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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

GREATER SALINA COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

119 W IRON AVE 8TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

SALINA, KS 67401

F Name and address of principal officer

JESSICA MARTIN

119 W IRON AVE 8TH FLOOR

SALINA, KS 67401

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW GSCF ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1999

M State of legal domicile

KS

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE MISSION IS TO BUILD PERMANENT ENDOWMENT FUNDS AND MEET CHARITABLE COMMUNITY NEEDS

2 Check this box ☐ 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) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

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)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶155,660

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

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

\*\*\*\*\*

Signature of officer

2020-02-06

Date

JESSICA MARTIN PRESIDENT & EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01526012

Firm's name ▶ VARNEY & ASSOCIATES CPAS LLC

Firm's EIN ▶ 30-0038643

Firm's address ▶ 1501 POYNTZ AVENUE

MANHATTAN, KS 665026092

Phone no (785) 537-2202

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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

THE MISSION IS TO BUILD PERMANENT ENDOWMENT FUNDS AND MEET CHARITABLE COMMUNITY NEEDS

**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 \$ 13,362,831 including grants of \$ 12,891,865 ) (Revenue \$ 178,560 )  
See Additional Data

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

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

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

**4e** Total program service expenses ► 13,362,831

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b> Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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? If "Yes," complete Schedule D, Part IV	<b>9</b> Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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> . . . . .	<b>23</b>	No
<b>24a</b>	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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	No
<b>b</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> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	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> . . . . .	<b>32</b>	No
<b>33</b>	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> . . . . .	<b>33</b>	No
<b>34</b>	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> . . . . .	<b>34</b>	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</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> . . . . .	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	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>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	9
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

<b>2a</b> 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 . . . . .		<b>2a</b>	11			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</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)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		3
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>						
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		No
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		No
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		No
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

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

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</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?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ► THE ORGANIZATION 119 W IRON AVE 8TH FLOOR SALINA, KS 67401 (785) 823-1800

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA FRIED CHAIRMAN	2 00	X		X				0	0	0
(2) BRANDY FELZIEN SECRETARY/TREASURER	2 00	X		X				0	0	0
(3) BRYAN HERWIG CHAIRMAN-ELECT	2 00	X		X				0	0	0
(4) GAIL BOYER DIRECTOR	2 00	X						0	0	0
(5) BRANDON CHEEKS DIRECTOR	2 00	X						0	0	0
(6) BOBBY RICHARDSON DIRECTOR	2 00	X						0	0	0
(7) GUY WALKER DIRECTOR	2 00	X						0	0	0
(8) BARB YOUNG DIRECTOR	2 00	X						0	0	0
(9) LOREN YOUNG DIRECTOR	2 00	X						0	0	0
(10) DR BOB FREELOVE DIRECTOR	2 00	X						0	0	0
(11) MAGGIE HEMMER DIRECTOR	2 00	X						0	0	0
(12) JOHNNY KEOPRASEUTH DIRECTOR	2 00	X						0	0	0
(13) LEE LEGLEITER DIRECTOR	2 00	X						0	0	0
(14) PETER PETERSON DIRECTOR	2 00	X						0	0	0
(15) JOHN QUINLEY DIRECTOR	2 00	X						0	0	0
(16) MARTHA RHEA DIRECTOR	2 00	X						0	0	0
(17) LARRY FIEF DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSICA MARTIN ..... PRESIDENT/EXECUTIVE DIRECT	40 00 .....			X				100,887	0	15,773
(19) SUSAN WEIS ..... DIRECTOR OF FINANCE	40 00 .....			X				77,872	0	13,391
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								178,759	0	29,164

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>	No
<b>4</b> 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? If "Yes," complete Schedule J for such individual . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

<b>1</b> 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
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► <b>0</b>		



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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	20,107,418			
	g	Noncash contributions included in lines 1a - 1f \$	3,549,048				
	h	Total. Add lines 1a-1f . . . . .	20,107,418				
Program Service Revenue			Business Code				
	2a	FUND ADMINISTRATION	813211	178,560	178,560		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	178,560				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	4,789,513		4,789,513	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties . . . . .	9,624		9,624	
	6a	(i)	Real	(ii)	Personal		
		Gross rents					
		b Less rental expenses					
		c Rental income or (loss)					
	d		Net rental income or (loss) . . . . .				
	7a	(i)	Securities	(ii)	Other		
		Gross amount from sales of assets other than inventory					
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d		Net gain or (loss) . . . . .				
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b		Less direct expenses . . . . .	b			
	c		Net income or (loss) from fundraising events . . . . .				
	9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b		Less direct expenses . . . . .	b			
	c		Net income or (loss) from gaming activities . . . . .				
	10a		Gross sales of inventory, less returns and allowances . . . . .	a			
	b		Less cost of goods sold . . . . .	b			
	c		Net income or (loss) from sales of inventory . . . . .				
		Miscellaneous Revenue	Business Code				
11a		INCOME ON BUSINESS INTEREST	900099	3,134	3,134		
b							
c							
d		All other revenue . . . . .					
e		Total. Add lines 11a-11d . . . . .	3,134				
12		Total revenue. See Instructions . . . . .	25,088,249	178,560	3,134	4,799,137	

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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,403,570	12,403,570		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	488,295	488,295		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	540,946	274,174	184,636	82,136
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	68,542	34,924	23,391	10,227
<b>9</b> Other employee benefits.	26,717	12,904	11,177	2,636
<b>10</b> Payroll taxes.	41,382	20,974	14,125	6,283
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	1,860		1,860	
<b>c</b> Accounting.	53,785		53,785	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	13,161	9,253	2,535	1,373
<b>12</b> Advertising and promotion.	53,545	12,287	1,464	39,794
<b>13</b> Office expenses.	50,630	34,403	10,165	6,062
<b>14</b> Information technology.	64,229	28,605	33,075	2,549
<b>15</b> Royalties.				
<b>16</b> Occupancy.	19,109	10,675	6,377	2,057
<b>17</b> Travel.	15,621	13,162	1,542	917
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	25,107	19,605	3,876	1,626
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	30,301		30,301	
<b>23</b> Insurance.	4,532		4,532	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	13,901,332	13,362,831	382,841	155,660
<b>26</b> 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		51,319	<b>1</b>	3,568	
	<b>2</b>	Savings and temporary cash investments . . . . .		1,496,855	<b>2</b>	2,217,236	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>		
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		14,405	<b>9</b>	26,003	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	639,362			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	190,970	473,551	<b>10c</b>	448,392
	<b>11</b>	Investments—publicly traded securities . . . . .		217,877,158	<b>11</b>	239,744,355	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		95,044	<b>15</b>	78,479	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		220,008,332	<b>16</b>	242,518,033		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		22,254	<b>17</b>	11,199	
	<b>18</b>	Grants payable . . . . .			<b>18</b>	13,515	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		17,472,295	<b>21</b>	19,278,656	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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 . . . . .			<b>25</b>		
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		17,494,549	<b>26</b>	19,303,370	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		7,827,724	<b>27</b>	8,315,936	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets . . . . .		194,686,059	<b>29</b>	214,898,727	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		202,513,783	<b>33</b>	223,214,663	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		220,008,332	<b>34</b>	242,518,033		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,088,249
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,901,332
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	11,186,917
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	202,513,783
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,513,963
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	223,214,663

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 48-1215503

**Name:** GREATER SALINA COMMUNITY FOUNDATION

Form 990 (2018)

**Form 990, Part III, Line 4a:**

APPROXIMIATELY 1,948 GRANTS AND SCHOLARSHIPS WERE AWARDED TO APPROXIMATELY 824 DIFFERENT CHARITABLE ORGANIZATIONS AND INDIVIDUALS AVERAGING APPROXIMATELY \$7,095 EACH

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> GREATER SALINA COMMUNITY FOUNDATION	<b>Employer identification number</b> 48-1215503

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	11,925,490	9,785,045	4,439,985	12,007,354	20,107,418	58,265,292
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,925,490	9,785,045	4,439,985	12,007,354	20,107,418	58,265,292
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)						17,034,514
6 Public support. Subtract line 5 from line 4						41,230,778

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	11,925,490	9,785,045	4,439,985	12,007,354	20,107,418	58,265,292
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,903,721	3,096,547	3,574,148	4,226,453	4,799,137	18,600,006
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						76,865,298
12 Gross receipts from related activities, etc. (see instructions)					12	283,940

13 First five years.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	53.640 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	51.720 %

16a 33 1/3% support test—2018.

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—2017.

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—2018.

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—2017.

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b> 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>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in (2), 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>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</b> Did the activities described in (a) 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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>Provide details in Part VI.</i>		
<b>b</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>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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)	1	
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 48-1215503  
Name: GREATER SALINA COMMUNITY FOUNDATION

**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)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493050009460

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
GREATER SALINA COMMUNITY FOUNDATION

Employer identification number  
48-1215503

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	123	596
2 Aggregate value of contributions to (during year)	11,460,636	7,575,128
3 Aggregate value of grants from (during year)	5,320,173	8,540,129
4 Aggregate value at end of year	113,705,840	128,859,497

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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

☐ 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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 are a 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 programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	201,954,193	189,118,640	138,114,337		
b Contributions	18,223,923	10,832,429	43,553,625		
c Net investment earnings, gains, and losses	15,343,603	17,125,276	20,771,635		
d Grants or scholarships	10,884,356	13,472,769	11,830,767		
e Other expenditures for facilities and programs	1,009,467	922,012	688,075		
f Administrative expenses	839,270	727,371	802,115		
g End of year balance	222,788,626	201,954,193	189,118,640		

2

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

a

Board designated or quasi-endowment

3 730 %

b

Permanent endowment

96 270 %

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		571,997	148,080	423,917
c Leasehold improvements				
d Equipment		67,365	42,890	24,475
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				448,392

Part VII

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

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	34,602,212
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	9,513,963
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	9,513,963
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	25,088,249
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	25,088,249

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	13,901,332
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,901,332
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	13,901,332

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 48-1215503  
**Name:** GREATER SALINA COMMUNITY FOUNDATION

**Supplemental Information**

Return Reference	Explanation
PART IV, LINE 2B	FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS THE FOUNDATION OPERATES ORGANIZATIONAL ENDOWMENT FUNDS ON BEHALF OF QUALIFYING CHARITABLE ORGANIZATIONS ONCE A FUND AGREEMENT IS IN PLACE WITH AN ORGANIZATION, THE FOUNDATION WILL RECEIVE FUNDS FROM THE ORGANIZATION AND INVEST T HE FUNDS USE OF THE INVESTED FUNDS IS SUBJECT TO THE SAME POLICIES AS OTHER FUNDS AT THE FOUNDATION, SUCH AS THE INVESTMENT, GRANTWRITING AND SPENDING POLICIES

# Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF 675 FUNDS WHICH HAVE BEEN ESTABLISHED BY NUMEROUS C COMMUNITY DONORS FOR A VARIETY OF PURPOSES, EACH OF WHICH HAS BEEN DESIGNED TO INURE TO THE BENEFIT OF THE COMMUNITIES IN THE FOUNDATION'S SERVICE REGION

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>THE FOUNDATION IS ORGANIZED AS A KANSAS NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3) FURTHER, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B)(1)(A)(VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1) THE FOUNDATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS ON AN ANNUAL BASIS IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE FOR FY2019, THE FOUNDATION IDENTIFIED AN UNRELATED BUSINESS TAXABLE INCOME OF \$338,714 WHICH IS REQUIRED TO BE REPORTED ON AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS RETURNS FILED BY THE FOUNDATION ARE SUBJECT TO IRS EXAMINATION, GENERALLY FOR THREE YEARS AFTER EACH RETURN IS FILED NO TAXING AUTHORITIES HAVE COMMENCED INCOME TAX EXAMINATIONS FOR OPEN TAX YEARS</p>

## Supplemental Information

Return Reference	Explanation
PART V	DURING 2018, THE FOUNDATION EARLY ADOPTED THE REQUIREMENTS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 IN DOING THIS, IT WAS DISCOVERED THAT THERE WAS A SET OF DONOR RESTRICTED FUNDS WHICH HAD NOT BEEN HISTORICALLY CLASSIFIED AS ENDOWMENT FUNDS THE FOUNDATION HAS CORRECTED THIS MATTER FOR 2018 BUT ONLY THREE YEARS OF DATA ARE AVAILABLE TO PRESENT CURRENTLY GOING FORWARD, THE FOUNDATION WILL ADD ADDITIONAL YEARS OF DATA SUCH THAT THE REQUIRED 5 YEARS OF DATA WILL BE REPORTED

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
GREATER SALINA COMMUNITY FOUNDATION

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

**Employer identification number**  
48-1215503

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **158**

**3** Enter total number of other organizations listed in the line 1 table . . . . . **97**

**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) EDUCATIONAL	43	432,377			
(2) HARDSHIP	52	48,592			
(3) SCHOLARSHIP FOR COMPUTER PURCHASE	3	1,500			
(4) YOUTH ACTIVITIES & EQUIPMENT ASSISTANCE	17	5,826			
(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.

Return Reference	Explanation
PART I, LINE 2	THE GREATER SALINA COMMUNITY FOUNDATION IS COMMITTED TO THE PRINCIPLES OF GOOD GRANT MAKING AND DUE DILIGENCE, WHICH INCLUDES ENSURING THAT GRANTED FUNDS ARE USED BY EACH GRANTEE FOR THE APPROPRIATE PURPOSES AS APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS. IN THE CASE OF COMPETITIVE GRANTS, AN OFFICIAL REPRESENTATIVE OF THE GRANTEE MUST SIGN A "GRANT AGREEMENT FORM" THAT ACKNOWLEDGES THAT FUNDS RECEIVED WILL BE USED SOLELY FOR THE PURPOSES OUTLINED IN THE GRANT PROPOSAL AND WILL NOT BE USED FOR ANY OTHER PROJECT WITHOUT THE EXPRESSED CONSENT OF THE FOUNDATION AND THAT ANY UNEXPENDED PORTION OF THE GRANT WILL BE RETURNED TO THE FOUNDATION. ALL COMPETITIVE GRANTS ALSO REQUIRE A WRITTEN FINAL REPORT INCLUDING A DESCRIPTION OF HOW THE GRANT WAS SPENT. IF IT IS DETERMINED FROM THE FINAL GRANT REPORT THAT THE FUNDS WERE NOT USED FOR THE INTENDED PURPOSE OR THAT ALL FUNDS WERE NOT EXPENDED, THE FOUNDATION ASKS FOR THE FUNDS TO BE RETURNED FROM THE GRANTEE. FOR GRANTEES OF ANY KIND OF GRANT THAT ARE OTHER THAN A 501(C)(3) AND 509(A)(1) OR (2) ORGANIZATION UNDER THE TAX CODE, EXPENDITURE RESPONSIBILITY WILL BE UNDERTAKEN.



Additional Data

Software ID:  
Software Version:  
EIN: 48-1215503  
Name: GREATER SALINA COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICA INLAND MISSION PO BOX 3611 PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	20,270				MISSION SUPPORT
AMERICAN RED CROSS NCK CHAPTER PO BOX 1633 SALINA, KS 674021633	53-0196605	501(C)(3)	16,385				DISASTER RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF CENTRAL PLAINS 600 MAIN STREET HAYS, KS 67601	48-6139906	501(C)(3)	23,500				FACILITY IMPROVEMENTS/ NEW EQUIPMENT
ASHBY HOUSE LTD PO BOX 3482 SALINA, KS 674023482	48-1099925	501(C)(3)	43,596				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	58-1376648	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
BELLEVILLE CHAMBER OF COMMERCE PO BOX 261 BELLEVILLE, KS 66935	48-0533666	501(C)(6)	12,000				COMMUNITY FACILITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLEVILLE MAIN STREET INC PO BOX 261 BELLEVILLE, KS 66935	36-4505099	501(C)(3)	6,700				GENERAL OPERATING SUPPORT
BELOIT CHAMBER OF COMMERCE 123 N MILL ST BELOIT, KS 67420	48-0136787	501(C)(6)	7,250				COMMUNITY BEAUTIFICATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEREAN CHRISTIAN LAYMEN'S ASSOCIATION PO BOX 70 EBLING, KS 67041	48-0597101	501(C)(3)	60,000				EDUCATIONAL
BETA SIGMA PHI 519 E DIVISION DOWNS, KS 67437	81-2697258		7,846				COMMUNITY ENHANCEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHURCH OF LINCOLN COUNTY 2202 N 130TH RD HUNTER, KS 67452	48-6187520	CHURCH	15,000				FACILITY REPAIR
BETHANY COLLEGE 335 E SWENSSON LINDSBORG, KS 674561897	48-0543734	501(C)(3)	809,163				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY COLLEGE FOUNDATION 421 SECOND ST LINDSBORG, KS 674561897	48-1114249	501(C)(3)	17,993				GENERAL OPERATING SUPPORT
BETHANY HOME ASSOCIATION 321 N CHESTNUT ST LINDSBORG, KS 67456	48-0547716	501(C)(3)	7,337				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY LUTHERAN COLLEGE 700 LUTHER DR MANKATO, MN 560016163	41-0747165	501(C)(3)	10,096				GENERAL OPERATING SUPPORT/SCHOLARSHIP ASSISTANCE
BIG BROTHERS BIG SISTERS OF SALINA INC 500 E KENWOOD PARK DRIVE SALINA, KS 67401	48-0999016	501(C)(3)	63,425				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRGER SANDZEN MEMORIAL FOUNDATION & GALLERY PO BOX 348 LINDSBORG, KS 674560348	48-0999016	501(C)(3)	6,063				GENERAL OPERATING SUPPORT
BLAIR CENER FOR THE ARTS 1310 19TH ST BELLEVILLE, KS 66935	48-1240833	501(C)(3)	8,527				TECHNOLOGY UPDATE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOST MINISTRIES FOUNDATION PO BOX 128 BELOIT, KS 67420	82-4859269	501(C)(3)	6,000				FACILITY UPDATES
BOY SCOUTS OF AMERICA 644 S OHIO SALINA, KS 67401	48-0545921	501(C)(3)	67,802				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUD FINCH MEMORIAL COMMUNITY THEATRE 122 E LINCOLN AVE LINCOLN, KS 67455	48-1156984	501(C)(3)	9,725				FACILITY REPAIRS
BSACORONADO AREA COUNCIL 644 S OHIO SALINA, KS 674020912	48-0545921	501(C)(3)	54,027				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 328628222	95-6006173	501(C)(3)	15,700				GENERAL SUPPORT
CATHOLIC CHARITIES OF SALINA INC 425 W IRON SALINA, KS 674021366	48-0676263	501(C)(3)	65,483				GENERAL OPERATING SUPPORT & PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF SALINA 103 N 9TH SALINA, KS 674020980	48-0637111	501(C)(3)	103,827				GENERAL OPERATING SUPPORT
CEDAR BLUFF STATE PARK 32001 147 HWY ELLIS, KS 67637	48-1124839	GOVT	8,000				POND EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL KANSAS FOUNDATION 617 E ELM ST SALINA, KS 67401	48-0688802	501(C)(3)	10,067				GENERAL OPERATING SUPPORT
CHILD ADVOCACY & PARENTING SERVICES INC 155 N OAKDALE AVE SUITE 200 SALINA, KS 67401	48-0921732	501(C)(3)	110,018				GENERAL OPERATING SUPPORT/FAMILY MENTORING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE AWARE OF KANSAS PO BOX 2294 SALINA, KS 674022294	48-1102008	501(C)(3)	5,840				GENERAL OPERATING SUPPORT
CHILDREN'S ORGAN TRANSPLANT ASSOCIATION 2501 W COTA DR BLOOMINGTON, IN 474039917	35-1674365	501(C)(3)	20,000				CAMPAIGN FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST CATHEDRAL 138 S 8TH SALINA, KS 674021545	48-0625983	501(C)(3)	157,398				GENERAL OPERATING SUPPORT
CITY OF BELLEVILLE 1819 L ST BELLEVILLE, KS 66935	48-6020982	GOVT	9,000				COMMUNITY IMPROVEMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BELOIT 119 N HERSHEY AVE BELOIT, KS 67420	48-6021110	GOVT	7,957				COMMUNITY IMPROVEMENTS
CITY OF BENNINGTON 121 N NELSON BENNINGTON, KS 67422	48-6018238	GOVT	25,857				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BURR OAK PO BOX 126 BURR OAK, KS 66936	48-6085763	GOVT	5,638				COMMUNITY IMPROVEMENTS
CITY OF CONCORDIA 701 WASHINGTON CONCORDIA, KS 66901	48-6020606	GOVT	30,890				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ELLSWORTH PO BOX 163 ELLSWORTH, KS 67439	48-6018554	GOVT	292,486				COMMUNITY IMPROVEMENTS
CITY OF ESBON PO BOX 175 ESBON, KS 66941	48-0683209	GOVT	5,105				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FORMOSO PO BOX 144 FORMOSO, KS 66942	96-1553919	GOVT	6,650				COMMUNITY IMPROVEMENTS
CITY OF GLEN ELDER 213 S MARTKET GLEN ELDER, KS 67446	48-6021729	GOVT	12,000				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HOLYROOD PO BOX 279 HOLYROOD, KS 67450	48-6018982	GOVT	31,982				COMMUNITY IMPROVEMENTS
CITY OF JAMESTOWN 307 WALNUT JAMESTOWN, KS 66948	48-6021819	GOVT	9,000				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF JEWELL 308 DELAWARE JEWELL, KS 66949	48-6021858	GOVT	8,715				COMMUNITY IMPROVEMENTS
CITY OF KANOPOLIS PO BOX 175 KANOPOLIS, KS 67454	48-6019481	GOVT	18,383				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LEBANON 404 MAINT ST LEBANON, KS 66952	48-6021954	GOVT	14,128				COMMUNITY IMPROVEMENTS
CITY OF LUCAS PO BOX 308 LUCAS, KS 676480308	48-6012593	GOVT	35,195				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF MINNEAPOLIS 218 N ROCK MINNEAPOLIS, KS 67467	48-6020121	GOVT	10,000				COMMUNITY IMPROVEMENTS
CITY OF MUNDEN PO BOX 59 MUNDEN, KS 66959	48-6086462	GOVT	5,177				COMMUNITY IMPROVEMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF NARKA 510 MAIN ST NARKA, KS 66960	48-6084561	GOVT	9,000				COMMUNITY IMPROVEMENTS
CITY OF NATOMA 514 N 2ND ST NATOMA, KS 67651	48-6022201	GOVT	6,394				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PLAINVILLE 222 W MILL ST PLAINVILLE, KS 67663	48-6014904	GOVT	24,125				COMMUNITY IMPROVEMENTS
CITY OF REPUBLIC 607 WASHINGTON ST REPUBLIC, KS 66964	48-6089689	GOVT	15,000				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF RUSSELL PO BOX 112 RUSSELL, KS 67665	48-6012826	GOVT	11,472				COMMUNITY IMPROVEMENTS
CITY OF SALINA 300 W ASH SALINA, KS 674020736	48-6017228	GOVT	134,223				COMMUNITY FIELDHOUSE CONSTRUCTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SIMPSON PO BOX 100 SIMPSON, KS 67478	48-0849780	GOVT	46,581				COMMUNITY IMPROVEMENTS
CITY OF STOCKTON 115 S WALNUT STOCKTON, KS 67669	48-6015193	GOVT	6,328				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TESCOTT PO BOX 53 TESCOTT, KS 67487	48-0691795	GOVT	80,000				COMMUNITY IMPROVEMENTS
CITY OF WAKEENY PO BOX 157 WAKEENY, KS 67672	48-6011299	GOVT	10,213				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF WILSON PO BOX J WILSON, KS 67490	48-6020481	GOVT	11,430				COMMUNITY IMPROVEMENTS
CLOUD COUNTY CHILDREN'S TRUST 115 W 6TH ST CONCORDIA, KS 669010409	51-0196634	501(C)(3)	18,281				SCHOLARSHIPS FOR STUDENTS IN PRE-SCHOOL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION 2221 CAMPUS DR CONCORDIA, KS 669011002	23-7164676	501(C)(3)	20,281				SCHOLARSHIP SUPPORT
CLOUD COUNTY COMMUNITY RESOURCES COUNCIL PO BOX 195 CONCORDIA, KS 66901	48-0966884	501(C)(3)	19,724				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOUD SEWING WORKS PO BOX 656 CONCORDIA, KS 66901	48-0545923	501(C)(3)	5,800				PROGRAMS
COLBY COMMUNITY COLLEGE ENDOWMENT FOUNDATION 1255 S RANGE COLBY, KS 67701	48-6119870	501(C)(3)	25,000				CAMPAIGN



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOUSING DEV CORP OF CENTRAL KS 119 W IRON STE 701 SALINA, KS 67401	20-2934188	501(C)(3)	200,000				HOUSING RESTORATION
CONCORDIA AREA CHAMBER OF COMMERCE 6060 WASHINGTON CONCORDIA, KS 66901	48-0177515	501(C)(6)	5,250				COMMUNITY BEAUTIFICATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CONCORDIA LUTHERAN CHURCH 325 E 8TH ST CONCORDIA, KS 66901	48-0980272	501(C)(3)	11,000				GENERAL OPERATING SUPPORT
CONCORDIA SENIOR CITIZENS CENTER 109 W 7TH ST CONCORDIA, KS 66901	48-0969915	501(C)(3)	18,281				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE CHARITABLE FOUNDATION 1110 N INDEPENDENCE AVE BELOIT, KS 67420	20-3106498	501(C)(3)	100,000				GENERAL OPERATING SUPPORT
CORNERSTONE CLASSICAL SCHOOL PO BOX 1214 SALINA, KS 674021214	47-3859262	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COURTLAND COMMUNITY ARTS COUNCIL 421 MAIN ST COURTLAND, KS 66939	48-1131416	501(C)(3)	12,000				COMMUNITY IMPROVEMENTS
COURTLAND PRIDE CLUB PO BOX 92 COURTLAND, KS 66939	48-1013790		10,000				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT CEDARS BIBLE CAMP PO BOX 68 HORDVILLE, NE 68846	47-0412079	501(C)(3)	112,000				FACILITY IMPROVEMENTS
CRM EMPOWERING LEADERS 1240 N LAKEVIEW AVE SUITE 120 ANAHEIM, CA 928071847	95-3523150	501(C)(3)	8,500				MINISTRY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CWW ENTERPRISES LP 500 GRAVES BLVD SALINA, KS 67401	48-1248685		12,500				COMMUNITY PROJECT- OPERATIONAL SUPPORT
DM STEARNS MISSIONARY FUND PO BOX 1578 NORTH WALES, PA 19454	23-1365973	501(C)(3)	7,000				MISSIONARY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DEINES CULTURAL CENTER 820 N MAIN ST RUSSELL, KS 67665	48-4266171	501(C)(3)	8,675				MISSIONARY SUPPORT
DEVELOPMENTAL SERVICES OF NW KANSAS INC 2703 HALL ST SUITE 10 HAYS, KS 67601	48-0757621	501(C)(3)	21,484				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DIALOGUE MINISTRIES 703 MAIN ST HAYS, KS 67601	47-5467165	501(C)(3)	5,945				COMMUNITY IMPROVEMENTS
ELLSWORTH COUNTY FAIR ASSOCIATION 210 N KANSAS ELLSWORTH, KS 67439	47-3917113	501(C)(3)	15,436				FACILITY IMPROVEMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ELLSWORTH COUNTY HISTORICAL SOCIETY PO BOX 144 ELLSWORTH, KS 67439	48-0880084	501(C)(3)	5,900				FACILITY ADDITION
ELLSWORTH FAMILY CONNECTIONS CENTER 350 W 15TH ST ELLSWORTH, KS 67439	56-2497676	501(C)(3)	5,180				FACILITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ELLSWORTH HOUSING AUTHORITY 811 ELIZABETH ST ELLSWORTH, KS 67439	48-0864027	GOVT	20,000				FACILITY IMPROVEMENTS
EVANGELICAL COVENANT CHURCH 8303 W HIGGINS RD CHICAGO, IL 60631	36-2167730	501(C)(3)	338,500				CHURCH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EVANGELICAL FREE CHURCH PO BOX 143 SMITH CENTER, KS 66967	48-1016351	501(C)(3)	5,626				PROGRAM SUPPORT
FEKAS CHRISTMAS DINNER FUND PO BOX 2173 SALINA, KS 674022173	48-1208062	501(C)(3)	6,000				FREE COMMUNITY DINNER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FELLOW MAN INTERNATIONAL FOUNDATION PO BOX 2993 SALINA, KS 67401	20-5172548	501(C)(3)	35,750				GENERAL OPERATING SUPPORT
FIRST BAPTIST CHURCH 843 LEWIS AVE SALINA, KS 67401	48-0581971	501(C)(3)	7,804				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST COVENANT CHURCH 2625 E MAGNOLIA RD SALINA, KS 67401	48-0823724	501(C)(3)	72,800				GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 308 S 8TH SALINA, KS 674020585	48-0547713	501(C)(3)	24,561				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST UNITED METHODIST CHURCH 122 N EIGHTH ST SALINA, KS 674012606	48-0554344	501(C)(3)	15,191				GENERAL OPERATING SUPPORT
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE SUITE 420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	11,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FORMOSO COMMUNITY CHURCH 203 BALCH ST FORMOSO, KS 69942	48-1037830	CHURCH	16,483				BUILDING IMPROVEMENTS
FORT HAYS STATE UNIVERSITY FOUNDATION PO BOX 1060 HAYS, KS 676011060	48-6108086	501(C)(3)	29,792				SCHOLARSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF THE RIVER FOUNDATION 159 S 4TH ST SALINA, KS 674020953	26-4057200	501(C)(3)	27,335				GENERAL OPERATING SUPPORT/RIVER CLEANUP
GLASCO COMMUNITY FOUNDATION PO BOX 572 GLASCO, KS 67445	43-1861266	501(C)(3)	23,459				COMMUNITY IMPROVEMENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GOLDEN WHEEL SENIOR CENTER 114 S CONCORD MINNEAPOLIS, KS 67467	48-1085570	GOVT	11,374				FACILITY IMPROVEMENTS
GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION PO BOX 593 BIRD CITY, KS 67731	48-1025832	501(C)(3)	12,437				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GROW HAYS 219 W 10TH HAYS, KS 67601	30-0758530	501(C)(3)	10,000				TECHNOLOGY PROJECT
HABITAT FOR HUMANITY 1425 SHERWOOD LANE SALINA, KS 67401	48-1092331	501(C)(3)	6,400				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HAYS AREA CHAMBER OF COMMERCE 2700 VINE HAYS, KS 67601	48-0613313	501(C)(6)	13,691				LEADERSHIP HAYS PROGRAM
HIGH PLAINS MENTAL HEALTH CENTER 208 E 7TH ST HAYS, KS 67601	48-0686630	501(C)(3)	6,024				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC ABILENE PO BOX 337 ABILENE, KS 67410	87-0705067	501(C)(3)	20,000				BUILDING UPDATES
HOLYROOD BOOSTER CLUB 302 W MEYER HOLYROOD, KS 67601	48-1111832	501(C)(3)	5,452				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF HOPE CHRIST-CENTERED RECOVERY INC 1291 CORNWALL RD DECATUR, GA 30032	56-2510379	501(C)(3)	52,640				GENERAL OPERATING SUPPORT
HOUSING AUTHORITY OF PLAINVILLE 505 N MAIN ST PLAINVILLE, KS 67663	48-0928226	GOVT	12,000				FACILITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWELL COUNTY 307 N COMMERCIAL STE 5 MANKATO, KS 66956	48-6022017	GOVT	10,000				GENERAL OPERATING SUPPORT
JEWELL COUNTY FAIR BOARD 307 N COMMERCIAL MANKATO, KS 66956	48-0951283	GOVT	9,000				BUILDING IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWELL COUNTY WELLNESS INC PO BOX 154 MANKATO, KS 66956	82-1148612	501(C)(3)	12,118				COMMUNITY DEVELOPMENT
KANOPOLIS SUNFLOWER CIVIC CLUB 1965 AVE K KANAPOLIS, KS 67454	51-0161105	501(C)(4)	8,000				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS HUMANE SOCIETY OF WICHITA 3313 N HILLSIDE WICHITA, KS 67219	48-0554339	501(C)(3)	6,597				GENERAL OPERATING SUPPORT
KANSAS PUBLIC TELECOMMUNICATIONS SERVICE INC 320 W 21ST ST NORTH WICHITA, KS 672032499	48-0735215	501(C)(3)	11,000				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSEN AVE SUITE 500 MANHATTAN, KS 665029973	48-0667209	501(C)(3)	33,837				SCHOLARSHIP/PROGRAM SUPPORT
KANSAS WESLEYAN FOUNDATION 100 E CLAFLIN SALINA, KS 67401	48-0543729	501(C)(3)	30,500				SCHOLARSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS WESLEYAN UNIVERSITY 100 E CLAFLIN SALINA, KS 674016196	48-0543729	501(C)(3)	299,187				GENERAL OPERATING SUPPORT
KENGINSTON LIONS CLUB 220 LINCOLN ST KENINGSTON, KS 66951	48-6125231	501(C)(4)	7,000				VISION SCREENER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIRWIN AREA COMMUNITY FOUNDATION 645 E COZY COVERD KIRWIN, KS 67644	20-5917075	501(C)(3)	7,980				CITY CLEANUP
LIFEHOUSE CHURCH 420 NW 2ND ST ABILENE, KS 67410	25-1789166	501(C)(3)	25,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COUNTY HOSPITAL PO BOX 406 LINCOLN, KS 67455	48-0896979	GOVT	10,000				EQUIPMENT UPGRADE
LINDSBORG ARTS COUNCIL PO BOX 53 LINDSBORG, KS 67456	48-0767124	501(C)(3)	5,081				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINDSBORG SWEDISH FOLK DANCERS PO BOX 242 LINDSBORG, KS 67456	23-7380578	501(C)(3)	11,611				GENERAL OPERATING SUPPORT
LOYD MEMORIAL CHURCH OF GOD IN CHRIST INC 1385 ARMORY RD SALINA, KS 674020632	90-0385986	501(C)(3)	8,700				YOUTH PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCAS ARTS AND HUMANITIES COUNCIL 213 S MAIN ST SALINA, KS 67401	48-1105491	501(C)(3)	29,056				GENERAL OPERATING SUPPORT
MAIN STREET DEVELOPMENT 1404 MAIN ST STOCKTON, KS 67669	81-4693479	501(C)(3)	16,266				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCPHERSON COUNTY COMMUNITY FOUNDATION PO BOX 822 MCPHERSON, KS 67460	48-1238797	501(C)(3)	8,000				GENERAL OPERATING SUPPORT
MCPHERSON COUNTY OLD MILL MUSEUM PO BOX 94 LINDSBORG, KS 67456	48-6019790	GOVT	11,512				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTORING WORKS 223 E 14TH ST STE 260 HASTINGS, NE 68901	47-6028480	501(C)(3)	5,500				GENERAL OPERATING SUPPORT
MESSIAH LUTHERAN CHURCH 402 N FIRST ST LINDSBORG, KS 67456	48-0577640	CHURCH	5,607				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MHS ALUMNI LOAN & SCHOLARSHIP FOUNDATION 320 W 2ND ST MINNEAPOLIS, KS 67467	23-7064051	501(C)(3)	7,560				SCHOLARSHIP SUPPORT
MILTONVALE EDUCATIONAL CHARITABLE FOUNDATION 10 W SPRUCE AVE MILTONVALE, KS 67467	46-3790119	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS RECREATION COMMISSION 218 ROCK ST MINNEAPOLIS, KS 67467	48-6121760	GOVT	24,050				GENERAL OPERATING SUPPORT
MITCHELL COUNTY COMMUNITY DEVELOPMENT 209 E MAIN 104 BELOIT, KS 67420	48-6021118	GOVT	12,486				COUNTY CLEAN UP/HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MOSIAC FOUNDATION 4980 S 118TH ST OMAHA, NE 681372200	36-3837360	501(C)(3)	26,960				GENERAL OPERATING SUPPORT
NATIONAL ORPHAN TRAIN COMPLEX 300 WASHINGTON ST CONCORDIA, KS 66901	20-0129621	501(C)(3)	13,577				STATUE/OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCK TECH ENDOWMENT ASSOC AND FOUNDATION 2205 WHEATLAND AVE BELOIT, KS 67420	48-1073437	501(C)(3)	6,000				SCHOLARSHIP
NCK TECHNICAL COLLEGE PO BOX 507 BELOIT, KS 67420	48-0691131	GOVT	6,194				SCHOLARSHIP/PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA EVANGELICAL LUTHERAN HIGH SCHOOL 203 KENDALL ST WACO, NE 684603000	05-3537668	CHURCH	30,288				GENERAL OPERATING SUPPORT
NORTH CENTRAL KANSAS CASA INC 910 W 11TH ST CONCORDIA, KS 669013905	48-1166191	501(C)(3)	28,904				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SALINA COMMUNITY DEVELOPMENT PO BOX 1211 SALINA, KS 674021211	45-1685810	501(C)(3)	52,281				COMMUNITY BEAUTIFICATION
NOTRE DAME SCHOLARSHIP TRUST PO BOX 173 CONCORDIA, KS 66901	48-6352333	501(C)(3)	7,508				GENERAL OPERATING/SCHOLARSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVO MISSION 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071211	95-3523150	501(C)(3)	10,600				MISSION SUPPORT
O'LOUGHLIN ELEMENTARY PTA 1401 HALL STREET HAYS, KS 67601	48-1087691	501(C)(3)	10,000				PLAYGROUND EQUIPMENT/GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBSORNE COMMUNITY FOUNDATION 102 W MAIN ST OSBORNE, KS 67473	48-1101160	501(C)(3)	10,200				GENERAL OPERATING SUPPORT
OSBORNE COUNTY 434 E MAIN OSBORNE, KS 67473	48-6022271	GOVT	20,000				PROGRAM SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTTAWA COUNTY HEALTH CENTER 817 A ARGYLE AVE MINNEAPOLIS, KS 67467	48-6020124	GOVT	5,302				GENERAL OPERATING SUPPORT
OTTAWA COUNTY 817 A ARGYLE AVE MINNEAPOLIS, KS 67467	48-6020124	GOVT	6,924				HEALTH NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF PERPETUAL HELP CHURCH 307 E FIFTH ST BOX 308 CONCORDIA, KS 66901	26-0842167	501(C)(3)	8,549				GENERAL OPERATING SUPPORT
PARKSIDE HOMES 200 WILLOW RD CHICAGO, IL 60631	48-0676391	501(C)(3)	33,000				REMODEL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAUL CARLSON MEDICAL PROGRAM INC 8303 W HIGGINS RD CHICAGO, IL 60631	36-2645180	501(C)(3)	70,000				GENERAL OPERATING SUPPORT
PAWNEE MENTAL HEALTH SERVICES 210 W 21ST ST CONCORDIA, KS 66901	48-0846557	501(C)(3)	6,600				TELEPHONE SYSTEM UPGRADE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINVILLE COMMUNITY FOUNDATION 511 S MAIN PLAINVILLE, KS 67663	01-0795924	501(C)(3)	11,036				PROGRAM SUPPORT
PLAINVILLE RECREATION COMMISSION 104 N MAIN PLAINVILLE, KS 67663	48-0728240	GOVT	7,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY SERVICE CENTER INC 104 W ELM SALINA, KS 674020662	31-1743727	501(C)(3)	6,652				GENERAL OPERATING SUPPORT
RADIO KANSAS 815 N WALNUT STE 300 HUTCHINSON, KS 675016389	48-0697529		8,479				SCHOLARSHIP/GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOWS UNITED CHARITABLE FOUNDATION INC 3223 N OLIVER AVE WICHITA, KS 67220	47-0921766	501(C)(3)	6,597				GENERAL OPERATING SUPPORT
RAYMER SOCIETY FOR THE ARTS 212 S MAIN LINDSBORG, KS 67456	48-1055535	501(C)(3)	5,200				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPUBLIC COUNTY 1815 M ST BELLEVILLE, KS 66935	48-6020988	GOVT	5,630				BUILDING IMPROVEMENTS
ROLLING HILLS ZOO 625 N HEDVILLE RD SALINA, KS 674020856	30-0180215	501(C)(3)	2,173,212				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOKS COUNTY 115 N WALNUT ST STOCKTON, KS 67669	48-6015200	GOVT	6,000				GOLF COURSE MOWER
ROOKS COUNTY HEALTH CENTER PO BOX 389 PLAINVILLE, KS 67663	48-6084911	GOVT	10,490				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSSELL COUNTY FOOD PANTRY 15 N FRONT RUSSELL, KS 67665	48-1082268	501(C)(3)	10,494				BUILDING IMPROVEMENTS
RUSSELL DEVELOPMENT INC PO BOX 631 RUSSELL, KS 67665	31-1755598	501(C)(3)	178,200				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSSELL PRIDE 4106 184TH ST RUSSELL, KS 67665	46-3545356	501(C)(3)	7,345				COMMUNITY IMPROVEMENTS
SACRED HEART CATHEDRAL 118 N 9TH ST SALINA, KS 674012504	26-0816115	501(C)(3)	109,648				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART CHURCH 508 N RAILROAD ATWOOD, KS 67730	26-0841188	501(C)(3)	6,671				PROGRAM/FACILITY SUPPORT
SACRED HEART JR-SR HIGH SCHOOL DEV 234 E CLOUD SALINA, KS 67401	26-2936071	501(C)(3)	28,274				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART JR-SR 234 E CLOUD SALINA, KS 67401	26-2936071	501(C)(3)	66,474				GENERAL OPERATING SUPPORT
SAINT FRANCIS COMMUNITY & FAMILY SERVICES INC 509 E ELM ST SALINA, KS 674021340	48-1030087	501(C)(3)	17,514				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA AIRPORT AUTHORITY 3237 ARNOLD AVE SALINA, KS 67401	48-0727448	GOVT	24,018				COMMUNITY ART PROJECT
SALINA ANIMAL SHELTER 329 N SECOND SALINA, KS 67401	48-6086715	GOVT	27,534				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA AREA CHAMBER OF COMMERCE 120 W ASH SALINA, KS 674020586	48-0402660	501(C)(6)	29,639				LEADERSHIP SALINA PROGRAM/SCULPTURE TOUR 2015
SALINA AREA TECHINCAL COLLEGE 2562 CENTENNIAL RD SALINA, KS 67401	26-4364610	GOVT	6,232				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA AREA UNITED WAY 128 N SANTA FE STE 3A SALINA, KS 674020355	48-0573808	501(C)(3)	29,683				ANNUAL CAMPAIGN/PROGRAMS
SALINA ART CENTER INC 242 S SANTA FE SALINA, KS 674020743	48-0878295	501(C)(3)	13,592				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA ARTS & HUMANITIES PO BOX 2181 SALINA, KS 674022181	48-1074958	501(C)(3)	55,432				PROGRAM SUPPORT
SALINA CHILD CARE ASSOCIATION 155 N OAKDALE AVE STE 100 SALINA, KS 67401	48-0732220	501(C)(3)	5,268				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA COMMUNITY THEATRE 303 E IRON AVE SALINA, KS 674022305	48-0672877	501(C)(3)	20,067				GENERAL OPERATING SUPPORT
SALINA DIOCESAN CLERGY HEALTH & RETIREMENT ASN PO BOX 980 SALINA, KS 674020980	48-0637111	501(C)(3)	9,019				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA EMERGENCY AID FOOD BANK PO BOX 1482 SALINA, KS 674021482	23-7425890	501(C)(3)	38,171				GENERAL OPERATING SUPPORT
SALINA FAMILY YMCA 570 YMCA DR SALINA, KS 674017433	48-0544573	501(C)(3)	121,133				GENERAL OPERATING SUPPORT/CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA HEIGHTS CHRISTIAN CHURCH 801 E CLOUD SALINA, KS 67401	23-7022614	501(C)(3)	14,748				GENERAL OPERATING SUPPORT
SALINA REGIONAL HEALTH FOUNDATION 400 S SANTA FE SALINA, KS 674025080	48-0949407	501(C)(3)	241,858				PROGRAM/BUILDING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA RESCUE MISSION 1716 SUMMERS RD SALINA, KS 674021667	48-0944358	501(C)(3)	71,187				GENERAL OPERATING SUPPORT
SALINA SALVATION ARMY 1137 N SANTA FE SALINA, KS 674021945	44-0545998	501(C)(3)	28,295				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINA SHARES PO BOX 1474 SALINA, KS 67401	47-3046230	501(C)(3)	13,000				GENERAL OPERATING SUPPORT
SALINA SYMPHONY PO BOX 792 SALINA, KS 674020792	48-6121166	501(C)(3)	72,845				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALINE COUNTY HEALTH DEPT 125 W ELM SALINA, KS 67401	48-6017251	GOVT	9,179				PROGRAM SUPPORT
SALVATION ARMY- SALINA CHAPTER 1137 N SANTA FE SALINA, KS 67401	44-0545998	501(C)(3)	6,252				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY SERVICE EXT UNIT 3637 BROADWAY KANSAS CITY, MO 641112503	44-0545998	501(C)(3)	22,147				GENERAL OPERATING SUPPORT
SCANDIA LIONS CLUB 411 WYOMING ST SCANDIA, KS 66966	23-7087466	501(C)(4)	6,000				SHELTER IN CITY PARK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	7,464				GENERAL OPERATING SUPPORT
SISTERS OF ST JOSEPH OF CONCORDIA KS 13TH WASHINGTON STS CONCORDIA, KS 66901	48-0622382	501(C)(3)	12,840				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH CENTER PUBLIC LIBRARY 117 W COURT ST SMITH CENTER, KS 66967	48-6022532	GOVT	7,977				GENERAL OPERATING SUPPORT
SMITH COUNTY 218 S GRANT SMITH CENTER, KS 66967	48-6022538	GOVT	17,287				COMMUNITY BEAUTIFICATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMOKY VALLEY USD 126 S MAIN ST LINDSBORG, KS 67456	48-0721235	GOVT	8,214				GENERAL OPERATING SUPPORT
SOUL BLOOM PRODUCTIONS 539 UPPER MILL HEIGHTS SALINA, KS 67401	46-4607545	501(C)(3)	22,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN COLLEGE 100 COLLEGE ST WINFIELD, KS 671562499	48-0543715	501(C)(3)	75,000				MISSION SUPPORT
ST BERNARD CATHOLIC CHURCH 911 N KANSAS AVE ELLSWORTH, KS 674392225	26-0842549	501(C)(3)	6,075				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ELIZABETH ANN SETON CATHOLIC CHURCH 1000 BURR OAK LN SALINA, KS 67401	26-0840921	501(C)(3)	7,425				GENERAL OPERATING SUPPORT
ST JOHN LUTHERAN CHURCH 425 N MAIN ST RUSSELL, KS 676652752	48-0672898	501(C)(3)	11,178				GENERAL OPERATING/PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JOHN LUTHERAN CHURCH 20012 J RD ATHOL, KS 66932	48-0864038	CHURCH	10,000				FACILITY IMPROVEMENTS
ST JOHN NEPOMUCENE CHURCH 508 N RAILROAD AVE ATWOOD, KS 67730	26-0841294	501(C)(3)	5,075				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S CATHOLIC MIDDLEHIGH SCHOOL 209 S CHERRY ST BELOIT, KS 67420	26-0841410	501(C)(3)	9,850				GENERAL OPERATING SUPPORT
ST JOHN CHURCH 622 E MAIN ST BELOIT, KS 67420	26-0841410	501(C)(3)	50,350				GENERAL OPERATING/PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S LUTHERAN CHURCH 302 S 7TH SALINA, KS 67401	48-0547714	CHURCH	5,452				GENERAL OPERATING SUPPORT
ST JOHN LUTHERAN CHURCH OF ELLIS 349 ST JOHN ANDREW ROAD ELLIS, KS 67637	48-0868409	501(C)(3)	8,687				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S MISSIONARY BAPTIST CHURCH 215 S CHICAGO SALINA, KS 67401	48-1046250	501(C)(3)	16,225				AFTER SCHOOL & SUMMER PROGRAMS
ST JOSEPH GRADE SCHOOL 628 FREEMAN OAKLEY, KS 67748	26-0863787	GOVT	10,083				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARK EVANGELICAL CHURCH TRUST FUND 2349 S OHIO SALINA, KS 674016931	48-0873178	CHURCH	30,288				GENERAL OPERATING SUPPORT
ST MARY'S CATHOLIC CHURCH 230 E CLOUD SALINA, KS 67401	26-0838612	501(C)(3)	41,076				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S CHURCH OF GORHAM KS PO BOX 135 GORHAM, KS 67640	48-0695582	CHURCH	20,651				GENERAL OPERATING SUPPORT
ST MARY'S GRADE SCHOOL 304 E CLOUD SALINA, KS 67401	26-0838612	501(C)(3)	48,433				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST MARY'S CHURCH OF GORHAM PO BOX 135 GORHAM, KS 67640	48-0695582	CHURCH	10,979				GENERAL OPERATING SUPPORT
STIEFEL THEATRE - PERFORMING ARTS 151 S SANTA FE SALINA, KS 674021871	31-1537194	501(C)(3)	50,715				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNFLOWER ADULT DAY SERVICES 401 W IRON SALINA, KS 67401	47-2398695	501(C)(3)	22,842				GENERAL OPERATING SUPPORT
SUNPORCH OF SMITH CENTER 614 S MAIN SMITH CENTER, KS 66967	82-1905872	501(C)(3)	12,406				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUNRISE PRESBYTERIAN CHURCH 825 E BELOIT SALINA, KS 67401	48-6101014	CHURCH	18,562				GENERAL OPERATING SUPPORT
SYLVAN SENIOR CENTER PO BOX 34 SYLVAN GROVE, KS 67481	48-1076239	501(C)(3)	18,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TEENTOWN INC 129 N 7TH ST SALINA, KS 674021332	48-1235530	501(C)(3)	1,255,438				GENERAL OPERATING SUPPORT
THOMAS MORE PREP-MARIAN 1701 HALL ST HAYS, KS 676013145	48-1012421	501(C)(3)	6,730				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOPEKA YOUNG LIFE PO BOX 4336 TOPEKA, KS 66604	84-0385934	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
TREGO COUNTY LEMKE MEMORIAL HOSPITAL 320 N 13TH ST WAKEENEY, KS 67672	48-0769700	501(C)(3)	12,721				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TREGO RECREATION COMMISSION 512 CAROLINE AVE WAKEENY, KS 67672	48-6169700	GOVT	9,354				GENERAL OPERATING SUPPORT
TRINITY UNITED METHODIST CHURCH 901 E NEAL AVE SALINA, KS 67401	48-0764897	501(C)(3)	15,851				GENERAL OPERATING SUPPORT & STUDENT SCHOLARSHIPS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UNITED METHODIST CHURCH 128 E 8TH ST CONCORDIA, KS 66901	48-0556708	CHURCH	10,156				GENERAL OPERATING SUPPORT
TWIN VALLEY EDUCATION FOUNDATION PO BOX 38 BENNINGTON, KS 67422	20-5407713	501(C)(3)	10,600				SCHOLARSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNION COLLEGE 3800 S 48TH ST LINCOLN, NE 68506	47-0405319	501(C)(3)	275,000				GENERAL OPERATING SUPPORT
UNITY SCHOOL OF CHRISTIANITY 1901 NW BLUE PARKWAY UNITY VILLAGE, MO 640650001	44-0546000	501(C)(3)	7,545				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 107 109 E MAIN MANKATO, KS 66956	20-4643730	GOVT	5,491				PROGRAM SUPPORT
USD 109 1205 19TH ST BELLEVILLE, KS 66935	37-1523428	GOVT	13,623				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 110 PO BOX 188 KENSINGTON, KS 669510188	26-2422475	GOVT	6,242				GENERAL OPERATING SUPPORT
USD 112 PO BOX 168 HOLYROOD, KS 67450	30-0630042	GOVT	5,125				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 208 612 JUNCTION AVE WAKEENEY, KS 67672	48-0698129	GOVT	46,807				PROGRAM SUPPORT
USD 224 616 N HIGH ST SUITE 2 CLYDE, KS 66938	48-0723867	GOVT	10,256				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 237 216 S JEFFERSON SMITH CENTER, KS 66967	48-0699900	GOVT	15,079				PROGRAM SUPPORT
USD 239 716 E 7TH ST MINNEAPOLIS, KS 67467	48-0724214	GOVT	14,245				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 240 PO BOX 38 BENNINGTON, KS 67422	48-0698822	GOVT	6,711				SIGNAGE
USD 270 203 SE CARDINAL AVE PLAINVILLE, KS 67663	48-0724587	GOVT	19,736				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 271 STOCKTON SCHOOLS 201 N CYPRESS STOCKTON, KS 67669	48-0722412	GOVT	18,734				PROGRAM SUPPORT
USD 272 1306 MORGAN AVE DOWNS, KS 67437	48-0722167	GOVT	15,626				PROGRAM SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 298 PO BOX 269 LINCOLN, KS 67455	48-0724421	GOVT	15,260				PROGRAM SUPPORT
USD 299 504 W 4TH SYLVAN GROVE, KS 67481	48-0699913	GOVT	13,380				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 305 1511 GYPSUM SALINA, KS 67401	48-6017165	GOVT	62,096				BACK TO SCHOOL FAIR/PROGRAM SUPPORT
USD 327 145 W 15TH ST ELLSWORTH, KS 67439	48-0698621	GOVT	5,909				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 392 213 W ADAMS OSBORNE, KS 67473	48-0699027	GOVT	28,130				PROGRAM SUPPORT
USD 407 802 N MAIN ST RUSSELL, KS 67665	48-0724591	GOVT	24,285				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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USD 426 502 GRANT ST COURTLAND, KS 66939	48-0724321	GOVT	17,218				PROGRAM SUPPORT
USD 489 2300 E 13TH HAYS, KS 67601	48-0726773	GOVT	24,860				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VFW POST 7830 114 N COLUMBUS JEWELL, KS 66949	48-1031841	501(C)(19)	5,300				COMMUNITY RECYCLE PROJECT
VOLUNTEERS OF AMERICA 2660 LARIMER ST DENVER, CO 80205	84-0430995	501(C)(3)	5,328				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WELS KINGDOM WORKERS 2323 N MAYFAIR RD WAUWATOSA, WI 532261507	39-1656073	501(C)(3)	10,096				GENERAL OPERATING SUPPORT
WESTERN KANSAS CHILD ADVOCACY CENTER 103 E 9TH ST SCOTT CITY, KS 678711743	20-1055623	501(C)(3)	11,555				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WESTERN SLOPE FOOD BANK OF THE ROCKIES 120 N RIVER RD PALISADE, CO 81526	84-0772672	501(C)(3)	5,328				PROGRAM SUPPORT
WILSON COMMUNITY FOUNDATION INC PO BOX 442 WILSON, KS 67490	03-0377212	501(C)(3)	19,800				TOURISM PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN EVANGELICAL LUTHERAN SYNOD N16W23377 STONE RIDGE DR WAUKESHA, WI 53188	39-0842084	501(C)(3)	60,577				GENERAL OPERATING SUPPORT
WISCONSIN LUTHERAN COLLEGE 8800 W BLUEMOUND RD MILWAUKEE, WI 532264699	23-7179639	501(C)(3)	20,192				GENERAL OPERATING SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT PO BOX 758541 TOPEKA, KS 666758517	20-2370934	501(C)(3)	5,117				GENERAL OPERATING SUPPORT

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
GREATER SALINA COMMUNITY FOUNDATION

Employer identification number  
48-1215503

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	15	1,149,687	FAIR MARKET VALUE
10 Securities—Closely held stock .	X	1	1,001,051	INDEPENDENT APPRAISAL
11 Securities—Partnership, LLC, or trust interests . . . . .	X	2	980,000	INDEPENDENT APPRAISAL
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 IV, Donee Acknowledgement

29

3

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**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.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

GREATER SALINA COMMUNITY FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

48-1215503

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING IRS FORM 990, A COMPLETE COPY OF THE RETURN (INCLUSIVE OF ALL REQUIRED SCHEDULES AND WITH NO INFORMATION REDACTED) IS PROVIDED TO THE GOVERNING BODY MEMBERS FOR REVIEW AND FEEDBACK ONCE THE GOVERNING BODY HAS APPROVED THE RETURN, MANAGEMENT OF THE FOUNDATION FILES THE RETURN WITH THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH REQUIRES AND EXPECTS EMPLOYEES, DIRECTORS AND COMMITTEE MEMBERS TO COMPLETE A CONFLICT OF INTEREST DECLARATION FORM ON AN ANNUAL BASIS. THESE PERSONS ARE EXPECTED TO RECUSE THEMSELVES FROM MAKING ANY VOTE ON A MATTER IN WHICH A CONFLICT OF INTEREST EXISTS AND THE RECUSAL IS TO BE RECORDED IN THE MINUTES OF THE MEETING AT WHICH THE ISSUES ARE DISCUSSED AND DECIDED.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION'S BY-LAWS REQUIRE THAT THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE PRESIDENT/EXECUTIVE DIRECTOR POSITION THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE PERFORMANCE AND MAY SHARE THE R ESULTS OF THIS REVIEW WITH ANY INTERESTED DIRECTOR ON THE GOVERNING BOARD COMPENSATION DE TERMINATIONS ARE BASED ON BOTH HISTORICAL DATA AND ON COMPARABILITY DATA

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FOUNDATION PROVIDES A COPY OF ITS IRS FORM 990 ON ITS WEBSITE AT WWW.GSCF.ORG. OTHER ORGANIZATIONAL DOCUMENTS (SUCH AS FORM 1023 AND CONFLICT OF INTEREST STATEMENTS) ARE AVAILABLE UPON REQUEST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION PROVIDES A COPY OF ITS IRS FORM 990 ON ITS WEBSITE AT WWW.GSCF.ORG. OTHER ORGANIZATIONAL DOCUMENTS (SUCH AS FORM 1023 AND CONFLICT OF INTEREST STATEMENTS) ARE AVAILABLE UPON REQUEST.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR