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Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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 **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">GREATER SALINA COMMUNITY FOUNDATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">119 W IRON AVE 8TH FLOOR</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">SALINA, KS 67401</p> F Name and address of principal officer: JESSICA MARTIN SAME AS C ABOVE	D Employer identification number <p align="center">48-1215503</p> E Telephone number <p align="center">(785) 823-1800</p> G Gross receipts \$ 20,417,491. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GSCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	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.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	20,107,418.	15,636,601.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	178,560.	88,505.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,789,513.	4,688,161.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,758.	3,246.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,088,249.	20,416,513.
14	Benefits paid to or for members (Part IX, column (A), line 4)	12,891,865.	14,166,322.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	677,587.	898,996.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 155,974.	0.	0.
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.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	242,518,033.	252,693,685.
22	Net assets or fund balances. Subtract line 21 from line 20	19,303,370.	20,128,740.
		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 <p align="center">JESSICA MARTIN, PRESIDENT & EXECUTIVE DIRECTOR</p> Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ERIC A KIENTZ	Preparer's signature ERIC A KIENTZ	Date	Check if self-employed <input type="checkbox"/>	PTIN P01526012
	Firm's name ▶ VARNEY & ASSOCIATES, CPAS, LLC	Firm's EIN ▶ 30-0038643			
	Firm's address ▶ 1501 POYNTZ AVENUE MANHATTAN, KS 66502-6092		Phone no. 785-537-2202		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,800,355. including grants of \$ 14,166,322.) (Revenue \$ 88,505.) APPROXIMATELY 2,112 GRANTS AND SCHOLARSHIPS WERE AWARDED TO APPROXIMATELY 718 DIFFERENT CHARITABLE ORGANIZATIONS AND INDIVIDUALS AVERAGING APPROXIMATELY \$7,153 EACH

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

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

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

4e Total program service expenses 14,800,355.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

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 on Schedule O.	18	
1b	Enter the number of voting members included on 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - (785) 823-1800**
119 W IRON AVE 8TH FLOOR, SALINA, KS 67401

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 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 FELZINI 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 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 Subtotal								192,223.	0.	31,473.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a FUND ADMINISTRATION	Business Code	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.	
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b		978.				
	c Gain or (loss)	7c		-978.				
	d Net gain or (loss)				-978.		-978.	
8 a 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								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a 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	11 a	Business Code						
	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.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 (nonemployees):				
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 Sch 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 on 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	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.		
	11 Investments - publicly traded securities	448,392.	10c	458,432.
	12 Investments - other securities. See Part IV, line 11	239,744,355.	11	247,427,683.
	13 Investments - program-related. See Part IV, line 11		12	16,250.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	78,479.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	242,518,033.	15	13,229.	
		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 Assets

Check 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 32, 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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	232,564,945.

Part XII Financial Statements and Reporting

Check 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		X
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	X	
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 on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 fails 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 grants.")	9785045.	4439985.	12007354.	20107418.	10981029.	57320831.
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	9785045.	4439985.	12007354.	20107418.	10981029.	57320831.
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)						19041486.
6 Public support. Subtract line 5 from line 4.						38279345.

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	9785045.	4439985.	12007354.	20107418.	10981029.	57320831.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3096547.	3574148.	4226453.	4799137.	4689139.	20385424.
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						77706255.
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	49.26 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	53.64 %
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**

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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? If "Yes" to a, b, or c, provide detail in Part VI .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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? 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.	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? 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.		
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? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

GREATER SALINA COMMUNITY FOUNDATION

Employer identification number

48-1215503

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization GREATER SALINA COMMUNITY FOUNDATION	Employer identification number 48-1215503
------------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>3,024,797.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>756,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>3,109,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,546,570.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER SALINA COMMUNITY FOUNDATION	Employer identification number 48-1215503
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>396,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER SALINA COMMUNITY FOUNDATION	Employer identification number 48-1215503
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization GREATER SALINA COMMUNITY FOUNDATION	Employer identification number 48-1215503
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 3.69 %
 - b Permanent endowment 96.31 %
 - c Term 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:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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 10c.)				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. (Col. (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. (Col. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	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.

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.

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

Part XIII Supplemental Information (continued)

OF WHICH HAS BEEN DESIGNED TO INURE TO THE BENEFIT OF THE COMMUNITIES IN THE FOUNDATION'S SERVICE REGION.

PART X, LINE 2:

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.

PART V

DURING 2018, THE FOUNDATION EARLY ADOPTED THE REQUIREMENTS OF FINANCIAL

Part XIII Supplemental Information (continued)

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **GREATER SALINA COMMUNITY FOUNDATION** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADORATIO FOUNDATION PO BOX 67 BELOIT, KS 67420	83-1649777	501C3	660,000.	0.			OPERATING EXPENSES, GRANTS
AFRICA INLAND MISSION PO BOX 3611 PEACHTREE CITY, GA 30269-7611	11-1873101	501C3	28,580.	0.			MISSION SUPPORT
AMERICAN LEGION POST #359 211 N MAIN ST SYLVAN GROVE, KS 67481	48-6117872	501C19	8,093.	0.			FACILITY IMPROVEMENTS
ASHBY HOUSE, LTD. 142 S 7TH STREET SALINA, KS 67402-3482	48-1099925	501C3	37,022.	0.			GENERAL OPERATING SUPPORT
AT STAKE MINISTRIES 833 S BROOKVILLE RD BROOKVILLE, KS 67425	45-2308324	501C3	6,500.	0.			GENERAL OPERATING SUPPORT
BELLEVILLE MAIN STREET 1205 18TH ST BELLEVILLE, KS 66935	36-4505099	501C3	5,500.	0.			COMMUNITY IMPROVEMENTS

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.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 66935-2215	48-0725293	GOVT	6,000.	0.			FACILITY IMPROVEMENTS
BELOIT ARTS CENTER 200 S MILL ST BELOIT, KS 67420-3239	81-4591918	501C3	6,000.	0.			EQUIPMENT PURCHASES
BETA SIGMA PHI 404 MORGAN AVE DOWNS, KS 67437	81-2697258		8,000.	0.			COMMUNITY IMPROVEMENTS
BETHANY COLLEGE 335 E SWENSSON AVE LINDSBORG, KS 67456-1817	48-0543734	501C3	1,083,540.	0.			GENERAL OPERATING SUPPORT
BETHANY COLLEGE FOUNDATION 335 E SWENSSON AVE LINDSBORG, KS 67456-1817	48-1114249	501C3	15,940.	0.			GENERAL OPERATING SUPPORT
BETHANY LUTHERAN CHURCH 223 N 1ST ST LINDSBORG, KS 67456-2209	48-0556733	CHURCH	11,198.	0.			PROGRAM SUPPORT
BETHANY LUTHERAN COLLEGE 700 LUTHER DR MANKATO, MN 56001-6192	41-0747165	501C3	10,143.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF SALINA, INC. - 500 KENWOOD PARK DR - SALINA, KS 67401-4128	48-0999016	501C3	50,778.	0.			GENERAL OPERATING SUPPORT
BLAIR CENTER FOR THE ARTS 1310 19TH ST BELLEVILLE, KS 66935-2216	48-1240833	501C3	15,500.	0.			EQUIPMENT PURCHASE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA, CORONADO AREA COUNCIL - 644 S OHIO ST - SALINA, KS 67401-3346	48-0545921	501C3	42,338.	0.			GENERAL OPERATING SUPPORT
BULL CITY COMMUNITY FOUNDATION 516 NICHOLAS AVE ALTON, KS 67623-9316	48-1239981	501C3	5,475.	0.			COMMUNITY IMPROVEMENTS
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501C3	18,500.	0.			MISSION SUPPORT
CATHOLIC CHARITIES OF NORTHERN KANSAS, INC. - 1500 S 9TH ST - SALINA, KS 67402-1366	48-0676263	501C3	73,336.	0.			GENERAL OPERATING SUPPORT
CATHOLIC DIOCESE OF SALINA PO BOX 980 SALINA, KS 67402-0980	48-0637111	501C3	236,399.	0.			GENERAL OPERATING SUPPORT
CENTRAL KANSAS MENTAL HEALTH CENTER - 809 ELMHURST BLVD - SALINA, KS 67401-7405	48-0688802	501C3	5,857.	0.			PROGRAM SUPPORT
CHILD ADVOCACY & PARENTING SERVICES, INC. - 155 N OAKDALE AVE STE 200 - SALINA, KS 67401-3001	48-0921732	501C3	30,172.	0.			GENERAL OPERATING SUPPORT
CHILD CARE AWARE OF KANSAS 1508 E IRON SALINA, KS 67402-2294	48-1102008	501C3	10,745.	0.			GENERAL OPERATING SUPPORT
CHRIST CATHEDRAL 138 S 8TH ST SALINA, KS 67401-2808	48-1006759	CHURCH	161,206.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 66935-2739	48-6020982	GOVT	10,600.	0.			PARK IMPROVEMENTS
CITY OF BELOIT 119 N HERSEY AVE BELOIT, KS 67420-2310	48-6021110	GOVT	11,970.	0.			COMMUNITY IMPROVEMENTS
CITY OF BENNINGTON 121 N NELSON BENNINGTON, KS 67422	48-6018238	GOVT	24,322.	0.			PARK IMPROVEMENTS
CITY OF BURR OAK PO BOX 126 BURR OAK, KS 66936-0126	48-6085763	GOVT	13,500.	0.			COMMUNITY IMPROVEMENTS
CITY OF CONCORDIA 701 WASHINGTON CONCORDIA, KS 66901	48-6020606	GOVT	44,498.	0.			COMMUNITY IMPROVEMENTS
CITY OF COURTLAND 403 MAIN ST COURTLAND, KS 66939	48-6021457	GOVT	15,000.	0.			COMMUNITY CENTER IMPROVEMENTS
CITY OF CUBA 313 BAIRD ST CUBA, KS 66940	48-6021489	GOVT	25,000.	0.			BUILDING RENOVATION
CITY OF DELPHOS 112 N MAIN DELPHOS, KS 67436	48-6018479	GOVT	20,000.	0.			BUILDING RENOVATION
CITY OF ELLIS 815 JEFFERSON ELLIS, KS 67637	48-6011927	GOVT	11,000.	0.			COMMUNITY IMPROVEMENTS

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CITY OF ELLSWORTH 121 W 1ST ELLSWORTH, KS 67439	48-6018554	GOVT	10,000.	0.			PARK IMPROVEMENTS
CITY OF ESBON PO BOX 175 EDSON, KS 67733-0175	48-0683209	GOVT	12,268.	0.			COMMUNITY CENTER IMPROVEMENTS
CITY OF FORMOSO PO BOX 144 FORMOSO, KS 66942-0144	96-1553919	GOVT	15,450.	0.			BUILDING RENOVATION
CITY OF JEWELL 308 DELAWARE JEWELL, KS 66949	48-6021858	GOVT	20,112.	0.			COMMUNITY IMPROVEMENTS
CITY OF KANOPOLIS PO BOX 175 KANOPOLIS, KS 67454-0175	48-6019481	GOVT	17,163.	0.			COMMUNITY IMPROVEMENTS
CITY OF LEBANON 404 MAIN ST LEBANON, KS 66952	48-6021954	GOVT	5,681.	0.			COMMUNITY CENTER IMPROVEMENTS
CITY OF LORRAINE 238 MAIN ST LORRAINE, KS 67459-0063	48-0925132	GOVT	8,300.	0.			COMMUNITY IMPROVEMENTS
CITY OF LURAY 115 S MAIN ST LURAY, KS 67649	48-6012629	GOVT	6,377.	0.			PARK IMPROVEMENTS
CITY OF MANKATO 217 S HIGH ST MANKATO, KS 66956-2520	48-6022016	GOVT	29,000.	0.			COMMUNITY IMPROVEMENTS

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CITY OF MILTONVALE 107 STARR AVE MILTONVALE, KS 67466	48-6022099	GOVT	12,105.	0.			COMMUNITY IMPROVEMENTS
CITY OF MINNEAPOLIS 218 N ROCK ST MINNEAPOLIS, KS 67467-2427	48-6020121	GOVT	19,915.	0.			RECREATION FIELD IMPROVEMENTS
CITY OF NATOMA 514 N 2ND ST NATOMA, KS 67651	48-6022201	GOVT	9,219.	0.			COMMUNITY IMPROVEMENTS
CITY OF RUSSELL PO BOX 112 RUSSELL, KS 67665-0112	48-6012826	GOVT	8,232.	0.			CEMETERY IMPROVEMENTS
CITY OF SCANDIA 202 8TH ST SCANDIA, KS 66966-9720	48-6022441	GOVT	26,800.	0.			COMMUNITY IMPROVEMENTS
CITY OF SIMPSON PO BOX 100 SIMPSON, KS 67478-0100	48-0849780	GOVT	26,025.	0.			COMMUNITY IMPROVEMENTS
CITY OF SMITH CENTER 219 S MAIN ST SMITH CENTER, KS 66967-2607	48-6022532	GOVT	32,881.	0.			COMMUNITY IMPROVEMENTS
CITY OF STOCKTON 115 S WALNUT STOCKTON, KS 67669	48-6015193	GOVT	5,270.	0.			COMMUNITY BEAUTIFICATION/FACILITY IMPROVEMENTS
CLOUD COUNTY CHILDREN'S TRUST 115 W 6TH ST CONCORDIA, KS 66901-0409	51-0196634	501C3	18,591.	0.			SCHOLARSHIP SUPPORT

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CLOUD COUNTY COMMUNITY RESOURCES COUNCIL - 105 W 7TH ST - CONCORDIA, KS 66901-2801	48-0966884	501C3	19,546.	0.			PROGRAM SUPPORT
CLOUD COUNTY FAIR ASSOCIATION PO BOX 227 CONCORDIA, KS 66901-0227	48-0577920	GOVT	8,500.	0.			COMMUNITY IMPROVEMENTS
CLOUD COUNTY HEALTH CENTER, INC. 1100 HIGHLAND DR CONCORDIA, KS 66901-3923	48-0545923	501C3	34,000.	0.			GENERAL OPERATING SUPPORT
CLOUD COUNTY RESOURCE CENTER 107 W 7TH CONCORDIA, KS 66901	48-0966884	501C3	11,000.	0.			PROGRAM/PANDEMIC SUPPORT
CLOUD CTY COMM COLLEGE FOUNDATION 2221 CAMPUS DR CONCORDIA, KS 66901-1002	23-7164676	501C3	24,591.	0.			SCHOLARSHIP SUPPORT
CONCORDIA AREA CHAMBER OF COMMERCE 606 WASHINGTON ST CONCORDIA, KS 66901-2840	48-0177515	501C6	10,000.	0.			COMMUNITY IMPROVEMENTS
CONCORDIA SENIOR CITIZENS CENTER 109 W 7TH ST CONCORDIA, KS 66901-2801	48-0969915	501C3	18,591.	0.			GENERAL OPERATING SUPPORT
COVENANT CEDARS BIBLE CAMP PO BOX 68 HORDVILLE, NE 68846-0068	47-0412079	501C3	311,500.	0.			FACILITY IMPROVEMENTS
DENVER RESCUE MISSION 6100 SMITH RD DENVER, CO 80216	84-6038762	501C3	20,000.	0.			PROGRAM SUPPORT

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DEVELOPMENTAL SERVICES OF NW KANSAS, INC. - 2703 HALL ST, SUITE 10 - HAYS, KS 67601	48-0757621	501C3	20,875.	0.			GENERAL OPERATING SUPPORT
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250-0301	31-0263158	501C4	6,040.	0.			GENERAL OPERATING SUPPORT
D.M. STEARNS MISSIONARY FUND PO BOX 1578 NORTH WALES, PA 19454-0578	23-1365973	501C3	8,000.	0.			MISSION SUPPORT
DOWNS LIONS CLUB 700 HADLEY DOWNS, KS 67437	48-6118086	501C4	5,985.	0.			CHILDREN'S VISION SCREENING
DR. B GUT HEALTH LLC 641 PALISADES DR. MOUNT PLEASANT, SC 29464	82-2292504		5,501.	0.			HEALTHY FOODS CONFERENCE SPEAKER FEES
DVACK 148 N. OAKDALE AVE SALINA, KS 67402-1854	48-0903329	501C3	136,467.	0.			GENERAL OPERATING SUPPORT/RENOVATIONS
EISENHOWER FOUNDATION 200 SE 4TH ST ABILENE, KS 67410	48-0634284	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
ELLSWORTH CHILD CARE & LEARNING CENTER - 404 KUNKLE DR - ELLSWORTH, KS 67439-2331	90-0491281	501C3	7,740.	0.			FACILITY IMPROVEMENTS
ELLSWORTH FIRST UNITED METHODIST CHURCH - 402 N DOUGLAS AVE - ELLSWORTH, KS 67439-3220	48-0571063	CHURCH	10,269.	0.			GENERAL OPERATING SUPPORT

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EMPORIA STATE UNIVERSITY FOUNDATION - 1500 HIGHLAND ST - EMPORIA, KS 66801-5018	48-6088461	501C3	50,000.	0.			SCHOLARSHIP SUPPORT
EVANGELICAL COVENANT CHURCH 8303 W HIGGINS RD CHICAGO, IL 60631-2941	36-2167730	501C3	404,000.	0.			MISSION AND GENERAL SUPPORT
EVANGELICAL FREE CHURCH 1107 N MAIN SMITH CENTER, KS 66967	48-1016351	501C3	5,782.	0.			PROGRAM SUPPORT
FEKAS CHRISTMAS DINNER FUND PO BOX 2173 SALINA, KS 67402-2173	48-1208062	501C3	9,000.	0.			PROGRAM SUPPORT
FELLOW MAN INTERNATIONAL FOUNDATION - PO BOX 2993 - SALINA, KS 67402-2993	20-5172548	501C3	6,177.	0.			GENERAL OPERATING SUPPORT
FIRST COVENANT CHURCH 2625 E MAGNOLIA RD SALINA, KS 67401-9076	48-0823724	501C3	85,600.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 308 S 8TH SALINA, KS 67402-0585	48-0547713	CHURCH	22,967.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH OF GUAM PO BOX 9490 TAMUNING, GU 96931	98-0076515	501C3	11,000.	0.			PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 122 N 8TH ST SALINA, KS 67401-2606	48-0554344	CHURCH	59,815.	0.			GENERAL OPERATING SUPPORT

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FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150	501C3	8,000.	0.			GENERAL OPERATING SUPPORT
FOOD BANK OF THE ROCKIES 10700 E. 45TH AVENUE DENVER, CO 80239	84-0772672	501C3	20,000.	0.			PROGRAM SUPPORT
FORT HAYS STATE UNIVERSITY FOUNDATION - 1 TIGER PL - HAYS, KS 67601-3767	48-6108086	501C3	18,585.	0.			SCHOLARSHIP SUPPORT
FRIENDS OF THE RIVER FOUNDATION 159 S 4TH ST SALINA, KS 67402-0953	26-4057200	501C3	24,807.	0.			GENERAL OPERATING SUPPORT
GARDNER WELLNESS & THERAPY CENTER 616 S MAIN SMITH CENTER, KS 66967	48-1226830	501C3	21,170.	0.			EQUIPMENT PURCHASE
GAYLORD CEMETERY DIST 805 9TH ST GAYLORD, KS 67638-3828	48-0902260		7,000.	0.			CEMETERY IMPROVEMENTS
GLASCO COMMUNITY FOUNDATION PO BOX 572 GLASCO, KS 67445-0572	43-1861266	501C3	25,572.	0.			COMMUNITY IMPROVEMENTS
GLOBAL SCHOLARS PO BOX 12147 OVERLAND PARK, KS 66282	56-1627401	501C3	8,000.	0.			MISSION SUPPORT
GRACEMED HEALTH CLINIC, INC 1122 N TOPEKA STREET WICHITA, KS 67214-2810	48-1159633	501C3	10,000.	0.			PROGRAM SUPPORT

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HASTINGS COMMUNITY FOUNDATION INC PO BOX 703 HASTINGS, NE 68902	36-3569968	501C3	7,500.	0.			PROGRAM SUPPORT
HAYS AREA CHAMBER OF COMMERCE 2700 VINE ST HAYS, KS 67601-1926	48-0613313	501C6	13,918.	0.			COMMUNITY LEADERSHIP PROGRAM
HAYS AREA CHILDREN'S CENTER, INC. 94 LEWIS DR HAYS, KS 67601-4020	48-0726009	501C3	13,874.	0.			CHILDREN'S HEARING SCREENING
HAYS COMMUNITY THEATER, INC. PO BOX 21 HAYS, KS 67601-0021	45-2516516	501C3	5,500.	0.			GENERAL OPERATING SUPPORT
HEART CHOICES, INC. 602 W 6TH ST BELOIT, KS 67420	48-1248682	501C3	6,500.	0.			BUILDING RENOVATION/PANDEMIC SUPPORT
HOMESTEAD MINISTRIES 615 GILLESPIE DR MANHATTAN, KS 66502	81-4182095	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
HOPE FOR HOME MINISTRIES PO BOX 393 TROY, OH 45373	26-3093158	501C3	12,000.	0.			MISSION SUPPORT
HOUSING AUTHORITY OF PLAINVILLE 505 N MAIN ST # 13 PLAINVILLE, KS 67663-1603	48-0928226		9,300.	0.			BUILDING IMPROVEMENTS
HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET NW SUITE 450 - WASHINGTON, DC 20037	53-0225390	501C3	5,790.	0.			GENERAL OPERATING SUPPORT

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JEWELL COUNTY COUNCIL ON AGING 214 N. HIGH ST. MANKATO, KS 66956	48-1075451		7,746.	0.			FACILITY IMPROVEMENTS
JEWELL COUNTY HISTORICAL SOCIETY 118 N COMMERCIAL ST MANKATO, KS 66956-2207	48-0866744	501C3	9,903.	0.			FACILITY IMPROVEMENTS
KANSAS HUMANE SOCIETY OF WICHITA 3313 N HILLSIDE AVE WICHITA, KS 67219-3907	48-0554339	501C3	6,575.	0.			GENERAL OPERATING SUPPORT
KANSAS POST ROCK LIMESTONE COALITION - 213 S MAIN ST - LUCAS, KS 67648	84-3251354	501C3	7,000.	0.			COMMUNITY TOURISM PROGRAM
KANSAS PUBLIC TELECOMMUNICATIONS SERVICE, INC. - 320 W 21ST ST N - WICHITA, KS 67203-2413	48-0735215	501C3	11,000.	0.			PROGRAM UNDERWRITING
KANSAS STATE POLYTECHNIC 2310 CENTENNIAL RD SALINA, KS 67401-8058	48-0771751	501C3	104,000.	0.			SCHOLARSHIP SUPPORT
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE STE 1800 MANHATTAN, KS 66502-3373	48-0667209	501C3	124,396.	0.			SCHOLARSHIP SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734	501C3	9,532.	0.			PROGRAM SUPPORT
KANSAS WESLEYAN FOUNDATION 100 E CLAFLIN AVE SALINA, KS 67401-6146	48-0543729	501C3	30,700.	0.			SCHOLARSHIP SUPPORT

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KANSAS WESLEYAN UNIVERSITY 100 E CLAFLIN AVE SALINA, KS 67401-6146	48-0543729	501C3	231,533.	0.			GENERAL OPERATING SUPPORT
KU SCHOOL OF MEDICINE - SALINA 138 N SANTA FE AVE SALINA, KS 67401-2616	48-6029925	501C3	13,467.	0.			BUILDING CAMPAIGN
LAST CHANCE TREATMENT FOUNDATION CORP - 4712 ADMIRALTY WAY STE 328 - MARINA DEL RAY, CA 90292	84-1867146	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
LEARNING CROSS PRESCHOOL 1464A HOPEWELL RD HAYS, KS 67601-9723	47-4196304	501C3	7,373.	0.			FACILITY IMPROVEMENTS
LINCOLN ART CENTER 126 E LINCOLN AVE LINCOLN, KS 67455	48-1123378	501C3	9,432.	0.			FACILITY IMPROVEMENTS
LINCOLN COUNTY 216 E LINCOLN AVE LINCOLN, KS 67455-2058	48-6019537	GOVT	9,166.	0.			COMMUNITY IMPROVEMENTS
LINCOLN COUNTY HOSPITAL 624 N SECOND ST LINCOLN, KS 67455-0406	48-0896979		5,058.	0.			PANDEMIC SUPPORT
LINDSBORG EVANGELICAL COVENANT CHURCH - 102 S WASHINGTON ST - LINDSBORG, KS 67456-2333	48-0556707	501C3	25,000.	0.			GENERAL OPERATING SUPPORT
LOVE INC OF OTTAWA COUNTY PO BOX 115 MINNEAPOLIS, KS 67467-0115	48-1179173	501C3	15,898.	0.			PROGRAM SUPPORT

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LUCAS ARTS & HUMANITIES COUNCIL, INC. - 213 S MAIN ST - LUCAS, KS 67648-0304	48-1105491	501C3	26,000.	0.			COMMUNITY IMPROVEMENTS
LURAY FIRE DEPARTMENT 108 S MAIN LURAY, KS 67649	56-2602341	GOVT	7,800.	0.			EQUIPMENT PURCHASE
MANHATTAN CATHOLIC SCHOOLS 306 S JULIETTE AVE MANHATTAN, KS 66502-6245	48-0987449	501C3	21,658.	0.			GENERAL OPERATING SUPPORT
MARKLEY GROVE PARK FRIENDS INC. 415 N ROTHSAY AVE MINNEAPOLIS, KS 67467-2245	46-1544976		11,160.	0.			PARK IMPROVEMENTS
MCPHERSON COUNTY COMMUNITY FOUNDATION - 206 S MAIN ST - MCPHERSON, KS 67460-4844	48-1238797	501C3	15,966.	0.			PROGRAM SUPPORT
MCPHERSON COUNTY OLD MILL MUSEUM 120 MILL ST LINDSBORG, KS 67456	48-6019790	GOVT	12,175.	0.			GENERAL OPERATING SUPPORT
MESSIAH LUTHERAN CHURCH 402 N 1ST ST LINDSBORG, KS 67456-1800	48-0577640	CHURCH	8,757.	0.			PROGRAM SUPPORT
MHS ALUMNI LOAN & SCHOLARSHIP FOUNDATION - 2267 MULBERRY RD - MINNEAPOLIS, KS 67467-5014	23-7064051		7,673.	0.			SCHOLARSHIP SUPPORT
MILE HIGH UNITED WAY, INC. 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501C3	20,000.	0.			PANDEMIC SUPPORT

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MINNEAPOLIS RECREATION COMMISSION 218 N ROCK ST MINNEAPOLIS, KS 67467-2427	48-6121760	GOVT	20,000.	0.			RECREATION FIELD IMPROVEMENTS
MITCHELL COUNTY HOSPITAL HEALTH SYSTEMS - 400 W 8TH ST - BELOIT, KS 67420	56-2518746	501C3	5,104.	0.			EQUIPMENT PURCHASES
NATIONAL ORPHAN TRAIN COMPLEX PO BOX 507 BELOIT, KS 67420-0507	48-0691131	501C3	10,764.	0.			STUDENT SCHOLARSHIPS/EQUIPMENT PURCHASES
NCK TECHNICAL COLLEGE 3033 US HWY 24 BELOIT, KS 67420	74-3155061	501C3	6,500.	0.			PROGRAM SUPPORT/PANDEMIC SUPPORT
NCK WELLNESS CENTER 300 WASHINGTON ST CONCORDIA, KS 66901	20-0129621	501C3	12,957.	0.			GENERAL OPERATING SUPPORT
NEBRASKA EVANGELICAL LUTHERAN HIGH SCHOOL - 203 KENDALL ST - WACO, NE 68460-3000	05-3537668	GOVT	30,429.	0.			GENERAL OPERATING SUPPORT
NORTH CENTRAL KANSAS HEALTH CARE FOUNDATION - C/O REPUBLIC COUNTY HOSPITAL - BELLEVILLE, KS 66935-2400	48-1062441	501C3	25,250.	0.			GENERAL OPERATING SUPPORT
NORTH PARK UNIVERSITY 3225 W FOSTER AVE CHICAGO, IL 60625-4823	36-1557840	501C3	200,000.	0.			GENERAL OPERATING SUPPORT
NORTH SALINA COMMUNITY DEVELOPMENT C/O TRIAD MFG SALINA, KS 67402-1211	45-1685810	501C3	44,991.	0.			COMMUNITY BEAUTIFICATION

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NOVO MISSION INC. 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 92807-1847	95-3523150	501C3	20,900.	0.			MISSION SUPPORT
OPTIONS: DOMESTIC & SEXUAL VIOLENCE SERVICES, INC. - 2716 PLAZA AVE - HAYS, KS 67601	48-0976868	501C3	9,800.	0.			PANDEMIC SUPPORT
OSBORNE AREA CHAMBER OF COMMERCE PO BOX 275 OSBORNE, KS 67473-0275	48-0588537	501C6	7,140.	0.			COMMUNITY LEADERSHIP PROGRAMS
OSBORNE COMMUNITY FOUNDATION 128 N 1ST ST OSBORNE, KS 67473	48-1101160	501C3	6,550.	0.			COMMUNITY IMPROVEMENTS
OTTAWA COUNTY 307 N CONCORD MINNEAPOLIS, KS 67467	48-6020124	GOVT	9,840.	0.			EQUIPMENT PURCHASES
OTTAWA COUNTY FIRE DISTRICT #4 586 N 180TH RD BENNINGTON, KS 67422-9438	48-1211638	GOVT	16,641.	0.			EQUIPMENT PURCHASE
OUR LADY OF PERPETUAL HELP CHURCH 307 E FIFTH ST CONCORDIA, KS 66901	26-0842167	501C3	7,989.	0.			GENERAL OPERATING SUPPORT
PARKSIDE HOMES 200 WILLOW RD HILLSBORO, KS 67063	48-0676391	501C3	28,985.	0.			FACILITY UPDATES
PAUL AYLWARD AMERICAN LEGION POST #174 - 645 W 15TH - ELLSWORTH, KS 67439	48-0536886	501C19	8,036.	0.			BUILDING UPDATES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAUL CARLSON PARTNERSHIP 8303 W HIGGINS RD CHICAGO, IL 60631-2941	36-2645180	501C3	69,000.	0.			PROGRAM SUPPORT
PAWNEE MENTAL HEALTH SERVICES, INC. - 210 W 21ST ST - CONCORDIA, KS 66901-5200	48-0846557	501C3	11,230.	0.			PROGRAM SUPPORT
PLAINVILLE COMMUNITY FOUNDATION 511 S MAIN ST PLAINVILLE, KS 67663-2825	01-0795924	501C3	9,756.	0.			COMMUNITY PROGRAM SUPPORT
PREGNANCY SERVICE CENTER, INC. 104 W ELM SALINA, KS 67402-0662	31-1743727	501C3	12,650.	0.			PROGRAM SUPPORT
RADIO KANSAS 815 N WALNUT ST STE 300 HUTCHINSON, KS 67501-6389	48-0697529	501C3	8,025.	0.			GENERAL OPERATING SUPPORT
RAINBOWS UNITED CHARITABLE FOUNDATION, INC. - 3223 N OLIVER ST - WICHITA, KS 67220-2106	47-0921766	501C3	6,575.	0.			GENERAL OPERATING SUPPORT
REDBUD VILLAGE COURT 1000 S WASHINGTON PLAINVILLE, KS 67663	20-4853724	501C3	7,995.	0.			FACILITY UPGRADES
REPUBLIC COUNTY 1815 M ST BELLEVILLE, KS 66935-2202	48-6020988	GOVT	51,000.	0.			COMMUNITY IMPROVEMENTS
REPUBLIC COUNTY HOSPITAL 2420 G ST BELLEVILLE, KS 66935-2400	48-1226977	501C3	80,000.	0.			EQUIPMENT PURCHASE/PANDEMIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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REPUBLIC COUNTY RESOURCE COUNCIL 2420 G ST BELLEVILLE, KS 66935-2400	48-0963983	501C3	11,000.	0.			PROGRAM SUPPORT
REVOLUTION CHURCH 1111 W SOUTH ST SALINA, KS 67401-4014	20-5169546	CHURCH	250,000.	0.			BUILDING RENOVATION
ROLLING HILLS ZOO 625 N HEDVILLE RD SALINA, KS 67401-9764	30-0180215	501C3	1,479,200.	0.			GENERAL OPERATING SUPPORT
ROOKS COUNTY 115 N WALNUT ST STOCKTON, KS 67669-1663	48-6015200	GOVT	7,000.	0.			RECREATION FACILITY UPGRADE
ROOKS COUNTY HEALTH CENTER PO BOX 184 PLAINVILLE, KS 67663-0184	48-1091767	501C3	17,995.	0.			PROGRAM SUPPORT
ROOKS COUNTY HEALTHCARE FOUNDATION PO BOX 389 PLAINVILLE, KS 67663-0389	48-6084911	GOVT	10,711.	0.			GENERAL OPERATING SUPPORT
RUSSELL ARTS COUNCIL, INC. PO BOX 654 RUSSELL, KS 67665	48-0838114	501C3	71,648.	0.			EQUIPMENT PURCHASES
RUSSELL COUNTY HISTORICAL SOCIETY PO BOX 245 RUSSELL, KS 67665-0245	48-6111608	501C3	20,000.	0.			FACILITY UPGRADES
RUSSELL MAIN STREET, INC. 207 E. 8TH ST. RUSSELL, KS 67665	48-1103827	501C6	25,850.	0.			COMMUNITY IMPROVEMENTS

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RUSSELL PRIDE, INC. 370 W. WICHITA AVE RUSSELL, KS 67665	46-3545356	501C3	47,280.	0.			COMMUNITY IMPROVEMENTS
SACRED HEART CATHEDRAL 118 N 9TH ST SALINA, KS 67401-2504	26-0816115	501C3	93,392.	0.			GENERAL OPERATING SUPPORT
SACRED HEART JR-SR HIGH SCHOOL 234 E CLOUD ST SALINA, KS 67401-6402	26-2936071	501C3	82,127.	0.			PROGRAM/GENERAL OPERATING SUPPORT
SACRED HEARTH PARISH 2242 HIGHWAY 18 PLAINVILLE, KS 67663-9289	26-0863830	501C3	10,400.	0.			PROGRAM SUPPORT
SAINT FRANCIS MINISTRIES 509 E ELM SALINA, KS 67402-1340	48-1030086	501C3	17,313.	0.			GENERAL OPERATING SUPPORT
SALINA ANIMAL SHELTER 329 N 2ND ST SALINA, KS 67401-2035	48-6086715	GOVT	25,387.	0.			GENERAL OPERATING SUPPORT
SALINA AREA CHAMBER OF COMMERCE 120 W ASH SALINA, KS 67402-0586	48-0402660	501C6	30,648.	0.			COMMUNITY SCULPTURE PROGRAM SUPPORT
SALINA AREA UNITED WAY 210 E WALNUT ST # 100 SALINA, KS 67401-2829	48-0573808	501C3	33,366.	0.			GENERAL OPERATING SUPPORT
SALINA ART CENTER 242 S SANTA FE SALINA, KS 67402-0743	48-0878295	501C3	17,508.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SALINA ARTS & HUMANITIES 211 W IRON SALINA, KS 67402-2181	48-1074958	501C3	33,430.	0.			COMMUNITY ARTS PROGRAM
SALINA COMMUNITY THEATRE 303 E IRON AVE SALINA, KS 67402-2305	48-0672877	501C3	10,136.	0.			GENERAL OPERATING SUPPORT
SALINA DIOCESAN CLERGY HEALTH & RETIREMENT ASSOC. INC. - PO BOX 980 - SALINA, KS 67402-0980	48-0637111	501C3	9,145.	0.			RETIRED CLERGY SUPPORT
SALINA EMERGENCY AID-FOOD BANK 255 S CHICAGO SALINA, KS 67402-1482	23-7425890	501C3	90,523.	0.			GENERAL OPERATING SUPPORT
SALINA FAMILY YMCA 570 YMCA DR SALINA, KS 67401-7433	48-0544573	501C3	65,433.	0.			GENERAL OPERATING SUPPORT
SALINA GRACE FOUNDATION 645 E CRAWFORD SUITE E8 SALINA, KS 67401	82-2356138	501C3	82,000.	0.			GENERAL OPERATING SUPPORT
SALINA HEIGHTS CHRISTIAN CHURCH 801 E CLOUD ST SALINA, KS 67401-6419	23-7022614	501C3	14,448.	0.			GENERAL OPERATING SUPPORT
SALINA INNOVATION FOUNDATION 336 S SANTA FE AVE SALINA, KS 67401-3934	82-2374843	501C3	19,492.	0.			BUILDING RENOVATIONS/GENERAL OPERATING SUPPORT
SALINA POLICE DEPARTMENT 255 N 10TH ST SALINA, KS 67401-2149	48-6017228	GOVT	13,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SALINA PRESBYTERIAN MANOR, INC. ENDOWMENT FUND - 2601 E CRAWFORD ST - SALINA, KS 67401-3791	48-0937829	501C3	5,790.	0.			GENERAL OPERATING SUPPORT
SALINA REGIONAL HEALTH FOUNDATION 400 S SANTA FE SALINA, KS 67402-0618	48-0949407	501C3	79,913.	0.			GENERAL OPERATING SUPPORT/BUILDING IMPROVEMENTS
SALINA RESCUE MISSION 1716 SUMMERS RD SALINA, KS 67402-1667	48-0944358	501C3	120,158.	0.			GENERAL OPERATING SUPPORT
SALINA SALVATION ARMY 1137 N SANTA FE AVE SALINA, KS 67401	44-0545998	501C3	40,018.	0.			PROGRAM SUPPORT/PANDEMIC SUPPORT
SALINA SHARES PO BOX 1474 SALINA, KS 67402-1474	47-3046230	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
SALINA SYMPHONY PO BOX 792 SALINA, KS 67402-0792	48-6121166	501C3	70,022.	0.			GENERAL OPERATING SUPPORT
SALINE COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC. - PO BOX 362 - SALINA, KS 67402-0362	48-0651691	501C3	10,100.	0.			FROM TY KOEHN FOR THE BLUE THUNDER PROGRAM
SALINE COUNTY DEPARTMENT OF SENIOR SERVICES - 245 N 9TH ST - SALINA, KS 67401-2111	48-0804094	501C3	14,121.	0.			PROGRAM SUPPORT
SALVATION ARMY SERVICE EXT UNIT 3637 BROADWAY BLVD KANSAS CITY, MO 64111-2503	44-0545998	501C3	22,578.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607-1435	36-2193608	501C3	7,325.	0.			GENERAL OPERATING SUPPORT
SISTERS OF ST. JOSEPH OF CONCORDIA KS - PO BOX 279 - CONCORDIA, KS 66901-0279	48-0622382	501C3	25,340.	0.			GENERAL OPERATING/PANDEMIC SUPPORT
SMITH CENTER PUBLIC LIBRARY 117 W COURT ST SMITH CENTER, KS 66967-2601	48-6022532	GOVT	5,980.	0.			GENERAL OPERATING SUPPORT
SMITH COUNTY CHILD DEVELOPMENT CENTER - 907 E. KANSAS AVE - SMITH CENTER, KS 66967	82-4738906	501C3	39,500.	0.			GENERAL OPERATING SUPPORT
SMOKY HILLS PUBLIC TELEVISION 604 ELM ST BUNKER HILL, KS 67626	48-0874906	501C3	7,500.	0.			PROGRAM SUPPORT
SMOKY VALLEY HIGH SCHOOL 1 VIKING BLVD LINDSBORG, KS 67456-1911	48-0721235	GOVT	11,300.	0.			PROGRAM SUPPORT
SODERSTROM ELEMENTARY SCHOOL 227 N. WASHINGTON LINDSBORG, KS 67456	48-0721235	GOVT	10,000.	0.			PROGRAM SUPPORT
SOUL BLOOM 108 S. SANTA FE SALINA, KS 67401-2810	46-4607545	501C3	11,570.	0.			BUILDING UPGRADES
SOUTHEAST OF SALINE EDUCATION FOUNDATION - 5056 E HIGHWAY K4 - GYPSUM, KS 67448-9762	74-2822432	501C3	151,000.	0.			SCHOOL PLAYGROUND

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ST. ELIZABETH ANN SETON CATHOLIC CHURCH - 1000 BURR OAK LN - SALINA, KS 67401-7784	26-0840921	501C3	8,252.	0.			GENERAL OPERATING SUPPORT
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 151 S SANTA FE - SALINA, KS 67402-1871	31-1537194	501C3	24,493.	0.			GENERAL OPERATING SUPPORT
ST. JOHN'S LUTHERAN CHURCH 302 S 7TH ST SALINA, KS 67401-3912	48-0547714	CHURCH	9,366.	0.			GENERAL OPERATING SUPPORT
ST. JOHN'S MISSIONARY BAPTIST CHURCH - 215 S CHICAGO ST - SALINA, KS 67401-3859	48-1046250	501C3	14,907.	0.			AFTER SCHOOL PROGRAM
ST. JOSEPH GRADE SCHOOL 622 E MAIN ST BELOIT, KS 67420-3316	26-0841410	501C3	111,837.	0.			GENERAL OPERATING SUPPORT
ST. MARK EVANGELICAL CHURCH TRUST FUND - ST. JOSEPH PARISH - OAKLEY, KS 67748-1923	26-0863787	501C3	10,231.	0.			GENERAL OPERATING SUPPORT
ST. MARY QUEEN OF THE UNIVERSE 2349 S OHIO ST SALINA, KS 67401-6931	48-0873178	CHURCH	30,429.	0.			GENERAL OPERATING SUPPORT
ST. MARY'S CHURCH OF GORHAM, KS 230 E CLOUD ST SALINA, KS 67401-6402	26-0838612	501C3	51,545.	0.			GENERAL OPERATING SUPPORT
ST. MARY'S GRADE SCHOOL PO BOX 135 GORHAM, KS 67640-0135	48-0695582	CHURCH	33,600.	0.			BUILDING REFURBISH

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STIEFEL THEATRE - PERFORMING ARTS 304 E CLOUD ST SALINA, KS 67401-6404	26-0838612	501C3	33,685.	0.			GENERAL OPERATING SUPPORT
STUDENT MOBILIZATION (STUMO) PO BOX 567 CONWAY, AR 72033-0567	71-0629392	501C3	11,200.	0.			PROGRAM SUPPORT
SUNFLOWER ADULT DAY SERVICES 614 S MAIN ST SMITH CENTER, KS 66967-3001	82-1905872	501C3	13,500.	0.			FACILITY IMPROVEMENTS
SUNPORCH OF SMITH CENTER, INC. 401 W IRON AVE SALINA, KS 67401-2563	47-2398695	501C3	15,791.	0.			GENERAL OPERATING SUPPORT
SYLVAN SENIOR CENTER PO BOX 34 SYLVAN GROVE, KS 67481-0034	48-1076239	501C3	17,444.	0.			RENOVATION PROJECT
TAMMY WALKER CANCER CENTER 511 S SANTA FE AVE SALINA, KS 67401-4145	48-1169103	501C3	20,200.	0.			GENERAL OPERATING SUPPORT
TEENTOWN, INC. 129 N 7TH ST SALINA, KS 67402-1332	48-1235530	501C3	5,482.	0.			GENERAL OPERATING SUPPORT
THE ARC OF CENTRAL PLAINS 600 MAIN ST HAYS, KS 67601-4231	48-6139906	501C3	14,595.	0.			PARK IMPROVEMENTS
THE ASSOCIATED CHURCHES OF LINDSBORG - PO BOX 388 - LINDSBORG, KS 67456-0388	48-0929359	501C3	14,000.	0.			PANDEMIC SUPPORT

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THE BROWN GRAND OPERA HOUSE INC 310 W 6TH ST CONCORDIA, KS 66901	23-7368877	501C3	24,600.	0.			BUILDING UPDATES
THE MOSAIC FOUNDATION 4980 S 118TH ST OMAHA, NE 68137-2200	36-3837360	501C3	9,708.	0.			GENERAL OPERATING SUPPORT
THE NAVIGATORS PO BOX 6079 ALBERT LEA, MN 56007-6679	84-6007896	501C3	11,000.	0.			MISSION SUPPORT
THE SALVATION ARMY - SALINA CHAPTER - 1137 N SANTA FE AVE - SALINA, KS 67401-8279	44-0545998	501C3	5,332.	0.			GENERAL OPERATING SUPPORT
THE UNITED METHODIST CHURCH OF THE RESURRECTION - 13720 ROE AVE - LEAWOOD, KS 66224	48-1107898	501C3	6,000.	0.			GENERAL OPERATING SUPPORT
THRIVE OF THE HEARTLAND 1201 W WALNUT ST SALINA, KS 67401-2783	48-0995970	501C3	5,280.	0.			GENERAL OPERATING SUPPORT
TIPTON CHRISTIAN SCHOOL, INC. 209 STATE ST TIPTON, KS 67485	30-0187084	501C3	7,450.	0.			EQUIPMENT PURCHASES
TREGO COUNTY HISTORICAL SOCIETY PO BOX 132 WAKEENEY, KS 67672-0132	48-0791922	501C3	10,000.	0.			FACILITY UPGRADES
TREGO COUNTY LEMKE MEMORIAL HOSPITAL - 320 N 13TH ST - WAKEENEY, KS 67672-2002	48-0769700	501C3	46,083.	0.			EQUIPMENT PURCHASES

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TRINITY LUTHERAN CHURCH 702 S 9TH ST SALINA, KS 67401-4802	48-0732721	501C3	13,398.	0.			GENERAL OPERATING SUPPORT
TRINITY UNITED METHODIST CHURCH 128 E 8TH ST CONCORDIA, KS 66901-3508	48-0556708	501C3	22,528.	0.			GENERAL OPERATING SUPPORT
TWIN VALLEY EDUCATION FOUNDATION 107 N NELSON BENNINGTON, KS 67422	20-5407713	501C3	11,000.	0.			GENERAL OPERATING SUPPORT
UNION COLLEGE 3800 S 48TH ST LINCOLN, NE 68506-4345	47-0405319	501C3	50,000.	0.			PROGRAM SUPPORT
UNITED METHODIST COMMITTEE ON RELIEF - 458 PONCE DELEON AVE, NE - ATLANTA, GA 30308	13-5562279	501C3	10,000.	0.			HURRICANE AND FLOOD RELIEF
UNITED WAY OF ELLIS COUNTY 205 E 7TH, SUITE 106 HAYS, KS 67601	48-0876865	501C3	7,500.	0.			PROGRAM SUPPORT
UNITY SCHOOL OF CHRISTIANITY 1901 NW BLUE PKWY UNITY VILLAGE, MO 64065-0001	44-0546000	501C3	7,659.	0.			GENERAL OPERATING SUPPORT
USD 109 1205 19TH ST BELLEVILLE, KS 66935	37-1523428	GOVT	12,521.	0.			COMMUNITY IMPROVEMENTS
USD 110 PO BOX 188 KENSINGTON, KS 66951-0188	26-2422475	GOVT	27,000.	0.			EQUIPMENT AND SPORTS FIELD IMPROVEMENT

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USD 208 1200 RUSSELL AVE WAKEENEY, KS 67672	48-0698129	GOVT	96,940.	0.			EQUIPMENT PURCHASES/PROGRAM SUPPORT
USD 237 SMITH CENTER 300 ROGER BARTA WAY SMITH CENTER, KS 66967	48-0699900	GOVT	34,000.	0.			LIBRARY UPGRADE
USD 239 716 E 7TH ST MINNEAPOLIS, KS 67467-2040	48-0724214	GOVT	9,898.	0.			EQUIPMENT PURCHASE/PANDEMIC SUPPORT
USD 240 107 N NELSON BENNINGTON, KS 67422	48-0698822	GOVT	13,784.	0.			PANDEMIC SUPPORT
USD 270 203 SE CARDINAL AVE PLAINVILLE, KS 67663-2325	48-0724587	GOVT	9,000.	0.			EQUIPMENT PURCHASE
USD 269 PALCO PO BOX B PALCO, KS 67657	48-0725457	GOVT	7,600.	0.			EQUIPMENT PURCHASE
USD 271 STOCKTON SCHOOLS 201 N CYPRESS ST STOCKTON, KS 67669-1641	48-0722412	GOVT	6,505.	0.			PROGRAM SUPPORT
USD 272 1306 MORGAN AVE DOWNS, KS 67437-1604	48-0722167	GOVT	30,287.	0.			PROGRAM SUPPORT
USD 273 2020 N INDEPENDENCE AVE BELOIT, KS 67420-2148	48-0698615	GOVT	9,071.	0.			PROGRAM SUPPORT

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USD 298 701 E NORTH ST LINCOLN, KS 67455-8926	48-0724421	GOVT	21,196.	0.			GYMNASIUM EQUIPMENT UPDATE
USD 299 504 W 4TH ST SYLVAN GROVE, KS 67481-8134	48-0699913	GOVT	12,575.	0.			PROGRAM SUPPORT
USD 305 1511 GYPSUM AVE SALINA, KS 67401-3221	48-6017165	GOVT	50,306.	0.			PROGRAM SUPPORT
USD 306 SOUTHEAST OF SALINE 5056 E HIGHWAY K4 GYPSUM, KS 67448-9762	48-0720775	GOVT	25,188.	0.			OUTDOOR PLAYGROUND EQUIPMENT
USD 327 - ELLSWORTH 145 W 15TH ST ELLSWORTH, KS 67439-8501	48-0698621	GOVT	9,411.	0.			AED PURCHASE
USD 333 217 W 7TH ST CONCORDIA, KS 66901-2803	48-6020582	GOVT	6,196.	0.			PROGRAM SUPPORT/SCHOLARSHIPS
USD 392 OSBORNE COUNTY 234 N 3RD ST OSBORNE, KS 67473	48-0699027	GOVT	14,234.	0.			PROGRAM SUPPORT
USD 399 610 N 3RD ST NATOMA, KS 67651-9744	48-0699506	GOVT	10,918.	0.			PROGRAM SUPPORT/SCHOLARSHIPS
USD 400 SMOKY VALLEY 126 S MAIN ST LINDSBORG, KS 67456-2418	48-0721235	GOVT	16,068.	0.			PANDEMIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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USD 407 RUSSELL 802 N MAIN ST RUSSELL, KS 67665-1966	48-0724591	GOVT	23,664.	0.			EQUIPMENT PURCHASE
USD 426- PIKE VALLEY 100 SCHOOL ST SCANDIA, KS 66966	48-0724321	GOVT	10,410.	0.			LABORATORY EXPANSION
U.S. SUBMARINE VETERANS OF WWII 1202 SPRING CIR HAYSVILLE, KS 67060-1469	36-6080745	GOVT	5,790.	0.			PROGRAM SUPPORT
VOLUNTEERS OF AMERICA 2660 LARIMER ST DENVER, CO 80205-2219	84-0430995	501C3	5,177.	0.			PROGRAM SUPPORT
W.E.L.S. KINGDOM WORKERS N19W24075 RIVERWOOD DR STE 200 WAUKESHA, WI 53188	39-1656073	501C3	10,143.	0.			FOR UNRESTRICTED USE
WESTERN SLOPE FOOD BANK OF THE ROCKIES - 120 N RIVER RD - PALISADE, CO 81526-8700	84-0772672	501C3	5,177.	0.			GENERAL OPERATING SUPPORT
WILSON HERITAGE MUSEUM PO BOX 322 WILSON, KS 67490-0322	45-5612451	501C3	10,458.	0.			MUSEUM SUPPORT
WISCONSIN EVANGELICAL LUTHERAN SYNOD - N16W23377 STONE RIDGE DR - WAUKESHA, WI 53188-1109	39-0842084	501C3	60,859.	0.			GENERAL OPERATING SUPPORT
WISCONSIN LUTHERAN COLLEGE 8800 W BLUEMOUND RD MILWAUKEE, WI 53226-4626	23-7179639	501C3	20,286.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL	44	519,584.	0.		
HARDSHIP ASSISTANCE	49	26,585.	0.		
SCHOLARSHIP FOR COMPUTER PURCHASE	1	500.	0.		
YOUTH ACTIVITIES & EQUIPMENT ASSISTANCE	67	8,154.	0.		

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

PART I, LINE 2:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 C)	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**

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

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

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GREATER SALINA COMMUNITY FOUNDATION

Employer identification number

48-1215503

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.

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.

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 RESULTS OF THIS REVIEW WITH ANY INTERESTED DIRECTOR ON THE GOVERNING BOARD. COMPENSATION DETERMINATIONS ARE BASED ON BOTH HISTORICAL DATA AND ON COMPARABILITY DATA.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization GREATER SALINA COMMUNITY FOUNDATION	Employer identification number 48-1215503
-----------------------------------------------------------------	----------------------------------------------

CONFLICT OF INTEREST STATEMENTS) ARE AVAILABLE UPON REQUEST.

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.

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.

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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GREATER SALINA COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 119 W IRON AVE 8TH FLOOR</p> <p>City or town, state or province, country, and ZIP or foreign postal code SALINA, KS 67401</p>	<p>D Employer identification number (Employees' trust, see instructions.) 48-1215503</p> <p>E Unrelated business activity code (See instructions.) 900099</p>
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C Book value of all assets at end of year **252,693,685.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **(785) 823-1800**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5 1,106.	STMT 2	1,106.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 1,106.		1,106.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27 SEE STATEMENT 3	1,812.
28 Total deductions. Add lines 14 through 27	28	1,812.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-706.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-706.

Part III Total Unrelated Business Taxable Income	
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -706.
33 Amounts paid for disallowed fringes	33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35 -706.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -706.
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 -706.

Part IV Tax Computation	
40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42 Proxy tax. See instructions	42
43 Alternative minimum tax (trusts only)	43
44 Tax on Noncompliant Facility Income. See instructions	44
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

Part V Tax and Payments	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b Other credits (see instructions)	46b
c General business credit. Attach Form 3800	46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e Total credits. Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 0.
48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49 Total tax. Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a Payments: A 2018 overpayment credited to 2019	51a
b 2019 estimated tax payments	51b
c Tax deposited with Form 8868	51c
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e Backup withholding (see instructions)	51e
f Credit for small employer health insurance premiums (attach Form 8941)	51f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52 Total payments. Add lines 51a through 51g	52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here	Signature of officer	Date	PRESIDENT & EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ERIC A KIENTZ	ERIC A KIENTZ			P01526012
	Firm's name	Firm's EIN		Firm's address	
VARNEY & ASSOCIATES, CPAS, LLC	30-0038643		1501 POYNTZ AVENUE		
	MANHATTAN, KS 66502-6092		Phone no. 785-537-2202		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 25. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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GIFTED BUSINESS INTEREST HELD TEMPORARILY

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	NET INCOME OR (LOSS)
BLUE BEACON USA, L.P. - ORDINARY BUSINESS INCOME (LOSS)	1,106.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	1,106.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
IRS FORM 1041 K-1 LINE 11A EXCESS DEDUCTION, ESTATE OF NADINE M. STUTZMAN	1,812.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	1,812.