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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

D Employer identification number
48-1215503

E Telephone number
(785) 823-1800

F Name and address of principal officer:
JESSICA MARTIN
119 W IRON AVE 8TH FLOOR
SALINA, KS 67401

G Gross receipts \$ 20,417,491

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

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) 3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 16

6 Total number of volunteers (estimate if necessary) 6 27

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b -706

Revenue

8 Contributions and grants (Part VIII, line 1h) 20,107,418

9 Program service revenue (Part VIII, line 2g) 178,560

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,789,513

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,758

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,088,249

20,416,513

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 12,891,865

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 677,587

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶155,974

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 331,880

451,836

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 13,901,332

15,517,154

19 Revenue less expenses. Subtract line 18 from line 12 11,186,917

4,899,359

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 242,518,033

252,693,685

21 Total liabilities (Part X, line 26) 19,303,370

20,128,740

22 Net assets or fund balances. Subtract line 21 from line 20 223,214,663

232,564,945

Part II Signature Block

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

Sign Here

Signature of officer
JESSICA MARTIN, PRESIDENT & EXECUTIVE DIRECTOR
Type or print name and title

2020-11-18
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ VARNEY & ASSOCIATES CPAS LLC
Firm's address ▶ 1501 POYNTZ AVENUE
MANHATTAN, KS 665026092

Preparer's signature
Date

Check ☐ if self-employed
PTIN P01526012
Firm's EIN ▶ 30-0038643
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 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 14,800,355 including grants of \$ 14,166,322) (Revenue \$ 88,505)
	See Additional Data
















4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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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 ▶ 14,800,355
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 16			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 ROB 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) LARRY FIEF DIRECTOR/PAST CHAIRMAN	2.00	X						0	0	0
(17) KAREN BLACK 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) RYAN COMMERFORD DIRECTOR	2.00	X						0	0	0
(19) JESSICA MARTIN PRESIDENT/EXECUTIVE DIRECTOR	40.00			X				111,619	0	17,444
(20) SUSAN WEIS DIRECTOR OF FINANCE	40.00			X				80,604	0	14,029
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								192,223	0	31,473

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		No
5 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		No

Section B. Independent Contractors

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

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

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

Form 990 (2019)		Page 9				
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	15,636,601			
	g Noncash contributions included in lines 1a - 1f:\$	1g	457,986			
	h Total. Add lines 1a-1f		15,636,601			
Program Service Revenue	Business Code					
	2a FUND ADMINISTRATION	813211	88,505	88,505		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f		88,505			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,689,139		4,689,139	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		3,246		3,246	
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a				
		b Less: cost or other basis and sales expenses	7b	978		
		c Gain or (loss)	7c	-978		
	d Net gain or (loss)		-978		-978	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		20,416,513	88,505	0	4,691,407	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,611,499	13,611,499		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	554,823	554,823		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,223	53,328	129,965	8,930
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	511,940	311,725	139,873	60,342
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	89,041	50,615	31,408	7,018
9 Other employee benefits	51,870	32,075	16,910	2,885
10 Payroll taxes	53,922	30,577	19,082	4,263
11 Fees for services (non-employees):				
a Management				
b Legal	2,514		2,514	
c Accounting	21,217		21,217	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,740	2,740		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,150	3,150		
12 Advertising and promotion	101,169	26,717	21,101	53,351
13 Office expenses	74,852	56,091	11,722	7,039
14 Information technology	116,946	21,728	90,299	4,919
15 Royalties				
16 Occupancy	30,829	21,855	7,256	1,718
17 Travel	12,822	7,905	2,366	2,551
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,234	11,931	20,806	2,497
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,625		33,625	
23 Insurance	9,483		9,483	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES	7,255	3,596	3,198	461
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,517,154	14,800,355	560,825	155,974
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,568	1	7,218
	2 Savings and temporary cash investments	2,217,236	2	4,760,523
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,003	9	10,350
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 670,657		
	b Less: accumulated depreciation	10b 212,225	448,392	10c 458,432
	11 Investments—publicly traded securities	239,744,355	11	247,427,683
	12 Investments—other securities. See Part IV, line 11		12	16,250
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	78,479	15	13,229
16 Total assets. Add lines 1 through 15 (must equal line 34)	242,518,033	16	252,693,685	
Liabilities	17 Accounts payable and accrued expenses	11,199	17	1,307
	18 Grants payable	13,515	18	17,286
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	19,278,656	21	19,985,278
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	124,869
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	19,303,370	26	20,128,740
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,315,936	27	8,514,348
	28 Net assets with donor restrictions	214,898,727	28	224,050,597
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	223,214,663	32	232,564,945
33 Total liabilities and net assets/fund balances	242,518,033	33	252,693,685	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,416,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,517,154
3	Revenue less expenses. Subtract line 2 from line 1	3	4,899,359
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223,214,663
5	Net unrealized gains (losses) on investments	5	4,450,923
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	232,564,945

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

	Yes	No
1 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.		
2a 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 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	
c 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	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 (2019)

Form 990, Part III, Line 4a:

APPROXIMATELY 2,112 GRANTS AND SCHOLARSHIPS WERE AWARDED TO APPROXIMATELY 718 DIFFERENT CHARITABLE ORGANIZATIONS AND INDIVIDUALS AVERAGING APPROXIMATELY \$7,153 EACH

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GREATER SALINA COMMUNITY FOUNDATION

Employer identification number
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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	9,785,045	4,439,985	12,007,354	20,107,418	10,981,029	57,320,831
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	9,785,045	4,439,985	12,007,354	20,107,418	10,981,029	57,320,831
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)						19,041,486
6	Public support. Subtract line 5 from line 4.						38,279,345

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	9,785,045	4,439,985	12,007,354	20,107,418	10,981,029	57,320,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,096,547	3,574,148	4,226,453	4,799,137	4,689,139	20,385,424
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						77,706,255
12	Gross receipts from related activities, etc. (see instructions)						12 372,445
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	49.260 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	53.640 %
16a	33 1/3% support test—2019. 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 ► <input checked="" type="checkbox"/>		
b	33 1/3% support test—2018. 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 ► <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ► <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a 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>		
3a		
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 Part VI when and how the organization made the determination.</i>		
3b		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a 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>		
4a		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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>		
7		
8 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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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 Part VI.</i>		
9b		
c 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 Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	131	369
2 Aggregate value of contributions to (during year)	3,930,311	7,426,135
3 Aggregate value of grants from (during year)	7,180,154	3,663,579
4 Aggregate value at end of year	113,719,815	68,145,734

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.

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

(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) 2019

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	222,547,406	201,954,193	189,118,640	138,114,337	
b Contributions	13,891,556	17,806,748	10,832,429	43,553,625	
c Net investment earnings, gains, and losses	9,236,552	14,506,178	17,125,276	20,771,635	
d Grants or scholarships	12,546,987	10,710,295	13,472,769	11,830,767	
e Other expenditures for facilities and programs	1,314,470	1,009,417	1,649,383	1,490,190	
f Administrative expenses					
g End of year balance	231,814,057	222,547,406	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 ▶ 3.690 %

b

Permanent endowment ▶ 96.310 %

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		594,029	177,402	416,627
c Leasehold improvements				
d Equipment		76,628	34,823	41,805
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				458,432

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 ☒

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,864,696
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,450,923
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,450,923
3	Subtract line 2e from line 1	3	20,413,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,740
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	2,740
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,416,513

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

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

1	Total expenses and losses per audited financial statements	1	15,514,414
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	15,514,414
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,740
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	2,740
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,517,154

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 THE 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 703 FUNDS WHICH HAVE BEEN ESTABLISHED BY NUMEROUS 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. THE FOUNDATION'S ACTIVITIES ARE NOT NORMALLY SUBJECT TO TAXATION. HOWEVER, THE FOUNDATION MAY RECEIVE CONTRIBUTIONS OF NON-CASH FINANCIAL ASSETS WHICH ARE TAX ADVANTAGED TO THE DONORS BUT WHICH REQUIRE THE FOUNDATION TO REMIT TAXES. ANY TAXES PAID IN DIRECT RELATION TO SUCH GIFTS ARE TREATED AS A QUALIFYING EXPENSE OF THE DONOR'S RESTRICTED FUND AND THUS NOT GENERALLY FINANCED BY THE FOUNDATION'S NORMAL OPERATING BUDGET. 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 FOUR YEARS OF DATA ARE AVAILABLE TO PRESENT CURRENTLY. GOING FORWARD, THE FOUNDATION WILL ADD ADDITIONAL YEARS OF DATA SUCH THAT THE REQUIRED FIVE 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 for the latest information.

OMB No. 1545-0047

2019

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 165

3 Enter total number of other organizations listed in the line 1 table 93

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	44	519,584			
(2) HARDSHIP ASSISTANCE	49	26,585			
(3) SCHOLARSHIP FOR COMPUTER PURCHASE	1	500			
(4) YOUTH ACTIVITIES & EQUIPMENT ASSISTANCE	67	8,154			
(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
ADORATIO FOUNDATION PO BOX 67 BELOIT, KS 67420	83-1649777	501C3	660,000				OPERATING EXPENSES, GRANTS
AFRICA INLAND MISSION PO BOX 3611 PEACHTREE CITY, GA 302697611	11-1873101	501C3	28,580				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
AMERICAN LEGION POST #359 211 N MAIN ST SYLVAN GROVE, KS 67481	48-6117872	501C19	8,093				FACILITY IMPROVEMENTS
ASHBY HOUSE LTD 142 S 7TH STREET SALINA, KS 674023482	48-1099925	501C3	37,022				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
AT STAKE MINISTRIES 833 S BROOKVILLE RD BROOKVILLE, KS 67425	45-2308324	501C3	6,500				GENERAL OPERATING SUPPORT
BELLEVILLE MAIN STREET 1205 18TH ST BELLEVILLE, KS 66935	36-4505099	501C3	5,500				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
BELLEVILLE PUBLIC LIBRARY 1327 19TH ST BELLEVILLE, KS 669352215	48-0725293	GOVT	6,000				FACILITY IMPROVEMENTS
BELOIT ARTS CENTER 200 S MILL ST BELOIT, KS 674203239	81-4591918	501C3	6,000				EQUIPMENT PURCHASES

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
BETA SIGMA PHI 404 MORGAN AVE DOWNS, KS 67437	81-2697258		8,000				COMMUNITY IMPROVEMENTS
BETHANY COLLEGE 335 E SWENSSON AVE LINDSBORG, KS 674561817	48-0543734	501C3	1,083,540				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 335 E SWENSSON AVE LINDSBORG, KS 674561817	48-1114249	501C3	15,940				GENERAL OPERATING SUPPORT
BETHANY LUTHERAN CHURCH 223 N 1ST ST LINDSBORG, KS 674562209	48-0556733	CHURCH	11,198				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
BETHANY LUTHERAN COLLEGE 700 LUTHER DR MANKATO, MN 560016192	41-0747165	501C3	10,143				GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF SALINA INC 500 KENWOOD PARK DR SALINA, KS 674014128	48-0999016	501C3	50,778				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
BLAIR CENTER FOR THE ARTS 1310 19TH ST BELLEVILLE, KS 669352216	48-1240833	501C3	15,500				EQUIPMENT PURCHASE
BOY SCOUTS OF AMERICA CORONADO AREA COUNCIL 644 S OHIO ST SALINA, KS 674013346	48-0545921	501C3	42,338				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
BULL CITY COMMUNITY FOUNDATION 516 NICHOLAS AVE ALTON, KS 676239316	48-1239981	501C3	5,475				COMMUNITY IMPROVEMENTS
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 328628222	95-6006173	501C3	18,500				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
CATHOLIC CHARITIES OF NORTHERN KANSAS INC 1500 S 9TH ST SALINA, KS 674021366	48-0676263	501C3	73,336				GENERAL OPERATING SUPPORT
CATHOLIC DIOCESE OF SALINA PO BOX 980 SALINA, KS 674020980	48-0637111	501C3	236,399				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
CENTRAL KANSAS MENTAL HEALTH CENTER 809 ELMHURST BLVD SALINA, KS 674017405	48-0688802	501C3	5,857				PROGRAM SUPPORT
CHILD ADVOCACY & PARENTING SERVICES INC 155 N OAKDALE AVE STE 200 SALINA, KS 674013001	48-0921732	501C3	30,172				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
CHILD CARE AWARE OF KANSAS 1508 E IRON SALINA, KS 674022294	48-1102008	501C3	10,745				GENERAL OPERATING SUPPORT
CHRIST CATHEDRAL 138 S 8TH ST SALINA, KS 674012808	48-1006759	CHURCH	161,206				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
CITY OF BELLEVILLE 1819 L ST BELLEVILLE, KS 669352739	48-6020982	GOVT	10,600				PARK IMPROVEMENTS
CITY OF BELOIT 119 N HERSEY AVE BELOIT, KS 674202310	48-6021110	GOVT	11,970				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 BENNINGTON 121 N NELSON BENNINGTON, KS 67422	48-6018238	GOVT	24,322				PARK IMPROVEMENTS
CITY OF BURR OAK PO BOX 126 BURR OAK, KS 669360126	48-6085763	GOVT	13,500				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 CONCORDIA 701 WASHINGTON CONCORDIA, KS 66901	48-6020606	GOVT	44,498				COMMUNITY IMPROVEMENTS
CITY OF COURTLAND 403 MAIN ST COURTLAND, KS 66939	48-6021457	GOVT	15,000				COMMUNITY CENTER 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 CUBA 313 BAIRD ST CUBA, KS 66940	48-6021489	GOVT	25,000				BUILDING RENOVATION
CITY OF DELPHOS 112 N MAIN DELPHOS, KS 67436	48-6018479	GOVT	20,000				BUILDING RENOVATION

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 ELLIS 815 JEFFERSON ELLIS, KS 67637	48-6011927	GOVT	11,000				COMMUNITY IMPROVEMENTS
CITY OF ELLSWORTH 121 W 1ST ELLSWORTH, KS 67439	48-6018554	GOVT	10,000				PARK 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 ESBON PO BOX 175 EDSON, KS 677330175	48-0683209	GOVT	12,268				COMMUNITY CENTER IMPROVEMENTS
CITY OF FORMOSO PO BOX 144 FORMOSO, KS 669420144	96-1553919	GOVT	15,450				BUILDING RENOVATION

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	20,112				COMMUNITY IMPROVEMENTS
CITY OF KANOPOLIS PO BOX 175 KANOPOLIS, KS 674540175	48-6019481	GOVT	17,163				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 MAIN ST LEBANON, KS 66952	48-6021954	GOVT	5,681				COMMUNITY CENTER IMPROVEMENTS
CITY OF LORRAINE 238 MAIN ST LORRAINE, KS 674590063	48-0925132	GOVT	8,300				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 LURAY 115 S MAIN ST LURAY, KS 67649	48-6012629	GOVT	6,377				PARK IMPROVEMENTS
CITY OF MANKATO 217 S HIGH ST MANKATO, KS 669562520	48-6022016	GOVT	29,000				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 MILTONVALE 107 STARR AVE MILTONVALE, KS 67466	48-6022099	GOVT	12,105				COMMUNITY IMPROVEMENTS
CITY OF MINNEAPOLIS 218 N ROCK ST MINNEAPOLIS, KS 674672427	48-6020121	GOVT	19,915				RECREATION FIELD 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 NATOMA 514 N 2ND ST NATOMA, KS 67651	48-6022201	GOVT	9,219				COMMUNITY IMPROVEMENTS
CITY OF RUSSELL PO BOX 112 RUSSELL, KS 676650112	48-6012826	GOVT	8,232				CEMETERY 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 SCANDIA 202 8TH ST SCANDIA, KS 669669720	48-6022441	GOVT	26,800				COMMUNITY IMPROVEMENTS
CITY OF SIMPSON PO BOX 100 SIMPSON, KS 674780100	48-0849780	GOVT	26,025				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 SMITH CENTER 219 S MAIN ST SMITH CENTER, KS 669672607	48-6022532	GOVT	32,881				COMMUNITY IMPROVEMENTS
CITY OF STOCKTON 115 S WALNUT STOCKTON, KS 67669	48-6015193	GOVT	5,270				COMMUNITY BEAUTIFICATION/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
CLOUD COUNTY CHILDREN'S TRUST 115 W 6TH ST CONCORDIA, KS 669010409	51-0196634	501C3	18,591				SCHOLARSHIP SUPPORT
CLOUD COUNTY COMMUNITY RESOURCES COUNCIL 105 W 7TH ST CONCORDIA, KS 669012801	48-0966884	501C3	19,546				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
CLOUD COUNTY FAIR ASSOCIATION PO BOX 227 CONCORDIA, KS 669010227	48-0577920	GOVT	8,500				COMMUNITY IMPROVEMENTS
CLOUD COUNTY HEALTH CENTER INC 1100 HIGHLAND DR CONCORDIA, KS 669013923	48-0545923	501C3	34,000				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
CLOUD COUNTY RESOURCE CENTER 107 W 7TH CONCORDIA, KS 66901	48-0966884	501C3	11,000				PROGRAM/PANDEMIC SUPPORT
CLOUD CTY COMM COLLEGE FOUNDATION 2221 CAMPUS DR CONCORDIA, KS 669011002	23-7164676	501C3	24,591				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
CONCORDIA AREA CHAMBER OF COMMERCE 606 WASHINGTON ST CONCORDIA, KS 669012840	48-0177515	501C6	10,000				COMMUNITY IMPROVEMENTS
CONCORDIA SENIOR CITIZENS CENTER 109 W 7TH ST CONCORDIA, KS 669012801	48-0969915	501C3	18,591				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
COVENANT CEDARS BIBLE CAMP PO BOX 68 HORDVILLE, NE 688460068	47-0412079	501C3	311,500				FACILITY IMPROVEMENTS
DENVER RESCUE MISSION 6100 SMITH RD DENVER, CO 80216	84-6038762	501C3	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
DEVELOPMENTAL SERVICES OF NW KANSAS INC 2703 HALL ST SUITE 10 HAYS, KS 67601	48-0757621	501C3	20,875				GENERAL OPERATING SUPPORT
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 452500301	31-0263158	501C4	6,040				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
DM STEARNS MISSIONARY FUND PO BOX 1578 NORTH WALES, PA 194540578	23-1365973	501C3	8,000				MISSION SUPPORT
DOWNS LIONS CLUB 700 HADLEY DOWNS, KS 67437	48-6118086	501C4	5,985				CHILDREN'S VISION SCREENING

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
DR B GUT HEALTH LLC 641 PALISADES DR MOUNT PLEASANT, SC 29464	82-2292504		5,501				HEALTHY FOODS CONFERENCE SPEAKER FEES
DVACK 148 N OAKDALE AVE SALINA, KS 674021854	48-0903329	501C3	136,467				GENERAL OPERATING SUPPORT/RENOVATIONS

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
EISENHOWER FOUNDATION 200 SE 4TH ST ABILENE, KS 67410	48-0634284	501C3	10,000				GENERAL OPERATING SUPPORT
ELLSWORTH CHILD CARE & LEARNING CENTER 404 KUNKLE DR ELLSWORTH, KS 674392331	90-0491281	501C3	7,740				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
ELLSWORTH FIRST UNITED METHODIST CHURCH 402 N DOUGLAS AVE ELLSWORTH, KS 674393220	48-0571063	CHURCH	10,269				GENERAL OPERATING SUPPORT
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 668015018	48-6088461	501C3	50,000				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
EVANGELICAL COVENANT CHURCH 8303 W HIGGINS RD CHICAGO, IL 606312941	36-2167730	501C3	404,000				MISSION AND GENERAL SUPPORT
EVANGELICAL FREE CHURCH 1107 N MAIN SMITH CENTER, KS 66967	48-1016351	501C3	5,782				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
FEKAS CHRISTMAS DINNER FUND PO BOX 2173 SALINA, KS 674022173	48-1208062	501C3	9,000				PROGRAM SUPPORT
FELLOW MAN INTERNATIONAL FOUNDATION PO BOX 2993 SALINA, KS 674022993	20-5172548	501C3	6,177				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
FIRST COVENANT CHURCH 2625 E MAGNOLIA RD SALINA, KS 674019076	48-0823724	501C3	85,600				GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 308 S 8TH SALINA, KS 674020585	48-0547713	CHURCH	22,967				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
FIRST PRESBYTERIAN CHURCH OF GUAM PO BOX 9490 TAMUNING, GU 96931	98-0076515	501C3	11,000				PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 122 N 8TH ST SALINA, KS 674012606	48-0554344	CHURCH	59,815				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
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150	501C3	8,000				GENERAL OPERATING SUPPORT
FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE DENVER, CO 80239	84-0772672	501C3	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
FORT HAYS STATE UNIVERSITY FOUNDATION 1 TIGER PL HAYS, KS 676013767	48-6108086	501C3	18,585				SCHOLARSHIP SUPPORT
FRIENDS OF THE RIVER FOUNDATION 159 S 4TH ST SALINA, KS 674020953	26-4057200	501C3	24,807				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
GARDNER WELLNESS & THERAPY CENTER 616 S MAIN SMITH CENTER, KS 66967	48-1226830	501C3	21,170				EQUIPMENT PURCHASE
GAYLORD CEMETERY DIST 805 9TH ST GAYLORD, KS 676383828	48-0902260		7,000				CEMETERY 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
GLASCO COMMUNITY FOUNDATION PO BOX 572 GLASCO, KS 674450572	43-1861266	501C3	25,572				COMMUNITY IMPROVEMENTS
GLOBAL SCHOLARS PO BOX 12147 OVERLAND PARK, KS 66282	56-1627401	501C3	8,000				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
GRACEMED HEALTH CLINIC INC 1122 N TOPEKA STREET WICHITA, KS 672142810	48-1159633	501C3	10,000				PROGRAM SUPPORT
HASTINGS COMMUNITY FOUNDATION INC PO BOX 703 HASTINGS, NE 68902	36-3569968	501C3	7,500				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
HAYS AREA CHAMBER OF COMMERCE 2700 VINE ST HAYS, KS 676011926	48-0613313	501C6	13,918				COMMUNITY LEADERSHIP PROGRAM
HAYS AREA CHILDREN'S CENTER INC 94 LEWIS DR HAYS, KS 676014020	48-0726009	501C3	13,874				CHILDREN'S HEARING SCREENING

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
HAYS COMMUNITY THEATER INC PO BOX 21 HAYS, KS 676010021	45-2516516	501C3	5,500				GENERAL OPERATING SUPPORT
HEART CHOICES INC 602 W 6TH ST BELOIT, KS 67420	48-1248682	501C3	6,500				BUILDING RENOVATION/PANDEMIC 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
HOMESTEAD MINISTRIES 615 GILLESPIE DR MANHATTAN, KS 66502	81-4182095	501C3	15,000				GENERAL OPERATING SUPPORT
HOPE FOR HOME MINISTRIES PO BOX 393 TROY, OH 45373	26-3093158	501C3	12,000				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
HOUSING AUTHORITY OF PLAINVILLE 505 N MAIN ST 13 PLAINVILLE, KS 676631603	48-0928226		9,300				BUILDING IMPROVEMENTS
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	53-0225390	501C3	5,790				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
JEWELL COUNTY COUNCIL ON AGING 214 N HIGH ST MANKATO, KS 66956	48-1075451		7,746				FACILITY IMPROVEMENTS
JEWELL COUNTY HISTORICAL SOCIETY 118 N COMMERCIAL ST MANKATO, KS 669562207	48-0866744	501C3	9,903				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
KANSAS HUMANE SOCIETY OF WICHITA 3313 N HILLSIDE AVE WICHITA, KS 672193907	48-0554339	501C3	6,575				GENERAL OPERATING SUPPORT
KANSAS POST ROCK LIMESTONE COALITION 213 S MAIN ST LUCAS, KS 67648	84-3251354	501C3	7,000				COMMUNITY TOURISM 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
KANSAS PUBLIC TELECOMMUNICATIONS SERVICE INC 320 W 21ST ST N WICHITA, KS 672032413	48-0735215	501C3	11,000				PROGRAM UNDERWRITING
KANSAS STATE POLYTECHNIC 2310 CENTENNIAL RD SALINA, KS 674018058	48-0771751	501C3	104,000				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 STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE STE 1800 MANHATTAN, KS 665023373	48-0667209	501C3	124,396				SCHOLARSHIP SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 660440928	48-0547734	501C3	9,532				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
KANSAS WESLEYAN FOUNDATION 100 E CLAFLIN AVE SALINA, KS 674016146	48-0543729	501C3	30,700				SCHOLARSHIP SUPPORT
KANSAS WESLEYAN UNIVERSITY 100 E CLAFLIN AVE SALINA, KS 674016146	48-0543729	501C3	231,533				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
KU SCHOOL OF MEDICINE - SALINA 138 N SANTA FE AVE SALINA, KS 674012616	48-6029925	501C3	13,467				BUILDING CAMPAIGN
LAST CHANCE TREATMENT FOUNDATION CORP 4712 ADMIRALTY WAY STE 328 MARINA DEL RAY, CA 90292	84-1867146	501C3	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
LEARNING CROSS PRESCHOOL 1464A HOPEWELL RD HAYS, KS 676019723	47-4196304	501C3	7,373				FACILITY IMPROVEMENTS
LINCOLN ART CENTER 126 E LINCOLN AVE LINCOLN, KS 67455	48-1123378	501C3	9,432				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
LINCOLN COUNTY 216 E LINCOLN AVE LINCOLN, KS 674552058	48-6019537	GOVT	9,166				COMMUNITY IMPROVEMENTS
LINCOLN COUNTY HOSPITAL 624 N SECOND ST LINCOLN, KS 674550406	48-0896979		5,058				PANDEMIC 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 EVANGELICAL COVENANT CHURCH 102 S WASHINGTON ST LINDSBORG, KS 674562333	48-0556707	501C3	25,000				GENERAL OPERATING SUPPORT
LOVE INC OF OTTAWA COUNTY PO BOX 115 MINNEAPOLIS, KS 674670115	48-1179173	501C3	15,898				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 & HUMANITIES COUNCIL INC 213 S MAIN ST LUCAS, KS 676480304	48-1105491	501C3	26,000				COMMUNITY IMPROVEMENTS
LURAY FIRE DEPARTMENT 108 S MAIN LURAY, KS 67649	56-2602341	GOVT	7,800				EQUIPMENT PURCHASE

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
MANHATTAN CATHOLIC SCHOOLS 306 S JULIETTE AVE MANHATTAN, KS 665026245	48-0987449	501C3	21,658				GENERAL OPERATING SUPPORT
MARKLEY GROVE PARK FRIENDS INC 415 N ROTHSA Y AVE MINNEAPOLIS, KS 674672245	46-1544976		11,160				PARK 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
MCPHERSON COUNTY COMMUNITY FOUNDATION 206 S MAIN ST MCPHERSON, KS 674604844	48-1238797	501C3	15,966				PROGRAM SUPPORT
MCPHERSON COUNTY OLD MILL MUSEUM 120 MILL ST LINDSBORG, KS 67456	48-6019790	GOVT	12,175				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
MESSIAH LUTHERAN CHURCH 402 N 1ST ST LINDSBORG, KS 674561800	48-0577640	CHURCH	8,757				PROGRAM SUPPORT
MHS ALUMNI LOAN & SCHOLARSHIP FOUNDATION 2267 MULBERRY RD MINNEAPOLIS, KS 674675014	23-7064051		7,673				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
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501C3	20,000				PANDEMIC SUPPORT
MINNEAPOLIS RECREATION COMMISSION 218 N ROCK ST MINNEAPOLIS, KS 674672427	48-6121760	GOVT	20,000				RECREATION FIELD 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
MITCHELL COUNTY HOSPITAL HEALTH SYSTEMS 400 W 8TH ST BELOIT, KS 67420	56-2518746	501C3	5,104				EQUIPMENT PURCHASES
NATIONAL ORPHAN TRAIN COMPLEX PO BOX 507 BELOIT, KS 674200507	48-0691131	501C3	10,764				STUDENT SCHOLARSHIPS/EQUIPMENT PURCHASES

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 TECHNICAL COLLEGE 3033 US HWY 24 BELOIT, KS 67420	74-3155061	501C3	6,500				PROGRAM SUPPORT/PANDEMIC SUPPORT
NCK WELLNESS CENTER 300 WASHINGTON ST CONCORDIA, KS 66901	20-0129621	501C3	12,957				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
NEBRASKA EVANGELICAL LUTHERAN HIGH SCHOOL 203 KENDALL ST WACO, NE 684603000	05-3537668	GOVT	30,429				GENERAL OPERATING SUPPORT
NORTH CENTRAL KANSAS HEALTH CARE FOUNDATION C/O REPUBLIC COUNTY HOSPITAL BELLEVILLE, KS 669352400	48-1062441	501C3	25,250				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 PARK UNIVERSITY 3225 W FOSTER AVE CHICAGO, IL 606254823	36-1557840	501C3	200,000				GENERAL OPERATING SUPPORT
NORTH SALINA COMMUNITY DEVELOPMENT C/O TRIAD MFG SALINA, KS 674021211	45-1685810	501C3	44,991				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
NOVO MISSION INC 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071847	95-3523150	501C3	20,900				MISSION SUPPORT
OPTIONS DOMESTIC & SEXUAL VIOLENCE SERVICES INC 2716 PLAZA AVE HAYS, KS 67601	48-0976868	501C3	9,800				PANDEMIC 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
OSBORNE AREA CHAMBER OF COMMERCE PO BOX 275 OSBORNE, KS 674730275	48-0588537	501C6	7,140				COMMUNITY LEADERSHIP PROGRAMS
OSBORNE COMMUNITY FOUNDATION 128 N 1ST ST OSBORNE, KS 67473	48-1101160	501C3	6,550				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
OTTAWA COUNTY 307 N CONCORD MINNEAPOLIS, KS 67467	48-6020124	GOVT	9,840				EQUIPMENT PURCHASES
OTTAWA COUNTY FIRE DISTRICT #4 586 N 180TH RD BENNINGTON, KS 674229438	48-1211638	GOVT	16,641				EQUIPMENT PURCHASE

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 CONCORDIA, KS 66901	26-0842167	501C3	7,989				GENERAL OPERATING SUPPORT
PARKSIDE HOMES 200 WILLOW RD HILLSBORO, KS 67063	48-0676391	501C3	28,985				FACILITY UPDATES

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 AYLWARD AMERICAN LEGION POST #174 645 W 15TH ELLSWORTH, KS 67439	48-0536886	501C19	8,036				BUILDING UPDATES
PAUL CARLSON PARTNERSHIP 8303 W HIGGINS RD CHICAGO, IL 606312941	36-2645180	501C3	69,000				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
PAWNEE MENTAL HEALTH SERVICES INC 210 W 21ST ST CONCORDIA, KS 669015200	48-0846557	501C3	11,230				PROGRAM SUPPORT
PLAINVILLE COMMUNITY FOUNDATION 511 S MAIN ST PLAINVILLE, KS 676632825	01-0795924	501C3	9,756				COMMUNITY PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PREGNANCY SERVICE CENTER INC 104 W ELM SALINA, KS 674020662	31-1743727	501C3	12,650				PROGRAM SUPPORT
RADIO KANSAS 815 N WALNUT ST STE 300 HUTCHINSON, KS 675016389	48-0697529	501C3	8,025				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RAINBOWS UNITED CHARITABLE FOUNDATION INC 3223 N OLIVER ST WICHITA, KS 672202106	47-0921766	501C3	6,575				GENERAL OPERATING SUPPORT
REDBUD VILLAGE COURT 1000 S WASHINGTON PLAINVILLE, KS 67663	20-4853724	501C3	7,995				FACILITY UPGRADES

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 669352202	48-6020988	GOVT	51,000				COMMUNITY IMPROVEMENTS
REPUBLIC COUNTY HOSPITAL 2420 G ST BELLEVILLE, KS 669352400	48-1226977	501C3	80,000				EQUIPMENT PURCHASE/PANDEMIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REPUBLIC COUNTY RESOURCE COUNCIL 2420 G ST BELLEVILLE, KS 669352400	48-0963983	501C3	11,000				PROGRAM SUPPORT
REVOLUTION CHURCH 1111 W SOUTH ST SALINA, KS 674014014	20-5169546	CHURCH	250,000				BUILDING RENOVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROLLING HILLS ZOO 625 N HEDVILLE RD SALINA, KS 674019764	30-0180215	501C3	1,479,200				GENERAL OPERATING SUPPORT
ROOKS COUNTY 115 N WALNUT ST STOCKTON, KS 676691663	48-6015200	GOVT	7,000				RECREATION FACILITY 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
ROOKS COUNTY HEALTH CENTER PO BOX 184 PLAINVILLE, KS 676630184	48-1091767	501C3	17,995				PROGRAM SUPPORT
ROOKS COUNTY HEALTHCARE FOUNDATION PO BOX 389 PLAINVILLE, KS 676630389	48-6084911	GOVT	10,711				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RUSSELL ARTS COUNCIL INC PO BOX 654 RUSSELL, KS 67665	48-0838114	501C3	71,648				EQUIPMENT PURCHASES
RUSSELL COUNTY HISTORICAL SOCIETY PO BOX 245 RUSSELL, KS 676650245	48-6111608	501C3	20,000				FACILITY UPGRADES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RUSSELL MAIN STREET INC 207 E 8TH ST RUSSELL, KS 67665	48-1103827	501C6	25,850				COMMUNITY IMPROVEMENTS
RUSSELL PRIDE INC 370 W WICHITA AVE RUSSELL, KS 67665	46-3545356	501C3	47,280				COMMUNITY IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SACRED HEART CATHEDRAL 118 N 9TH ST SALINA, KS 674012504	26-0816115	501C3	93,392				GENERAL OPERATING SUPPORT
SACRED HEART JR-SR HIGH SCHOOL 234 E CLOUD ST SALINA, KS 674016402	26-2936071	501C3	82,127				PROGRAM/GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SACRED HEARTH PARISH 2242 HIGHWAY 18 PLAINVILLE, KS 676639289	26-0863830	501C3	10,400				PROGRAM SUPPORT
SAINT FRANCIS MINISTRIES 509 E ELM SALINA, KS 674021340	48-1030086	501C3	17,313				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA ANIMAL SHELTER 329 N 2ND ST SALINA, KS 674012035	48-6086715	GOVT	25,387				GENERAL OPERATING SUPPORT
SALINA AREA CHAMBER OF COMMERCE 120 W ASH SALINA, KS 674020586	48-0402660	501C6	30,648				COMMUNITY SCULPTURE 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
SALINA AREA UNITED WAY 210 E WALNUT ST 100 SALINA, KS 674012829	48-0573808	501C3	33,366				GENERAL OPERATING SUPPORT
SALINA ART CENTER 242 S SANTA FE SALINA, KS 674020743	48-0878295	501C3	17,508				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA ARTS & HUMANITIES 211 W IRON SALINA, KS 674022181	48-1074958	501C3	33,430				COMMUNITY ARTS PROGRAM
SALINA COMMUNITY THEATRE 303 E IRON AVE SALINA, KS 674022305	48-0672877	501C3	10,136				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA DIOCESAN CLERGY HEALTH & RETIREMENT ASSOC INC PO BOX 980 SALINA, KS 674020980	48-0637111	501C3	9,145				RETIRED CLERGY SUPPORT
SALINA EMERGENCY AID-FOOD BANK 255 S CHICAGO SALINA, KS 674021482	23-7425890	501C3	90,523				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA FAMILY YMCA 570 YMCA DR SALINA, KS 674017433	48-0544573	501C3	65,433				GENERAL OPERATING SUPPORT
SALINA GRACE FOUNDATION 645 E CRAWFORD SUITE E8 SALINA, KS 67401	82-2356138	501C3	82,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA HEIGHTS CHRISTIAN CHURCH 801 E CLOUD ST SALINA, KS 674016419	23-7022614	501C3	14,448				GENERAL OPERATING SUPPORT
SALINA INNOVATION FOUNDATION 336 S SANTA FE AVE SALINA, KS 674013934	82-2374843	501C3	19,492				BUILDING RENOVATIONS/GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA POLICE DEPARTMENT 255 N 10TH ST SALINA, KS 674012149	48-6017228	GOVT	13,000				GENERAL OPERATING SUPPORT
SALINA PRESBYTERIAN MANOR INC ENDOWMENT FUND 2601 E CRAWFORD ST SALINA, KS 674013791	48-0937829	501C3	5,790				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA REGIONAL HEALTH FOUNDATION 400 S SANTA FE SALINA, KS 674020618	48-0949407	501C3	79,913				GENERAL OPERATING SUPPORT/BUILDING IMPROVEMENTS
SALINA RESCUE MISSION 1716 SUMMERS RD SALINA, KS 674021667	48-0944358	501C3	120,158				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA SALVATION ARMY 1137 N SANTA FE AVE SALINA, KS 67401	44-0545998	501C3	40,018				PROGRAM SUPPORT/PANDEMIC SUPPORT
SALINA SHARES PO BOX 1474 SALINA, KS 674021474	47-3046230	501C3	15,500				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINA SYMPHONY PO BOX 792 SALINA, KS 674020792	48-6121166	501C3	70,022				GENERAL OPERATING SUPPORT
SALINE COUNTY ASSOCIATION FOR RETARDED CITIZENS INC PO BOX 362 SALINA, KS 674020362	48-0651691	501C3	10,100				FROM TY KOEHN FOR THE BLUE THUNDER PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SALINE COUNTY DEPARTMENT OF SENIOR SERVICES 245 N 9TH ST SALINA, KS 674012111	48-0804094	501C3	14,121				PROGRAM SUPPORT
SALVATION ARMY SERVICE EXT UNIT 3637 BROADWAY BLVD KANSAS CITY, MO 641112503	44-0545998	501C3	22,578				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	36-2193608	501C3	7,325				GENERAL OPERATING SUPPORT
SISTERS OF ST JOSEPH OF CONCORDIA KS PO BOX 279 CONCORDIA, KS 669010279	48-0622382	501C3	25,340				GENERAL OPERATING/PANDEMIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SMITH CENTER PUBLIC LIBRARY 117 W COURT ST SMITH CENTER, KS 669672601	48-6022532	GOVT	5,980				GENERAL OPERATING SUPPORT
SMITH COUNTY CHILD DEVELOPMENT CENTER 907 E KANSAS AVE SMITH CENTER, KS 66967	82-4738906	501C3	39,500				GENERAL OPERATING SUPPORT

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SMOKY HILLS PUBLIC TELEVISION 604 ELM ST BUNKER HILL, KS 67626	48-0874906	501C3	7,500				PROGRAM SUPPORT
SMOKY VALLEY HIGH SCHOOL 1 VIKING BLVD LINDSBORG, KS 674561911	48-0721235	GOVT	11,300				PROGRAM SUPPORT

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SODERSTROM ELEMENTARY SCHOOL 227 N WASHINGTON LINDSBORG, KS 67456	48-0721235	GOVT	10,000				PROGRAM SUPPORT
SOUL BLOOM 108 S SANTA FE SALINA, KS 674012810	46-4607545	501C3	11,570				BUILDING UPGRADES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTHEAST OF SALINE EDUCATION FOUNDATION 5056 E HIGHWAY K4 GYPSUM, KS 674489762	74-2822432	501C3	151,000				SCHOOL PLAYGROUND
ST ELIZABETH ANN SETON CATHOLIC CHURCH 1000 BURR OAK LN SALINA, KS 674017784	26-0840921	501C3	8,252				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JOHN THE BAPTIST CATHOLIC CHURCH 151 S SANTA FE SALINA, KS 674021871	31-1537194	501C3	24,493				GENERAL OPERATING SUPPORT
ST JOHN'S LUTHERAN CHURCH 302 S 7TH ST SALINA, KS 674013912	48-0547714	CHURCH	9,366				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST JOHN'S MISSIONARY BAPTIST CHURCH 215 S CHICAGO ST SALINA, KS 674013859	48-1046250	501C3	14,907				AFTER SCHOOL PROGRAM
ST JOSEPH GRADE SCHOOL 622 E MAIN ST BELOIT, KS 674203316	26-0841410	501C3	111,837				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST MARK EVANGELICAL CHURCH TRUST FUND ST JOSEPH PARISH OAKLEY, KS 677481923	26-0863787	501C3	10,231				GENERAL OPERATING SUPPORT
ST MARY QUEEN OF THE UNIVERSE 2349 S OHIO ST SALINA, KS 674016931	48-0873178	CHURCH	30,429				GENERAL OPERATING SUPPORT

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ST MARY'S CHURCH OF GORHAM KS 230 E CLOUD ST SALINA, KS 674016402	26-0838612	501C3	51,545				GENERAL OPERATING SUPPORT
ST MARY'S GRADE SCHOOL PO BOX 135 GORHAM, KS 676400135	48-0695582	CHURCH	33,600				BUILDING REFURBISH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STIEFEL THEATRE - PERFORMING ARTS 304 E CLOUD ST SALINA, KS 674016404	26-0838612	501C3	33,685				GENERAL OPERATING SUPPORT
STUDENT MOBILIZATION (STUMO) PO BOX 567 CONWAY, AR 720330567	71-0629392	501C3	11,200				PROGRAM SUPPORT

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SUNFLOWER ADULT DAY SERVICES 614 S MAIN ST SMITH CENTER, KS 669673001	82-1905872	501C3	13,500				FACILITY IMPROVEMENTS
SUNPORCH OF SMITH CENTER INC 401 W IRON AVE SALINA, KS 674012563	47-2398695	501C3	15,791				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SYLVAN SENIOR CENTER PO BOX 34 SYLVAN GROVE, KS 674810034	48-1076239	501C3	17,444				RENOVATION PROJECT
TAMMY WALKER CANCER CENTER 511 S SANTA FE AVE SALINA, KS 674014145	48-1169103	501C3	20,200				GENERAL OPERATING SUPPORT

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TEENTOWN INC 129 N 7TH ST SALINA, KS 674021332	48-1235530	501C3	5,482				GENERAL OPERATING SUPPORT
THE ARC OF CENTRAL PLAINS 600 MAIN ST HAYS, KS 676014231	48-6139906	501C3	14,595				PARK IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE ASSOCIATED CHURCHES OF LINDSBORG PO BOX 388 LINDSBORG, KS 674560388	48-0929359	501C3	14,000				PANDEMIC SUPPORT
THE BROWN GRAND OPERA HOUSE INC 310 W 6TH ST CONCORDIA, KS 66901	23-7368877	501C3	24,600				BUILDING UPDATES

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 MOSAIC FOUNDATION 4980 S 118TH ST OMAHA, NE 681372200	36-3837360	501C3	9,708				GENERAL OPERATING SUPPORT
THE NAVIGATORS PO BOX 6079 ALBERT LEA, MN 560076679	84-6007896	501C3	11,000				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE SALVATION ARMY - SALINA CHAPTER 1137 N SANTA FE AVE SALINA, KS 674018279	44-0545998	501C3	5,332				GENERAL OPERATING SUPPORT
THE UNITED METHODIST CHURCH OF THE RESURRECTION 13720 ROE AVE LEAWOOD, KS 66224	48-1107898	501C3	6,000				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
THRIVE OF THE HEARTLAND 1201 W WALNUT ST SALINA, KS 674012783	48-0995970	501C3	5,280				GENERAL OPERATING SUPPORT
TIPTON CHRISTIAN SCHOOL INC 209 STATE ST TIPTON, KS 67485	30-0187084	501C3	7,450				EQUIPMENT PURCHASES

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
TREGO COUNTY HISTORICAL SOCIETY PO BOX 132 WAKEENEY, KS 676720132	48-0791922	501C3	10,000				FACILITY UPGRADES
TREGO COUNTY LEMKE MEMORIAL HOSPITAL 320 N 13TH ST WAKEENEY, KS 676722002	48-0769700	501C3	46,083				EQUIPMENT PURCHASES

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 LUTHERAN CHURCH 702 S 9TH ST SALINA, KS 674014802	48-0732721	501C3	13,398				GENERAL OPERATING SUPPORT
TRINITY UNITED METHODIST CHURCH 128 E 8TH ST CONCORDIA, KS 669013508	48-0556708	501C3	22,528				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
TWIN VALLEY EDUCATION FOUNDATION 107 N NELSON BENNINGTON, KS 67422	20-5407713	501C3	11,000				GENERAL OPERATING SUPPORT
UNION COLLEGE 3800 S 48TH ST LINCOLN, NE 685064345	47-0405319	501C3	50,000				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
UNITED METHODIST COMMITTEE ON RELIEF 458 PONCE DELEON AVE NE ATLANTA, GA 30308	13-5562279	501C3	10,000				HURRICANE AND FLOOD RELIEF
UNITED WAY OF ELLIS COUNTY 205 E 7TH SUITE 106 HAYS, KS 67601	48-0876865	501C3	7,500				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
UNITY SCHOOL OF CHRISTIANITY 1901 NW BLUE PKWY UNITY VILLAGE, MO 640650001	44-0546000	501C3	7,659				GENERAL OPERATING SUPPORT
USD 109 1205 19TH ST BELLEVILLE, KS 66935	37-1523428	GOVT	12,521				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
USD 110 PO BOX 188 KENSINGTON, KS 669510188	26-2422475	GOVT	27,000				EQUIPMENT AND SPORTS FIELD IMPROVEMENT
USD 208 1200 RUSSELL AVE WAKEENEY, KS 67672	48-0698129	GOVT	96,940				EQUIPMENT PURCHASES/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
USD 237 SMITH CENTER 300 ROGER BARTA WAY SMITH CENTER, KS 66967	48-0699900	GOVT	34,000				LIBRARY UPGRADE
USD 239 716 E 7TH ST MINNEAPOLIS, KS 674672040	48-0724214	GOVT	9,898				EQUIPMENT PURCHASE/PANDEMIC 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
USD 240 107 N NELSON BENNINGTON, KS 67422	48-0698822	GOVT	13,784				PANDEMIC SUPPORT
USD 270 203 SE CARDINAL AVE PLAINVILLE, KS 676632325	48-0724587	GOVT	9,000				EQUIPMENT PURCHASE

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
USD 269 PALCO PO BOX B PALCO, KS 67657	48-0725457	GOVT	7,600				EQUIPMENT PURCHASE
USD 271 STOCKTON SCHOOLS 201 N CYPRESS ST STOCKTON, KS 676691641	48-0722412	GOVT	6,505				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
USD 272 1306 MORGAN AVE DOWNS, KS 674371604	48-0722167	GOVT	30,287				PROGRAM SUPPORT
USD 273 2020 N INDEPENDENCE AVE BELOIT, KS 674202148	48-0698615	GOVT	9,071				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
USD 298 701 E NORTH ST LINCOLN, KS 674558926	48-0724421	GOVT	21,196				GYMNASIUM EQUIPMENT UPDATE
USD 299 504 W 4TH ST SYLVAN GROVE, KS 674818134	48-0699913	GOVT	12,575				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
USD 305 1511 GYPSUM AVE SALINA, KS 674013221	48-6017165	GOVT	50,306				PROGRAM SUPPORT
USD 306 SOUTHEAST OF SALINE 5056 E HIGHWAY K4 GYPSUM, KS 674489762	48-0720775	GOVT	25,188				OUTDOOR PLAYGROUND EQUIPMENT

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
USD 327 - ELLSWORTH 145 W 15TH ST ELLSWORTH, KS 674398501	48-0698621	GOVT	9,411				AED PURCHASE
USD 333 217 W 7TH ST CONCORDIA, KS 669012803	48-6020582	GOVT	6,196				PROGRAM SUPPORT/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
USD 392 OSBORNE COUNTY 234 N 3RD ST OSBORNE, KS 67473	48-0699027	GOVT	14,234				PROGRAM SUPPORT
USD 399 610 N 3RD ST NATOMA, KS 676519744	48-0699506	GOVT	10,918				PROGRAM SUPPORT/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
USD 400 SMOKY VALLEY 126 S MAIN ST LINDSBORG, KS 674562418	48-0721235	GOVT	16,068				PANDEMIC SUPPORT
USD 407 RUSSELL 802 N MAIN ST RUSSELL, KS 676651966	48-0724591	GOVT	23,664				EQUIPMENT PURCHASE

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
USD 426- PIKE VALLEY 100 SCHOOL ST SCANDIA, KS 66966	48-0724321	GOVT	10,410				LABORATORY EXPANSION
US SUBMARINE VETERANS OF WWII 1202 SPRING CIR HAYSVILLE, KS 670601469	36-6080745	GOVT	5,790				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VOLUNTEERS OF AMERICA 2660 LARIMER ST DENVER, CO 802052219	84-0430995	501C3	5,177				PROGRAM SUPPORT
WELS KINGDOM WORKERS N19W24075 RIVERWOOD DR STE 200 WAUKESHA, WI 53188	39-1656073	501C3	10,143				FOR UNRESTRICTED USE

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
WESTERN SLOPE FOOD BANK OF THE ROCKIES 120 N RIVER RD PALISADE, CO 815268700	84-0772672	501C3	5,177				GENERAL OPERATING SUPPORT
WILSON HERITAGE MUSEUM PO BOX 322 WILSON, KS 674900322	45-5612451	501C3	10,458				MUSEUM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WISCONSIN EVANGELICAL LUTHERAN SYNOD N16W23377 STONE RIDGE DR WAUKESHA, WI 531881109	39-0842084	501C3	60,859				GENERAL OPERATING SUPPORT
WISCONSIN LUTHERAN COLLEGE 8800 W BLUEMOUND RD MILWAUKEE, WI 532264626	23-7179639	501C3	20,286				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 for the latest information.

OMB No. 1545-0047

2019

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	431,153	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AGRICULTURE COMMODITIES)	X	15	26,833	MARKET VALUE
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

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047

2019

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 AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTION OF THE EXTERNAL AUDITOR, MONITORING THE ANNUAL AUDIT PROCESS AND RECEIVING THE AUDIT RESULTS. MEETINGS ARE HELD BETWEEN THE EXTERNAL AUDITOR AND THE AUDIT COMMITTEE BEFORE AND AFTER THE AUDIT. THE AUDIT COMMITTEE THEN COMMUNICATES THE RESULTS OF THE AUDIT TO THE FINANCE COMMITTEE FOR FURTHER DISCUSSION AND ULTIMATELY A SUMMARY PRESENTATION IS MADE TO THE FULL GOVERNING BODY. THIS PROCESS HAS NOT CHANGED SINCE THE PREVIOUS IRS FORM 990 RETURN FILING.