIVE UP INC 14600 WESTON PARKWAY CARY, NC 27513			60,640.				DISEASE/DISORDER
ELIZABETH BALLARD COMM CENTER 708 ELM ST LAWRENCE, KS 66044			25,000.				HEALTH, GENERAL
FELLOWSHIP HI CREST INC 455 SE GOLF PARK BLVD TOPEKA, KS 66605			13,380.				HUMAN SERVICE
FIRST LUTHERAN CHURCH 1234 FAIRLAWN TOPEKA, KS 66604			44,710.				RELIGION
GLOBAL ORPHAN PROJECT INC 3161 WYANDOTTE ST KANSAS CITY, MO 64111			8,303.				YOUTH DEVELOPMENT
HAITI LIFELINE MINISTRIES P. O. BOX 4133 TOPEKA, KS 66604			21,000.				INTERNATIONAL
INTERNATIONAL RESCUE COMMITTEE P. O. BOX 6068 ALBERT LEA, MN 56007			10,000.				INTERNATIONAL
KENTUCKY GLOBAL ARTS INIT P. O. BOX 206 GRAND RIVERS, KY 42045			50,000.				ARTS, CULTURE
LAWRENCE COMM FOOD ALLIANCE 1501 LEONARD AVE, STE E LAWRENCE, KS 66044			24,932.				FOOD, NUTRITION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 12 of 12

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAKE A WISH FDTN OF MO & KS 13523 BARRETT PKWY DR STE 241 BALLWIN, MO 63021			10,000.				YOUTH DEVELOPMENT
NEW CITY CHURCH 7230 QUIVIRA RD SHAWNEE, KS 66216			15,000.				RELIGION
OKIZU FOUNDATION 83 HAMILTON DR STE 200 NOVATO, CA 94949			10,000.				DISEASE/DISORDER
OMNI CIRCLE GROUP INC 1301 SW TOPEKA BLVD TOPEKA, KS 66612			50,000.				COMMUNITY DEVELOPMENT
REDEEMER CHURCH 343 N ESTELLE AVE WICHITA, KS 67214			10,000.				RELIGION
STAFFORD CO ECONOMIC DEV P. O. BOX 233 ST JOHN, KS 67576			10,000.				FOOD, NUTRITION
THE SALVATION ARMY TOPEKA 1320 SE 6TH ST TOPEKA, KS 66607			29,717.				HUMAN SERVICE
THE WOODSON CENTER 1625 K ST NW STE 410 WASHINGTON, DC 20006			50,000.				COMMUNITY DEVELOPMENT
UNITED WAY OF KAW VALLEY 1527 SW FAIRLAWN RD TOPEKA, KS 66604			33,309.				HUMAN SERVICE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				(C) Retirement and other deferred compensation
1 MARSHA L. POPE PRESIDENT	(i)	163,821.	0.	0.	0.	13,162.	176,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	8	6,962,362.	MARKET LISTING
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SEE PART II

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

Schedule M (Form 990) 2022

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

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

THE ORGANIZATION HAS ACCOUNTS SET UP WITH VARIOUS BROKERS FOR THE PURPOSE OF ACCEPTING DONATIONS OF PUBLICLY TRADED SECURITIES. THE DONATED SECURITIES ARE SOLD IMMEDIATELY AFTER RECEIPT, AND THE PROCEEDS ARE THEN TRANSFERRED TO ONE OF THE ORGANIZATION'S CASH OR INVESTMENT ACCOUNTS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE TOPEKA COMMUNITY FOUNDATION WORKS TO IMPROVE THE QUALITY OF LIFE IN THE TOPEKA REGION THROUGH AN ACTIVE PARTNERSHIP WITH DONORS AND OTHERS WHO WISH TO BRING POSITIVE CHANGE THROUGH CHARITABLE GIVING. THE FOUNDATION MANAGES 431 CHARITABLE FUNDS STARTED BY INDIVIDUALS, FAMILIES, BUSINESSES AND NONPROFIT ORGANIZATIONS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE TOPEKA COMMUNITY FOUNDATION WORKS TO IMPROVE THE QUALITY OF LIFE IN THE TOPEKA REGION THROUGH AN ACTIVE PARTNERSHIP WITH DONORS AND OTHERS WHO WISH TO BRING POSITIVE CHANGE THROUGH CHARITABLE GIVING. THE FOUNDATION MANAGES 431 CHARITABLE FUNDS STARTED BY INDIVIDUALS, FAMILIES, BUSINESSES AND NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION UPDATED ITS STATEMENT OF INVESTMENT POLICY.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE MEMBERS OF THE ORGANIZATION SHALL CONSIST OF THOSE PERSONS WHO HAVE BEEN ELECTED AND ARE SERVING AS DIRECTORS OF THE CORPORATION. THE NUMBER OF MEMBER/DIRECTORS SHALL NOT BE LESS THAN FIVE (5) AND NOT MORE THAN THIRTY-FIVE (35), AS DETERMINED BY THE MEMBERS AT EACH ANNUAL MEETING OF THE MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ANY VACANCY OCCURRING ON THE BOARD OF DIRECTORS MAY BE FILLED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE REMAINING MEMBER/DIRECTORS.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE ACT OF THE MAJORITY OF THE MEMBER/DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT SHALL BE THE ACT OF THE BOARD OF DIRECTORS. EACH MEMBER/DIRECTOR HAS ONE VOTE.

Name of the organization

TOPEKA COMMUNITY FOUNDATION

Employer identification number

48-0972106

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

PRIOR TO FILING THE FORM 990, THE RETURN WAS REVIEWED BY THE PRESIDENT OF THE ORGANIZATION AND THE FOLLOWING BOARD MEMBERS: CHAIRMAN, VICE CHAIRMAN, IMMEDIATE PAST CHAIRMAN, SECRETARY, AND TREASURER.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE PRESIDENT REVIEWS AND MONITORS THE CONFLICT OF INTEREST DISCLOSURE FORMS, ANNUALLY, TO INSURE THAT DIRECTORS, OFFICERS, AND KEY EMPLOYEES WITH A CONFLICT OF INTEREST COMPLY WITH THE ORGANIZATION'S VOTING, DECISION MAKING, AND GRANT/SCHOLARSHIP RESTRICTIONS, AS DEFINED IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ORGANIZATION HAS A FORMAL COMPENSATION AND BENEFITS COMMITTEE WHICH MEETS 2-3 TIMES EACH YEAR. THE COMMITTEE REVIEWS COMPARABLE SALARY AND BENEFITS INFORMATION OF OTHER COMMUNITY FOUNDATIONS OF A SIMILAR SIZE IN THE PROCESS OF ESTABLISHING THE SALARY AND BENEFITS OF ALL EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE ORGANIZATION HAS A FORMAL COMPENSATION AND BENEFITS COMMITTEE WHICH MEETS 2-3 TIMES EACH YEAR. THE COMMITTEE REVIEWS COMPARABLE SALARY AND BENEFITS INFORMATION OF OTHER COMMUNITY FOUNDATIONS OF A SIMILAR SIZE IN THE PROCESS OF ESTABLISHING THE SALARY AND BENEFITS OF ALL EMPLOYEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES OF THE MOST RECENT FINANCIAL STATEMENTS AND THE MOST RECENT FORM 990 AND 990-T ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S WEBSITE ALSO HAS AN E-MAIL LINK THAT INTERESTED PERSONS CAN USE TO REQUEST THE STATEMENTS, RETURNS, AND ADDITIONAL INFORMATION.

Name of the organization

Employer identification number

TOPEKA COMMUNITY FOUNDATION

48-0972106

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN BENEFICIAL INTEREST (FROM AUDITED F/S)	\$	-97,704.
TRANSFERS BETWEEN NET ASSETS & AGENCY FUNDS (AUDITED F/S).....		-18,004.
	TOTAL	<u>\$ -115,708.</u>

FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD

CASH/FMV INVEST

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

Open to Public Inspection

TOPEKA COMMUNITY FOUNDATION

Employer identification number
48-0972106

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) <u>TCF - SPECIAL ASSET CO., LLC</u> <u>5431 SW 29TH ST</u> <u>TOPEKA, KS 66614</u> <u>48-0972106</u>	HOLDING COMPANY	KS	0.	223.	TOPEKA COMMUNITY FOUNDATION
(2) ----- ----- -----					
(3) ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2022

For calendar year 2022 or other tax year beginning _____, 2022, and ending _____,

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

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>TOPEKA COMMUNITY FOUNDATION 5431 SW 29TH ST. #300 TOPEKA, KS 66614-4195</p>	<p>D Employer identification number 48-0972106</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
		<p>C Book value of all assets at end of year. 93,545,461.</p>	
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T). 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-sub subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of MARSHA L. POPE 5431 SW 29TH ST., SUITE 300 TOPEKA KS Telephone number 785-272-4804</p>			

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	3,159.
2 Reserved.	2	
3 Add lines 1 and 2.	3	3,159.
4 Charitable contributions (see instructions for limitation rules).	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	3,159.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	3,159.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9.	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	2,159.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).	1	453.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions.	3	
4 Other tax amounts. See instructions.	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions.	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.	7	453.

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d.	1e		0.
2 Subtract line 1e from Part II, line 7.	2		453.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.	4		453.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6a Payments: A 2021 overpayment credited to 2022	6a	11,375.	
b 2022 estimated tax payments. Check if section 643(g) election applies. <input type="checkbox"/>	6b	10,000.	
c Tax deposited with Form 8868.	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	6g		
7 Total payments. Add lines 6a through 6g.	7		21,375.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		20,922.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		20,922.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. \$ 0.		
4 Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part 1, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
-----	-----	
-----	-----	
-----	-----	
-----	-----	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	TITLE		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	YVONNE G. BROWNELL				P00129973
	Firm's name	MIZE CPAS INC.			Firm's EIN
	Firm's address	534 S KANSAS AVE, #400 TOPEKA, KS 66603			48-0882363
				Phone no.	785-233-0536

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization TOPEKA COMMUNITY FOUNDATION	B Employer identification number 48-0972106
C Unrelated business activity code (see instructions) 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business **PASS-THROUGH PARTNERSHIP UBTI**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) SEE STATEMENT 1	5 9,909.		9,909.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 9,909.		9,909.

Part II Deductions Not Taken Elsewhere	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	
1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	3,000.
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 2	14	3,750.
15 Total deductions. Add lines 1 through 14	15	6,750.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	3,159.
17 Deduction for net operating loss. See instructions	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	3,159.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement).....	5	
6	Total. Add lines 1 through 5.....	6	
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2.....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)....	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).....	_____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement).....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).....	_____			
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).....	_____			
11 Total dividends - received deductions included in line 10.....	_____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....				
5 Readership costs.....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1.....

Part XI Supplemental Information (see instructions)

**Depreciation and Amortization
(Including Information on Listed Property)**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

TOPEKA COMMUNITY FOUNDATION

Business or activity to which this form relates

Identifying number

48-0972106

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**STATEMENT 1
SCHEDULE A, PART I, LINE 5
INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS**

NAME	GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
MORGAN CREEK II	\$ 5,679.	\$ 0.	\$ 5,679.
MORGAN CREEK III	-15,744.	0.	-15,744.
MORGAN CREEK IV	1,747.	0.	1,747.
MORGAN CREEK V	18,227.	0.	18,227.
TOTAL	<u>\$ 9,909.</u>	<u>\$ 0.</u>	<u>\$ 9,909.</u>

**STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS**

INVESTMENT EXPENSES ALLOCATED TO UBTI.....	\$ 3,750.
TOTAL	<u>\$ 3,750.</u>

TOPEKA COMMUNITY FOUNDATION

48-0972106

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	GUEST CHAIRS (2)	5/12/98		376							376	376	S/L	7		0
2	OFFICE CHAIR	4/28/98		96							96	96	S/L	7		0
3	DESKS (2)	1/06/98		1,686							1,686	1,686	S/L	7		0
4	COMPUTER DESKS (2)	1/06/98		938							938	938	S/L	7		0
5	FILE CABINET	1/06/98		523							523	523	S/L	7		0
6	ARTWORK/FRAMES (5)	5/18/98		653							653	653	S/L	7		0
7	GUEST CHAIRS (2)	5/12/98		81							81	81	S/L	7		0
8	OFFICE CHAIR	5/12/98		752							752	752	S/L	7		0
9	CONFERENCE TABLE	5/12/98		623							623	623	S/L	7		0
10	CONFERENCE CHAIRS (4)	5/12/98		1,486							1,486	1,486	S/L	7		0
11	LATERAL FILE CABINET	7/14/99		470							470	470	S/L	7		0
12	FILE CABINET	5/11/00		389							389	389	S/L	7		0
13	FILE CABINET - PROGRAM DIR	7/13/00		389							389	389	S/L	7		0
14	DESK - PROGRAM DIR	7/13/00		876							876	876	S/L	7		0
15	FILE CABINETS	11/16/00		441							441	441	S/L	7		0
16	OLYMPUS DIGITAL CAMERA	2/19/01		374							374	374	S/L	5		0
17	COMPUTER DESK - PROG DIR	5/25/01		390							390	390	S/L	7		0
18	BOMBAY DESK & FURN	1/11/02		2,600							2,600	2,600	S/L	7		0
19	CHAIR-MARY LOU	2/26/02		278							278	278	S/L	7		0
20	COMPUTER SOFTWARE	3/26/02		966							966	966	S/L	5		0
21	SOFTWARE-INSTALL MHCO	4/19/02		950							950	950	S/L	3		0
22	TRIFOLD DISPLAYS	5/01/02		973							973	973	S/L	5		0
23	FIMS SOFTWARE	12/01/02		26,648							26,648	26,648	S/L	3		0

TOPEKA COMMUNITY FOUNDATION

48-0972106

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
24	NPO SOLUTIONS TRAINING	1/01/03		2,188							2,188	2,188	S/L	3		0
25	FURNITURE PROSE	3/06/03		2,092							2,092	2,092	S/L	7		0
26	SEARS REFRIGATOR	3/10/03		520							520	520	S/L	5		0
27	CONFERENCE FURNITURE	4/04/03		11,019							11,019	11,019	S/L	7		0
28	1FLAT SCREEN FOR PC	4/08/03		455							455	455	S/L	5		0
29	RECEPTION FURNITURE	4/30/03		1,505							1,505	1,505	S/L	7		0
30	TWO CABINETS	4/30/03		322							322	322	S/L	7		0
31	ARTWORK & FRAMES	5/02/03		702							702	702	S/L	7		0
32	NPO INSTALL & TRAINING	5/09/03		781							781	781	S/L	3		0
33	FIMS SOFTWARE-USE TAX	1/01/03		1,412							1,412	1,412	S/L	3		0
34	MHCO-INSTALL & TRAIN	8/27/03		3,130							3,130	3,130	S/L	3		0
35	MHCO-INSTALL & TRAIN	9/26/03		2,000							2,000	2,000	S/L	3		0
36	DELL LAPTOP-CHANDLER	6/16/04		1,989							1,989	1,989	S/L	5		0
37	1 DELL PENTIUM PROCESSOR	5/27/05		1,048							1,048	1,048	S/L	5		0
38	STAN HERD POSTER FRAMEWOD	8/30/05		328							328	328	S/L	5		0
39	PORTABLE DVD PLAYER-BEST	9/29/05		276							276	276	S/L	5		0
40	SM CONF ROOM TABLE	1/24/06		139							139	139	S/L	5		0
41	HP LASERJET 1022 PRINTER	2/02/06		211							211	211	S/L	5		0
42	NEULOGIC WEBSITE SOFTWARE	5/19/06		6,500							6,500	6,500	S/L	3		0
43	PROJECTION SCREEN-OF DEPO	8/04/06		279							279	279	S/L	5		0
44	HP LASERJET 1022 PRINTER	6/27/07		193							193	193	S/L	5		0
45	FILE CABINET	7/24/07		374							374	374	S/L	7		0
46	FILE CABINET	8/29/07		260							260	260	S/L	7		0
47	PHOTOSMART DIGITAL CAMERA	9/13/07		258							258	258	S/L	5		0
48	OFFICE FURNITURE	11/01/07		2,753							2,753	2,753	S/L	7		0
49	FIMS SOFTWARE LICENSE	12/15/07		3,165							3,165	3,165	S/L	3		0
50	25TH ANNIVERSARY VIDEO	11/15/08		3,000							3,000	3,000	S/L	5		0

TOPEKA COMMUNITY FOUNDATION

48-0972106

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
51	FILING CABINETS (4)	6/30/09		639							639	639	S/L	5		0
52	MULTIMEDIA PROJECTOR	2/28/09		592							592	592	S/L	5		0
53	2 CREDENZAS	12/15/09		1							1		S/L	5		0
54	2 2DRAWR HORIZ FILING CAB	12/15/09		1							1		S/L	5		0
55	1 OPTIPLEX 780 COMPUTER	11/15/10		1,362							1,362	1,362	S/L	5		0
56	DELL LATITUDE E6410 LAPTO	3/16/11		1,711							1,711	1,711	S/L	5		0
57	DELL OPTIPLEX DESKTOP 990	12/01/11		1,556							1,556	1,556	S/L	5		0
58	DELL POWEREDGE T310	12/01/11		2,917							2,917	2,917	S/L	5		0
59	LG LCD TV	1/04/12		1,773							1,773	1,773	S/L	5		0
60	SERVER, SET UP/INSTALL	4/18/12		3,817							3,817	3,817	S/L	5		0
61	CONFERENCE TABLE	2/13/13		196							196	196	S/L	5		0
62	4 CONFERENCE CHAIRS	2/13/13		414							414	414	S/L	5		0
63	TELEPHONE SYSTEM	11/20/13		2,285							2,285	2,285	S/L	5		0
64	FLIPPERSITE DEVELOPER	1/27/14		5,792							5,792	5,792	S/L	5		0
65	DELL OPTIPLEX-R VIOLA	1/16/14		1,911							1,911	1,911	S/L	5		0
66	DELL OPTIPLEX	1/12/15		1,301							1,301	1,301	S/L	5		0
67	MP LAPTOP	2/26/16		1,720							1,720	1,720	S/L	5		0
68	MP MONITOR	3/15/16		336							336	336	S/L	5		0
69	DELL OPTIPLEX7050	6/19/17		1,690							1,690	1,521	S/L	5		169
70	OPTIV FORTINET	3/14/16		970							970	808	S/L	5		0
71	INSIGHT - DELL T330	10/11/18		5,985							5,985	3,890	S/L	5		1,197
72	INSIGHT - OPTIPLEX 7060 S	10/02/18		1,444							1,444	939	S/L	5		289
73	WORKPRO LATERAL FILE CAB	1/08/19		1,030							1,030	618	S/L	5		206
74	CRO OPTIPLEX 7060	4/15/19		1,588							1,588	874	S/L	5		318
75	DELL LATITUDE 5501	2/18/20		1,636							1,636	600	S/L	5		327
76	DELL LATITUDE 5510	3/31/21		2,539							2,539	381	S/L	5		508
77	SHARP 70"	9/21/21		4,994							4,994	250	S/L	5		999

TOPEKA COMMUNITY FOUNDATION

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
78	DELL 5520 & 22" MONITOR	3/30/22		2,851							2,851		S/L	5		428
79	SMART UPS	12/16/22		1,255							1,255		S/L	5		0
	TOTAL FURNITURE AND FIXTURE			144,163		0	0	0	0	0	144,163	128,060				4,441
	TOTAL DEPRECIATION			<u>144,163</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>144,163</u>	<u>128,060</u>				<u>4,441</u>
	GRAND TOTAL DEPRECIATION			<u>144,163</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>144,163</u>	<u>128,060</u>				<u>4,441</u>