

**Return of Organization Exempt From Income Tax**

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

**A** For the **2020** calendar year, or tax year beginning **07/01, 2020**, and ending **06/30, 2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Greater Salina Community Foundation**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**119 W Iron Ave 8th Floor**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Salina KS 67401**

**D** Employer identification number  
**48-1215503**

**E** Telephone number  
**(785)823-1800**

**G** Gross receipts \$ **17,442,186**

**F** Name and address of principal officer: **Jessica Martin**  
**119 W Iron Ave 8th Floor Salina KS 67401**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ <https://gscf.org/>

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1999**

**M** State of legal domicile: **Kansas**

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: The mission is to build permanent endowment funds and meet charitable community needs.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	18
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	213
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	15,636,601	12,619,318
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,505	186,178
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,688,161	4,633,806
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,246	2,884
	<b>12</b>		20,416,513	17,442,186
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,166,322	16,712,300
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	898,996	1,048,511
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,302		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	451,836	473,308
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,517,154	18,234,119
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	4,899,359	-791,933	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	252,693,685	322,187,245
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	20,128,740	26,269,030
			232,564,945	295,918,215

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Jessica Martin Date: 10/22/2021  
 Type or print name and title: President and Executive Director

**Paid Preparer Use Only**

Print/Type preparer's name: Eric Kientz Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01526012  
 Firm's name ▶ Kientz & Penick CPAs LLC Firm's EIN ▶ 86-1505455  
 Firm's address ▶ 4645 Sunflower Slope Dr Manhattan KS 66502 Phone no. (785)817-7716

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 17,379,436 including grants of \$ 16,712,300 ) (Revenue \$ 186,178 )  
Grants and scholarships were awarded to approximately 1,423 different charitable organizations and individuals averaging \$9,955 each.

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 17,379,436

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b> x	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<b>2</b> x	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	x
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	x
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	x
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b> x	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	x
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	x
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b> x	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b> x	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b> x	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b>	x
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	x
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b>	x
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b>	x
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11f</b> x	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b> x	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b>	x
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	x
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	x
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<b>14b</b>	x
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b>	x
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<b>16</b>	x
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions . . . . .</i>	<b>17</b>	x
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b>	x
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	x
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	x
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> x	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 4	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> x	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <span style="float: right;">18</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>x</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>x</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>x</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>x</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>x</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>x</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>x</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>x</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>x</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>x</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>x</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<b>x</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>x</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>x</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>x</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>x</b>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a/1b, Yes, No. Rows include questions about voting members (1a, 1b), family relationships (2), management delegation (3), governing documents (4), asset diversion (5), members/stockholders (6, 7a, 7b), meeting documentation (8a, 8b), and officer reachability (9).

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters (10a), policies/procedures (10b), Form 990 distribution (11a, 11b), conflict of interest policy (12a, 12b, 12c), whistleblower policy (13), document retention (14), compensation review (15a, 15b), joint ventures (16a, 16b).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its 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.
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 119 W Iron Ave 8th Floor Salina KS 67401 (785)823-1800

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(1)</b> Bryan Herwig Chairman	2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>(2)</b> Paula Fried Past Chairman	2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>(3)</b> John Quinley Chairman-Elect	2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>(4)</b> Brandy Felzien Secretary - Treasurer	2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
<b>(5)</b> Karen Black Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(6)</b> Gail Boyer Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(7)</b> Brandon Cheeks Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(8)</b> Ryan Commerford Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(9)</b> Rob Freelove Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(10)</b> Maggie Hemmer Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(11)</b> Johnny Keoprasedh Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(12)</b> Lee Legleiter Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(13)</b> Peter Peterson Director	2	<input checked="" type="checkbox"/>						0	0	0
<b>(14)</b> Bailey Ramsey Director	2	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Bobby Richardson Director	2	<input checked="" type="checkbox"/>						0	0	0
(16) Betsy Scholten Director	2	<input checked="" type="checkbox"/>						0	0	0
(17) Guy Walker Director	2	<input checked="" type="checkbox"/>						0	0	0
(18) Barb Young Director	2	<input checked="" type="checkbox"/>						0	0	0
(19) Lee Young Director	2	<input checked="" type="checkbox"/>						0	0	0
(20) Loren Young Director	2	<input checked="" type="checkbox"/>						0	0	0
(21) Jessica Martin President and Executive Director	40			<input checked="" type="checkbox"/>				123,236	0	17,687
(22) Cole Graham Director of Finance (Current)	40			<input checked="" type="checkbox"/>				0	0	0
(23) Susan Weis Director of Finance (former)	40			<input checked="" type="checkbox"/>				86,705	0	14,702
(24)										
(25)										
<b>1b Subtotal</b>								209,941	0	32,389
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								209,941	0	32,389

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	124,869			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,494,449			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,525,382			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		12,619,318			
<b>Program Service Revenue</b>	<b>2a</b>	Fund administration . . . . .	Business Code				
			813211	186,178	186,178		
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	-----					
	<b>e</b>	-----					
	<b>f</b>	All other program service revenue . . . . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		186,178				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,633,806		4,633,806	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .		2,884		2,884	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .			0		
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	0	0		
	<b>d</b>	Net gain or (loss) . . . . .					
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			0			
<b>Miscellaneous Revenue</b>	<b>11a</b>	-----	Business Code				
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			0		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			17,442,186	186,178	0	4,636,690

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,120,365	16,120,365		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	591,935	591,935		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	209,941	52,485	146,959	10,497
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	593,296	349,134	174,336	69,826
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	98,420	49,210	39,368	9,842
<b>9</b>	Other employee benefits . . . . .	85,407	42,704	34,163	8,540
<b>10</b>	Payroll taxes . . . . .	61,447	30,724	24,579	6,144
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	3,485		3,485	
<b>c</b>	Accounting . . . . .	41,766		41,766	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b>	Advertising and promotion . . . . .	93,028	23,257	18,606	51,165
<b>13</b>	Office expenses . . . . .	69,316	51,988	13,863	3,465
<b>14</b>	Information technology . . . . .	178,394	44,599	124,876	8,919
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	19,618	11,771	5,886	1,961
<b>17</b>	Travel . . . . .	2,474	1,484	495	495
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	8,821	2,646	5,293	882
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	34,629		34,629	
<b>23</b>	Insurance . . . . .	7,510		7,510	
<b>24</b>	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.) . . . . .				
<b>a</b>	Dues . . . . .	14,267	7,134	3,567	3,566
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	18,234,119	17,379,436	679,381	175,302
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,218	<b>1</b>	366,675
	<b>2</b> Savings and temporary cash investments . . . . .	4,760,523	<b>2</b>	1,506,756
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,350	<b>9</b>	2,711
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 681,570		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 246,854	458,432	<b>10c</b> 434,716
	<b>11</b> Investments—publicly traded securities . . . . .	247,427,683	<b>11</b>	319,846,481
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	16,250	<b>12</b>	16,250
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	13,229	<b>15</b>	13,656
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	252,693,685	<b>16</b>	322,187,245	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,307	<b>17</b>	11,920
	<b>18</b> Grants payable . . . . .	17,286	<b>18</b>	19,493
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	19,985,278	<b>21</b>	26,237,617
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	124,869	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,128,740	<b>26</b>	26,269,030
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	8514348	<b>27</b>	11043153
	<b>28</b> Net assets with donor restrictions . . . . .	224050597	<b>28</b>	284875062
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	232,564,945	<b>32</b>	295,918,215	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	252,693,685	<b>33</b>	322,187,245	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,442,186
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,234,119
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-791,933
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	232,564,945
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	64,145,203
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	295,918,215

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> Greater Salina Community Foundation	<b>Employer identification number</b> 48-1215503
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,439,985	12,007,354	20,107,418	10,981,029	12,619,318	60,155,104
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	4,439,985	12,007,354	20,107,418	10,981,029	12,619,318	60,155,104
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						19,928,661
<b>6 Public support.</b> Subtract line 5 from line 4						40,226,443

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,439,985	12,007,354	20,107,418	10,981,029	12,619,318	60,155,104
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,574,148	4,226,453	4,799,137	4,689,139	4,633,806	21,922,683
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10						82,077,787
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	186,178
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	49.01 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	49.26 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0 %

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	0 0
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	0 0
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	0 0
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	0 0
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	0 0
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	0 0
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	0 0
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	0 0
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	0
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	0
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	0
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	0
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	0
<b>7</b>	<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)

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b> 0
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b> 0
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b> 0
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b> 0
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b> 0
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b> 0
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b> 0
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b> 0
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b> 0
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b> 0

<b>Section E—Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6			0
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		0	
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . . 0			
<b>b</b>	From 2016 . . . . . 0			
<b>c</b>	From 2017 . . . . . 0			
<b>d</b>	From 2018 . . . . . 0			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e	0		
<b>g</b>	Applied to underdistributions of prior years		0	
<b>h</b>	Applied to 2020 distributable amount			0
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
<b>4</b>	Distributions for 2020 from Section D, line 7: \$ 0			
<b>a</b>	Applied to underdistributions of prior years		0	
<b>b</b>	Applied to 2020 distributable amount			0
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.	0		
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		0	
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	0		
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . . . 0			
<b>b</b>	Excess from 2017 . . . . . 0			
<b>c</b>	Excess from 2018 . . . . . 0			
<b>d</b>	Excess from 2019 . . . . . 0			
<b>e</b>	Excess from 2020 . . . . . 0			



**Schedule of Contributors**

**2020**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization Greater Salina Community Foundation	Employer identification number 48-1215503
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**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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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
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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
-----	SEE Part I Contributors Statement ----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" 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
6	Marketable securities ----- ----- -----	\$ 37,693	01/11/2021 -----
6	Marketable securities ----- ----- -----	\$ 69,668	05/26/2021 -----
9	Marketable securities ----- ----- -----	\$ 39,221	07/27/2020 -----
9	Marketable securities ----- ----- -----	\$ 96,105	09/14/2020 -----
9	Marketable securities ----- ----- -----	\$ 37,259	12/02/2020 -----
9	Marketable securities ----- ----- -----	\$ 66,564	01/27/2021 -----

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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
 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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

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Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (Greater Salina Community Foundation) and 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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Line number, Description. Includes questions 1-9 regarding conservation easements and a sub-table for 'Held at the End of the Tax Year'.

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.

Table with 2 columns: Line number, Description. Includes questions 1a, 1b, 2 regarding collections of art and historical treasures.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	0

**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
<b>1a</b> Beginning of year balance	231,814,057	222,547,406	201,954,193	189,118,640	138,114,337
<b>b</b> Contributions	12,146,960	13,891,556	17,806,748	10,832,429	43,553,625
<b>c</b> Net investment earnings, gains, and losses	68,291,262	9,236,552	14,506,178	17,125,276	20,771,635
<b>d</b> Grants or scholarships	14,100,641	12,546,987	10,710,295	13,472,769	11,830,767
<b>e</b> Other expenditures for facilities and programs	2,725,110	1,314,470	1,009,417	922,012	688,075
<b>f</b> Administrative expenses				727,371	802,115
<b>g</b> End of year balance	295,426,528	231,814,057	222,547,407	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 ▶ 4 %
- b** Permanent endowment ▶ 96 %
- c** Term endowment ▶ 0 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		x
<b>3a(ii)</b>		x
<b>3b</b>		

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

**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
<b>1a</b> Land				0
<b>b</b> Buildings		594,029	205,449	388,580
<b>c</b> Leasehold improvements				0
<b>d</b> Equipment		87,541	41,405	46,136
<b>e</b> Other				0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				434,716

**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 _____	0	
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶	0	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶	0	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	0

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	0

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	81,587,389
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> 64,145,203		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	64,145,203
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	17,442,186
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	17,442,186

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	18,234,119
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	18,234,119
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	18,234,119

**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

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 935 funds which have been established by numerous community donors for a variety of purposes, each of which has been designed to inure to the benefit of the communities in the Foundation's service region.

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

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 Section 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 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.

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

OMB No. 1545-0047

**2020**

**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
SEE Part II Grants and Other Assistance to Domestic Organizations and Domestic.							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 210

**3** Enter total number of other organizations listed in the line 1 table ▶ 11

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Educational scholarships	229	556,025		Cash	
2 Hardship assistance	45	27,565		Cash	
3 Youth activities and equipment assistance	30	8,345		Cash	
4					
5					
6					
7					

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

Part I, Line 2 The Foundation is committed to the principles of good grant making and due diligence, which includes ensuring that granted funds are used by each grantee for the appropriate purposes as approved by the Foundation's board of directors. In the case of competitive grants, an official representative of the grantee must sign a grant agreement form that acknowledges that funds received will be used solely for the purposes outlined in the grant proposal and will not be used for any other project without the expressed consent of the Foundation and that any unexpended portion of the grant will be returned to the Foundation. All competitive grants also require a written final report including a description of how the grant was spent. If it is determined from the final grant report that the funds were not used for the intended purpose or that all funds were not expended, the Foundation asks for the funds to be returned from the grantee. For grantees of any kind of grant that are other than a 501(c)(3) and 509(a)(1) or (2) organization under the tax code, expenditure responsibility will be undertaken.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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

Name of the organization Greater Salina Community Foundation	Employer identification number 48-1215503
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**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	37	1,525,382	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 ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	<b>29</b>	0
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		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? . . . . .	<b>30a</b>		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? . . . . .	<b>31</b>	x	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		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.			





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

OMB No. 1545-0047

**2020**

**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 and 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 19

The Foundation provides a copy of its IRS Form 990 on its website at [www.gscf.org](http://www.gscf.org). Other organizational documents (such as Form 1023 and conflict of interest statements) are available upon request.



**Part I Contributors Statement**

No.	Name	Street	City , State and Zipcode	Total contributions	Person Contribution
1	Adoratio Foundation	PO Box 67	Beloit KS 67420	700,000	YES
2	Gustaf and Hannah Applequist	1917 Ridgeview Rd	Salina KS 67401	345,000	YES
3	Blue Beacon International	PO Box 856	Salina KS 67402	1,001,018	YES
4	Dane G Hansen Foundation	PO Box 187	Logan KS 67646	2,473,000	YES
5	Estate of Ronald Prielipp	PO Box 505	Lindsborg KS 67456	819,000	YES
6	Helen Graves	1501 E Magnolia Rd No 276	Salina KS 67401	569,461	YES
7	Gretchen Roberts	1040 E Osborn Rd No 1001	Phoenix AZ 85014	250,000	YES
8	Starr F Schlobohm Revocable Trust	PO Box 111	Russell KS 67665	277,362	YES
9	Mac Steele	104 N Hilldale	Salina KS 67401	271,822	
10	Blosser Foundation	6720 S Yampta Ct	Aurora CO 80016	1,199,500	YES

**Part II Grants and Other Assistance to Domestic Organizations.**

(a) Name of organization or government	(a) Address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adoratio Foundation	PO Box 67,Beloit,KS,67420	83-1649777	501(c)(3)	1,130,000				Program support
Alzheimer's Association	3846 W 75th St,Prairie Village,KS,66208	13-3039601	501(c)(3)	10,000				Program support
Amazima School via RCE	PO Box 4528,Wheaton,IL,60189	57-1154204	501(c)(3)	7,000				Program support
American Red Cross	PO Box 37839,Boone,IA,50037	53-0196605	501(c)(3)	59,239				Disaster relief
Ashby House Ltd	142 S 7th Street,Salina,KS,67402	48-1099925	501(c)(3)	24,285				Program support
At Stake Ministries	833 S Brookville Rd,Brookville,K S,67425	45-2308324	501(c)(3)	10,000				Program support
Belleville Main Street	1205 18th St,Belleville,KS,66935	36-4505099	501(c)(3)	13,000				Equipment
Bennington Bible Church	824 N Nelson St,Bennington,K S,67422	48-0985220	501(c)(3)	5,062				Program support
Bethany College	335 E Swensson Ave,Lindsborg,K S,67456	48-0543734	501(c)(3)	2,065,961				Program support and capital projects
Bethany College Foundation	335 E Swensson Ave,Lindsborg,K S,67456	48-1114249	501(c)(3)	15,961				Endowment Fund
Bethany Lutheran College	700 Luther Dr,Mankato,MN,56001	41-0747165	501(c)(3)	10,339				Program support
Big Brothers Big Sisters of Salina	500 Kenwood Park Dr,Salina,KS,67401	48-0999016	501(c)(3)	50,000				program support
Blair Center for the Arts Foundation	1310 19th St,Belleville,KS,66935	48-1240833	501(c)(3)	5,745				Program support
Boy Scouts of America Coronado Area Council	644 S Ohio St,Salina,KS,67401	48-0545921	501(c)(3)	40,115				Program support
Brown Grand Opera House Inc	310 W 6th St,Concordia,KS,66901	23-7368877	501(c)(3)	10,000				Capital projects
Bud Finch Memorial Community Theatre	122 E Lincoln Ave,Lincoln,KS,67455	48-1156984	501(c)(3)	5,250				Equipment
Catholic Charities of Northern Kansas	PO Box 1366,Salina,KS,67402	48-0676263	501(c)(3)	57,756				Equipment
Catholic Diocese of Salina	PO Box 980,Salina,KS,67402	48-0637111	501(c)(3)	187,205				Program support

Cedar Bluff State Park	32001 147 HWY, Ellis, KS, 67637	48-1124839	Government	11,500				Equipment
Child Advocacy and Parenting Services (CAPS)	155 N Oakdale Ave Ste 200, Salina, KS, 67401	48-0921732	501(c)(3)	6,283				Program support
Christ Cathedral	138 S 8th St, Salina, KS, 67401	48-1006759	501(c)(3)	165,021				Program support
Christianity Today	465 Gundersen Drive, Carol Stream, IL, 60188	52-0231554	501(c)(3)	30,000				Program support
Church People Concerned Foundation	1401 17th St, Belleville, KS, 66935	48-0801593	501(c)(3)	9,000				Program support
City of Barnard	313 Main St, Barnard, KS, 67418	48-0956150	Government	5,500				Capital projects
City of Belleville	1819 L St, Belleville, KS, 66935	48-6020982	Government	7,500				Equipment
City of Benington	121 N Nelson, Bennington, KS, 67422	48-6018238	Government	5,062				Program support
City of Concordia	701 Washington, Concordia, KS, 66901	48-6020606	Government	6,500				Capital projects
City of Courtland	403 Main St, Courtland, KS, 66939	48-6021457	Government	28,000				Capital projects
City of Cuba	313 Baird St, Cuba, KS, 66940	48-6021489	Government	15,000				Capital projects
City of Esbon	PO Box 175, Esbon, KS, 66941	48-0683209	Government	5,200				Equipment
City of Gaylord	509 Main St, Gaylord, KS, 67638	48-6086847	Government	8,000				Equipment
City of Holyrood	PO Box 67, Holyrood, KS, 67450	48-6018982	Government	17,861				Equipment
City of Jewell	308 Delaware, Jewell, KS, 66949	48-6021858	Government	17,131				Capital projects
City of Kensington	101 S Main, Kensington, KS, 66951	48-6021903	Government	8,000				Equipment
City of Lebanon	404 Main St, Lebanon, KS, 66952	48-6021954	Government	20,000				Equipment
City of Miltonvale	107 Starr Ave, Miltonvale, KS, 67466	48-6022099	Government	10,000				Capital projects
City of Osborne	128 N 1st St, Osborne, KS, 67473	48-6022263	Government	15,000				Program support
City of Portis	305 E 5th St, Portis, KS, 67474	48-0949343	Government	9,062				Capital projects
City of Russell	PO Box 112, Russell, KS, 67665	48-6012826	Government	7,097				Capital projects
City of Simpson	PO Box 100, Simpson, KS, 67478	48-0849780	Government	25,755				Capital projects
City of Smith Center	219 S Main St, Smith Center, KS, 66967	48-6022532	Government	37,401				Capital projects
City of Tescott	PO Box 53, Tescott, KS, 67484	48-0691795	Government	6,448				Capital projects
City of Wilson	PO Box J, Wilson, KS, 67490	48-6020481	Government	12,516				Capital projects
Cleveland University Kansas City	10850 Lowell Ave, Overland Park, KS, 66210	44-6000294	501(c)(3)	10,000				Program support
Cloud County Children's Trust	115 W 6th St, Concordia, KS, 66901	51-0196634	501(c)(3)	19,197				Program support

Cloud County Community College Foundation	2221 Campus Dr,Concordia,KS ,66901	23-7164676	501(c)(3)	19,197				Program support
Cloud County Community Resources Council	PO Box 195,Concordia,K S,66901	48-0966884	501(c)(3)	19,197				Program support
Cloud County Foundation for Health Care Inc	1100 Highland Dr,Concordia,KS ,66901	48-0966856	501(c)(3)	68,252				Capital projects
Cloud County Health Center Inc	1100 Highland Dr,Concordia,KS ,66901	48-0545923	501(c)(3)	20,000				Program support
Community Market Place Inc	118 E New Hampshire,Osborne,KS,67473	20-1076558	501(c)(3)	12,000				Capital projects
Compass Behavioral Health	PO Box 1905,Garden City,KS,67846	48-6101212	501(c)(3)	6,250				Equipment
Concordia Lutheran Church Foundation	325 E 8th St,Concordia,KS, 66901	48-0980272	501(c)(3)	34,487				Program support
Concordia Senior Citizens Center	109 W 7th St,Concordia,KS, 66901	48-0969915	501(c)(3)	19,197				Program support
Cornerstone Charitable Foundation	1110 N Independence Ave,Beloit,KS,67420	20-3106498	501(c)(3)	700,000				Program support
Covenant Cedars Bible Camp	PO Box 68,Hordville,NE, 68846	47-0412079	501(c)(3)	20,000				Public support
DM Stearns Missionar Fund	PO Box 1578,North Wales,PA,19454	23-1365973	501(c)(3)	15,000				Program support
Delta Waterfowl Foundation	PO Box 3128,Bismarck,N D,58502	53-0259796	501(c)(3)	10,000				Program support
Developmental Services of Northwest Kansas	2703 Hall St Suite 10,Hays,KS,67601	48-0757621	501(c)(3)	21,472				Program support
Disabled American Veterans	PO Box 14301,Cincinnati, OH,45250	31-0263158	Other	6,670				Program support
Downtown Hays Development Corporation	1200 Main St Ste 102,Hays,KS,67601	43-1896171	501(c)(3)	8,000				Program support
Ducks Unlimited	7795 Lebrun Ct,Littleton,CO,80124	13-5643799	501(c)(3)	50,000				Program support
Ellsworth Child Care and Learning Center	404 Kunkle Dr,Ellsworth,KS, 67439	90-0491281	501(c)(3)	15,000				Capital projects
Ellsworth County Cancer Fund	122 N Douglas,Ellsworth,KS,67439	26-2637868	501(c)(3)	19,781				Program support
Ellsworth County Fair Association	210 N Kansas Ave,Ellsworth,KS,67439	47-3917113	501(c)(3)	5,726				Program support
Ellsworth County Sheriff's Office K9 Unit	212 N Kansas Ave,Ellsworth,KS,67439	48-6018556	Government	10,950				Program Support
Ellsworth Fire Department	PO Box 429,Ellsworth,KS ,67439	48-6018554	Government	20,000				Equipment
Ellsworth First United Methodist Church	402 N Douglas Ave,Ellsworth,KS,67439	48-0571063	501(c)(3)	10,106				Program support
Esbon Rural Fire District 3	PO Box 154,Mankato,KS, 66956	48-1131522	Government	17,518				Vehicle
Evangelical Covenant Church	8303 W Higgins Rd,Chicago,IL,60631	32-2167730	501(c)(3)	387,000				Program support
Evangelical Covenant Church	102 S Washington,Lindsborg,KS,67456	48-0556707	501(c)(3)	20,000				Program support
Feeding the Children of Central Kansas Inc	PO Box 214,Wilson,KS,67490	83-2601968	501(c)(3)	5,183				Program support

Fekas Christmas Dinner Fund	PO Box 2173, Salina, KS, 67402	48-1208062	501(c)(3)	6,000				Program support
Fellow Man International Foundation	PO Box 2993, Salina, KS, 67402	20-5172548	501(c)(3)	20,000				Program support
First Covenant Church	2625 E Magnolia Rd, Salina, KS, 67401	48-0823724	501(c)(3)	60,000				Program support
First Presbyterian Church	308 S 8th, Salina, KS, 67402	48-0547713	501(c)(3)	98,054				Program support
First Presbyterian Church The Lighthouse Childcare	2900 Hall St, Hays, KS, 67601	48-0775018	501(c)(3)	5,277				Capital projects
First St John Lutheran Church	332 N Adams St, Kensington, KS, 66951	48-0774547	501(c)(3)	6,036				Capital projects
First United Methodist Church	122 N 8th St, Salina, KS, 67401	48-0554344	501(c)(3)	20,621				Program support
Food Bank of Northeast Louisiana Inc	PO Box 5048, Monroe, LA, 71211	72-1333809	501(c)(3)	10,000				Program support
Fort Hays State University	1 Tiger Pl, Hays, KS, 67601	48-1210777	501(c)(3)	20,000				Program support
Fort Hays State University Foundation	1 Tiger Pl, Hays, KS, 67601	48-6108086	501(c)(3)	18,164				Program support
Friends of the River Foundation	159 S 4th St, Salina, KS, 67402	26-4057200	501(c)(3)	16,976				Program support
Glasco Community Foundation	PO Box 572, Glasco, KS, 67445	43-1861266	501(c)(3)	29,010				Capital projects
Hays Area Chamber of Commerce	2700 Vine St, Hays, KS, 67601	48-0613313	Other	13,304				Program support
High Plains Mental Health Center	208 E 7th St, Hays, KS, 67601	48-0686630	501(c)(3)	7,500				Equipment
Historic Seelye Mansion Foundation	1100 N Buckeye Ave, Abilene, KS, 67410	74-2807890	501(c)(3)	40,000				Program support
Hope for Home Ministries	PO Box 393, Troy, OH, 45373	26-3093158	501(c)(3)	12,000				Program support
Hope of Life International	125 Sockanosset Cross Road No B, Cranston, RI, 02920	26-2061324	501(c)(3)	10,000				Disaster Relief
Humane Society of the United States	1255 23rd Street NW Suite 450, Washington, DC, 20037	53-0225390	501(c)(3)	6,670				Program support
Jewell County	307 N Commercial St Ste 5, Mankato, KS, 66956	48-6022017	Government	5,072				Equipment
Jewell County Fire District 6	1553 275 Rd, Formoso, KS, 66942	48-1145293	Government	7,600				Equipment
Jewell County Historical Society	118 N Commercial St, Mankato, KS, 66956	48-0866744	501(c)(3)	17,991				Program support
Kansas Humane Society of Wichita	3313 N Hillside Ave, Wichita, KS, 67219	48-0554339	501(c)(3)	6,585				Program support
Kansas State University Foundation	1800 Kimball Ave Ste 1800, Manhattan, KS, 66502	48-0667209	501(c)(3)	122,548				Program support
Kansas Wesleyan Foundation	100 E Claflin Ave, Salina, KS, 67401	48-0543729	501(c)(3)	378,612				Program support
Lakeview Christian Camp	1380 10 Rd, Stockton, KS, 67669	20-2156464	501(c)(3)	6,069				Capital projects

Leukemia and Lymphoma Society	6811 Shawnee Mission Parkway, Mission, KS, 66202	13-5644916	501(c)(3)	7,500				Program support
Liebenzell Mission of USA Inc	13 Health Ln, Long Valley, NJ, 07853	22-1585580	501(c)(3)	10,000				Program support
Lincoln Art Center	126 E Lincoln Ave, Lincoln, KS, 67455	48-1123378	501(c)(3)	10,000				Capital projects
Lincoln County Economic Development Foundation	216 E Lincoln Ave, Lincoln, KS, 67455	48-1207971	501(c)(3)	10,000				Capital projects
Lincoln County Emergency Management	216 E Lincoln Ave, Lincoln, KS, 67455	48-6019537	Government	10,000				Equipment
Lindsborg Arts Council	PO Box 53, Lindsborg, KS, 67456	48-0916626	501(c)(3)	5,224				Program support
Lloyd J Schroeder Post 200 Community Center	PO Box 128, Holyrood, KS, 67450	48-6113701	Other	40,000				Capital projects
Local Food Works Foundation	PO Box 2537, Salina, KS, 67401	82-4713356	501(c)(3)	6,642				Program support
Luray Senior Center	PO Box 274, Luray, KS, 67649	48-1052229	501(c)(3)	6,500				Capital projects
Manhattan Catholic Schools	306 S Juliette Ave, Manhattan, KS, 66502	48-0987449	501(c)(3)	22,137				Program support
McPherson County Community Foundation	1233 N Main, McPherson, KS, 67460	48-1238797	501(c)(3)	1,000,000				Program support
McPherson County Old Mill Museum	120 Mill St, Lindsborg, KS, 67456	48-6019790	Government	13,398				Program support
MHS Alumni Loan and Scholarship Foundation	602 Woodland Ave, Minneapolis, KS, 67467	23-7064051	501(c)(3)	7,842				Program support
Mississippi Food Network Inc	PO Box 411, Jackson, MS, 39205	64-0676325	501(c)(3)	7,000				Program support
Nebraska Evangelical Lutheran High School	203 Kendall St, Waco, NE, 68460	05-3537668	501(c)(3)	31,016				Program support
New Tabor Cemetery Association District 11	2459 Lincoln Rd, Cuba, KS, 66940	48-6117343	Government	6,748				Program support
North Park University	3225 W Foster Ave, Chicago, IL, 60625	36-1557840	501(c)(3)	200,000				Program support
Novo Mission Inc	1240 N Lakeview Ave Ste 120, Anaheim, CA, 92807	95-3523150	501(c)(3)	17,500				Program support
Ottawa County Fair Association	1639 Mulberry Rd, Minneapolis, KS, 67467	48-6020124	Government	7,500				Program support
Ottawa County Fire District 4	586 N 180th Rd, Bennington, KS, 67422	48-1211638	Government	7,700				Equipment
Parkside Homes	200 Willow Rd, Hillsboro, KS, 67063	48-0676391	501(c)(3)	23,690				Capital projects
Paul Aylward American Legion Post 174	645 W 15th, Ellsworth, KS, 67439	48-0536886	Other	6,000				Capital projects
Paul Carlson Partnership	8303 W Higgins Rd, Chicago, IL, 60631	36-2645180	501(c)(3)	115,000				Program support
PBS Kansas	320 W 21st St N, Wichita, KS, 67203	48-0735215	501(c)(3)	10,000				Program support
Plainville Community Foundation	511 S Main St, Plainville, KS, 67663	01-0795924	501(c)(3)	6,564				Program support



POW Camp Concordia Preservation Society	130 E 6th St, Concordia, KS, 66901	48-1206637	501(c)(3)	12,411			Capital projects
Prairie Faith Shared Ministry	338 N 7th St, Wa Keeney, KS, 67672	27-1237783	501(c)(3)	6,945			Equipment
Prairie Frontier Trails Association	420 W Mill St, Plainville, KS, 67663	85-1189610	501(c)(3)	20,000			Program support
Pregnancy Service Center Inc	104 W Elm, Salina, KS, 67402	31-1743727	501(c)(3)	17,000			Program support
Rainbows United Inc	3223 N Oliver St, Wichita, KS, 67220	48-0793004	501(c)(3)	6,585			Program support
Republic County	1815 M St, Belleville, KS, 66935	48-6020988	Government	6,665			Capital projects
Republic County Historical Society	615 28th St, Belleville, KS, 66935	23-7414313	501(c)(3)	8,507			Capital projects
Republic County Hospital	2420 G St, Belleville, KS, 66935	48-1226977	501(c)(3)	8,039			Program support
Rolling Hills Zoo	625 N Hedville Rd, Salina, KS, 67401	30-0180215	501(c)(3)	2,407,761			Program support
Rooks County Health Center	PO Box 184, Plainville, KS, 67663	48-6084911	501(c)(3)	11,436			Program support
Rooks County Healthcare Foundation	PO Box 184, Plainville, KS, 67663	48-1091767	501(c)(3)	5,375			Program support
Rouner Post 309	121 N Main, Luray, KS, 67649	48-6116368	Other	15,000			Capital projects
Russell Arts Council	PO Box 654, Russell, KS, 67665	48-0838114	501(c)(3)	15,000			Program support
Russell Celebrations	507 N Main St, Russell, KS, 67665	48-0925151	501(c)(3)	10,000			Program support
Russell Pride Inc	370 W Wichita Ave, Russell, KS, 67665	46-3545356	501(c)(3)	9,000			Equipment
Sacred Heart Cathedral	118 N 9th St, Salina, KS, 67401	26-0816115	501(c)(3)	110,934			Program support
Sacred Heart Jr-Sr High School	234 E Cloud St, Salina, KS, 67401	26-2936071	501(c)(3)	88,078			Program support
Sacred Heart Parish	300 N Washington St, Plainville, KS, 67663	26-0863830	501(c)(3)	7,000			Program support
Saint Francis Ministries	509 E Elm, Salina, KS, 67402	48-1030086	501(c)(3)	7,828			Program support
Salina Airport Authority	3237 Arnold Ave, Salina, KS, 67401	48-0727448	Government	90,100			Program support
Salina Animal Shelter	329 N 2nd St, Salina, KS, 67401	48-6086715	501(c)(3)	17,828			Program support
Salina Area Chamber of Commerce	120 W Ash, Salina, KS, 67402	48-0402660	Other	52,873			Program support
Salina Arts and Humanities Foundation	211 W Iron, Salina, KS, 67402	48-1074958	501(c)(3)	13,315			Program support
Salina Baseball Enterprises	4116 SW Cypresswood Ct, Topeka, KS, 66610	48-1103890	501(c)(3)	297,320			Capital projects
Salina Community Theatre	303 E Iron Ave, Salina, KS, 67402	48-0672877	501(c)(3)	80,151			Program support
Salina Educational Automotive Museum of America Inc	5113 E North, Salina, KS, 67402	47-5125835	501(c)(3)	100,000			Capital projects

Salina Emergency Aid Food Bank	255 S Chicago, Salina, KS, 67402	23-7425890	501(c)(3)	71,228				Capital projects
Salina Family YMCA	570 YMCA Dr, Salina, KS, 67401	48-0544573	501(c)(3)	46,788				Program support
Salina Heights Christian Church	801 E Cloud St, Salina, KS, 67401	23-7022614	501(c)(3)	14,095				Program support
Salina Police Department	255 N 10th St, Salina, KS, 67401	48-6017228	Government	223,066				Equipment
Salina Presbyterian Manor Inc Endowment Fund	2601 E Crawford St, Salina, KS, 67401	48-0937829	501(c)(3)	6,670				Program support
Salina Public Library	301 W Elm St, Salina, KS, 67401	48-6017329	Government	22,000				Vehicle
Salina Regional Health Foundation	400 S Santa Fe, Salina, KS, 67402	48-0949407	501(c)(3)	107,211				Capital projects
Salina Rescue Mission	1716 Summers Rd, Salina, KS, 67402	48-0944358	501(c)(3)	56,219				Program support
Salina Salvation Army	1137 N Santa Fe Ave, Salina, KS, 67401	44-0545998	501(c)(3)	66,552				Program support
Salina Shares	PO Box 1474, Salina, KS, 67402	47-3046230	501(c)(3)	25,000				Program support
Salina Sunrise Presbyterian Church	825 E Beloit Ave, Salina, KS, 67401	48-6101014	501(c)(3)	13,125				Program support
Salina Symphony	PO Box 792, Salina, KS, 67402	48-6121166	501(c)(3)	122,041				Program support
Shriners Hospitals for Children	2900 N Rocky Point Dr, Tampa, FL, 33607	36-2193608	501(c)(3)	7,482				Program support
Sisters of St Joseph of Concordia KS	PO Box 279, Concordia, KS, 66901	48-0622382	501(c)(3)	10,000				Program support
Smith County Child Development Center	907 E Kansas Ave, Smith Center, KS, 66967	82-4738906	501(c)(3)	20,000				Capital projects
Spouse Abuse Sexual Assault Crisis Center	220 North Burlington Ave Ste 4, Hastings, NE, 68901	47-0636224	501(c)(3)	50,655				Program support
Sprout House Learning Center Inc	308 N 3rd St, Lindsborg, KS, 67456	81-2245684	501(c)(3)	50,000				Capital projects
St Elizabeth Ann Seton Catholic Church	1000 Burr Oak Ln, Salina, KS, 67401	26-0840921	501(c)(3)	7,352				Program support
St Fidelis Church	601 10th St, Victoria, KS, 67671	26-0863924	501(c)(3)	50,000				Program support
St Johns Military School Historical Museum	PO Box 3464, Salina, KS, 67402	83-3977341	501(c)(3)	41,470				Program support
St Johns Missionary Baptist Church	215 S Chicago St, Salina, KS, 67401	48-1046250	501(c)(3)	10,000				Program support
St Joseph Grade School	725 Freeman Ave, Oakley, KS, 67748	26-0863787	501(c)(3)	10,438				Program support
St Mark Evangelical Church Trust Fund	2349 S Ohio, Salina, KS, 67401	48-0873178	Other	31,016				Program support
St Mary Queen of the Universe	230 E Cloud St, Salina, KS, 67401	26-0838612	501(c)(3)	176,687				Capital campaign
St Pauls Lutheran Church	449 13th Rd, Ellsworth, KS, 67439	48-6075908	501(c)(3)	15,900				Capital projects
Stiefel Theatre	151 S Santa Fe, Salina, KS, 67402	31-1537194	501(c)(3)	106,049				Program support

Sunflower Adult Day Services	401 W Iron Ave.,Salina,KS,67401	47-2398695	501(c)(3)	15,000				Program support
SunPorch of Smith County	614 S Main St,Smith Center,KS,66967	82-1905872	501(c)(3)	30,000				Equipment
Sylvan Grove Fair and Agriculture Association	PO Box 85,Sylvan Grove,KS,67481	48-6117245	Other	28,748				Capital projects
Tammy Walker Cancer Center	511 S Santa Fe Ave.,Salina,KS,67401	48-1169103	501(c)(3)	20,000				Program support
TeenTown Inc	129 N 7th St,Salina,KS,67402	48-1235530	501(c)(3)	969,115				Program support
The Arc of Central Plains	600 Main St,Hays,KS,67601	48-6139906	501(c)(3)	7,450				Capital projects
The Center for Counseling and Consultation	5815 Broadway Ave.Great Bend,KS,67530	48-0733932	501(c)(3)	6,250				Equipment
The First Tee of Saline County Inc	2525 S Ohio St Ste 1,Salina,KS,67401	31-1695443	501(c)(3)	26,990				Program support
The Menninger Foundation	12301 Main St,Houston,TX,77035	48-0543752	501(c)(3)	99,082				Program support
The Mosaic Foundation	4980 S 118th St,Omaha,NE,68137	36-3837360	501(c)(3)	10,487				Program support
The United Methodist Church of the Resurrection	13720 Roe Ave,Overland Park,KS,66224	48-1107898	501(c)(3)	6,000				Program support
Thomas More Prep Marian High Inc	1701 Hall St,Hays,KS,67601	48-1012421	501(c)(3)	6,201				Program support
Tipton Catholic High School	301 State St,Tipton,KS,67485	48-0663717	501(c)(3)	5,270				Equipment
Trego County Sheriff's Office	525 Warren Ave,Wa Keeney,KS,67672	48-6011304	Government	6,000				Equipment
Trinity Lutehran Church	702 S 9th St,Salina,KS,67401	48-0732721	501(c)(3)	47,670				Program support
Trinity United Methodist Church	128 E 8th St,Concordia,KS,66901	48-0556708	501(c)(3)	10,665				Program support
Twin Valley Education Foundation	107 N Nelson,Bennington,KS,67422	20-5407713	501(c)(3)	12,000				Program support
US Submarine Veterans of WWII	1202 Spring Cir,Haysville,KS,67060	36-6080745	501(c)(3)	6,670				Program support
Union College	3800 S 48th St,Lincoln,NE,68506	47-0405319	501(c)(3)	50,000				Program support
United Church of Bennington	222 N Nelson,Bennington,KS,67422	48-0933222	501(c)(3)	5,062				Program support
Unity School of Christianity	1901 NW Blue Pkwy,Lees Summit,MO,64065	44-0546000	501(c)(3)	7,828				Program support
USD 109	1205 19th St,Belleville,KS,66935	37-1523428	Government	8,800				Equipment
USD 208	612 Junciton Ave Ste B,Wa Keeney,KS,67672	48-0698129	Government	5,671				Program support
USD 239	716 E 7th St,Minneapolis,KS,67467	48-0724214	Government	27,600				Program support
USD 240	107 N Nelson,Bennington,KS,67422	48-0698822	Government	5,062				Program support
USD 270	203 SE Cardinal Ave,Plainville,KS,67663	48-0724587	Government	7,000				Program support

USD 271 Stockton Schools	201 N Cypress St,Stockton,KS,6 7669	48-0722412	Government	6,500				Program support
USD 273	2020 N Independence Ave,Beloit,KS,67 420	48-0698615	Government	6,000				Capital projects
USD 298 Lincoln	133 E Lincoln St,Lincoln,KS,67 455	48-0724421	Government	19,500				Capital projects
USD 299	504 W 4th St,Sylvan Grove,KS,67481	48-0699913	Government	5,239				Program support
USD 305	1511 Gypsum Ave.,Salina,KS,67 401	48-6017165	Government	21,586				Program support
USD 407	802 N Main St,Russell,KS,67 665	48-0724591	Government	7,500				Capital projects
USD 426	100 School St,Scandia,KS,66 966	48-0724321	Government	8,020				Capital projects
USD 489	323 W 12th St,Hays,KS,6760 1	48-0726243	Government	7,143				Capital projects
USD 489 Foundation	323 W 12th St,Hays,KS,6760 1	48-1061312	501(c)(3)	8,886				Capital projects
Vesper Community Center	PO Box 248,Lincoln,KS,6 7455	48-6169433	501(c)(3)	10,000				Capital projects
VFW Post 1141	620 A St,Smith Center,KS,66967	48-0731291	Other	6,895				Capital projects
Volunteers of America	2660 Larimer St,Denver,CO,80 205	84-0430995	Capital projects	5,189				Program support
WELS Kingdom Workers	N19W24075 Riverwood Dr Ste 200,Waukesha,W I,53188	39-1656073	Capital projects	10,339				Program support
Wakeeney Church of God	1300 Easter Ave,Wa Keeney,KS,6767 2	48-0920096	501(c)(3)	5,500				Equipment
Wakeeney Saddle Club	13094 140th,Collyer,KS ,67631	85-3735009	Other	15,000				Capital projects
Webster Conference Center Inc	2601 N Ohio St,Salina,KS,674 01	48-1144646	501(c)(3)	15,000				Program support
Western Slope Food Bank of the Rockies	120 N River Rd,Palisade,CO,8 1526	84-0772672	501(c)(3)	5,189				Program support
Wilson Community Foundation Inc	PO Box 442,Wilson,KS,6 7490	03-0377212	501(c)(3)	18,372				Equipment
Wilson Winners 4h Club	715 2nd Rd,Wilson,KS,67 490	48-0974911	Other	8,485				Capital projects
Wisconsin Evangelical Lutheran Synod	N16W23377 Stone Ridge Dr,Waukesha,WI ,53188	39-0842084	501(c)(3)	62,031				Program support
Wisconsin Lutheran College	8800 W Bluemound Rd,Milwaukee,W I,53226	23-7179639	501(c)(3)	20,677				Program support
World Food Program USA	1725 I Street NW Suite 510,Washington, DC,20006	13-3843435	501(c)(3)	110,000				Program support