

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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 for instructions and the latest information.

2024

Open to Public
Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">Greater Salina Community Foundation</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">119 W Iron 8th Floor</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">Salina, KS 67402</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">48-1215503</div>
	E Telephone number <div style="border: 1px solid black; padding: 2px;">(785) 823-1800</div>	
	F Name and address of principal officer: Jessica Martin same as C above	G Gross receipts \$ 31,401,582. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: https://gscf.org/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1999 M State of legal domicile: KS		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The mission is to improve lives and enrich communities.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	375
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	20,849,346.
9	Program service revenue (Part VIII, line 2g)	9	120,621.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	3,876,231.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	64,887.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	24,911,085.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	21,634,562.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	1,053,523.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	236,051.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	514,196.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	23,202,281.
19	Revenue less expenses. Subtract line 18 from line 12	19	1,708,804.
20	Total assets (Part X, line 16)	20	284,739,126.
21	Total liabilities (Part X, line 26)	21	15,029,521.
22	Net assets or fund balances. Subtract line 21 from line 20	22	269,709,605.

Part II Signature Block

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

Sign Here	Signature of officer Jessica Martin, President & Executive Director	Date		
Paid Preparer Use Only	Preparer's name Eric Kientz, CPA	Preparer's signature <i>Eric Kientz, CPA</i>	Date 10/27/25	Check if self-employed <input type="checkbox"/> PTIN P01526012
	Firm's name Kientz & Penick, CPAs, LLC	Firm's EIN		
	Firm's address PO BOX 754 Manhattan, KS 66505	Phone no. (785) 477-9053		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1**
- Briefly describe the organization's mission:

The mission is to improve lives and enrich communities.

- 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 \$
- 28,178,613.
- including grants of \$
- 27,238,418.
-) (Revenue \$
- 130,909.
-)

The Foundation issued grants to 1,026 charitable organizations with an average of \$26,000 per grant. The Foundation issued scholarships to 145 students with an average of \$3,000 per scholarship.

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

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

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

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

- 4e**
- Total program service expenses
- 28,178,613.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 18	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 22		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
The Organization - (785) 823-1800
119 W Iron 8th Floor, Salina, KS 67402

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jessica Martin President & Executive Dire	40.00			X				133,393.	0.	13,685.
(2) Kristin Blake Director of Finance	40.00			X				72,120.	0.	8,181.
(3) Maggie S Hemmer Chairman	1.00	X		X				0.	0.	0.
(4) Kathy Schwerdtfager Chair Elect	1.00	X		X				0.	0.	0.
(5) Dr. Rob Freelove Secretary	1.00	X		X				0.	0.	0.
(6) Ryan Commerford Treasurer	1.00	X		X				0.	0.	0.
(7) John Quinley Past-Chairman	1.00	X						0.	0.	0.
(8) Karen Black Director	1.00	X						0.	0.	0.
(9) Kelly Brown Director	1.00	X						0.	0.	0.
(10) Brandon Cheeks Director	1.00	X						0.	0.	0.
(11) Doyle Comfort Director	1.00	X						0.	0.	0.
(12) Lindsay Garber Director	1.00	X						0.	0.	0.
(13) Julie Goetz Director	1.00	X						0.	0.	0.
(14) Bryan Herwig Director	1.00	X						0.	0.	0.
(15) Josh Howard Director	1.00	X						0.	0.	0.
(16) Denice Justus Director	1.00	X						0.	0.	0.
(17) Mark Palen Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Bailey Ramsey Director	1.00	X						0.	0.	0.
(19) Jon Ramsey Director	1.00	X						0.	0.	0.
(20) David Wedel Director	1.00	X						0.	0.	0.
1b Subtotal								205,513.	0.	21,866.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								205,513.	0.	21,866.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,808,047.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,875,611.			
	h	Total. Add lines 1a-1f		25,808,047.			
Program Service Revenue	2 a	Agency fund administration	Business Code				
			813211	130,408.	130,408.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		130,408.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,437,692.			5437692.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		24,934.			24,934.
	6 a	Gross rents	(i) Real				
	b	Less: rental expenses ...	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Other income	Business Code				
			813211	501.	501.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		501.			
12	Total revenue. See instructions		31,401,582.	130,909.	0.	5462626.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,796,978.	26,796,978.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	441,440.	441,440.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,379.	56,845.	90,952.	79,582.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	930,586.	516,672.	372,234.	41,680.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,838.	28,507.	20,335.	1,996.
9 Other employee benefits	62,005.	33,381.	24,802.	3,822.
10 Payroll taxes	84,872.	42,436.	33,949.	8,487.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,800.		13,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	57,671.	24,587.	29,436.	3,648.
12 Advertising and promotion	104,376.	26,095.	20,874.	57,407.
13 Office expenses	107,486.	76,860.	25,352.	5,274.
14 Information technology	186,439.	46,611.	130,506.	9,322.
15 Royalties				
16 Occupancy	69,531.	41,719.	20,508.	7,304.
17 Travel	30,805.	18,482.	6,162.	6,161.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,684.	15,809.	43,604.	5,271.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,628.		34,628.	
23 Insurance	12,462.		12,462.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Dues	24,381.	12,191.	6,093.	6,097.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	29,300,361.	28,178,613.	885,697.	236,051.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	71,986.	1	7,736.
	2 Savings and temporary cash investments	3,061,700.	2	2,853,305.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 643,293.		
	b Less: accumulated depreciation	10b 343,146.		
	11 Investments - publicly traded securities	281,229,174.	11	315,543,677.
	12 Investments - other securities. See Part IV, line 11	16,250.	12	16,250.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,240.	15	163,956.
16 Total assets. Add lines 1 through 15 (must equal line 33)	284,739,126.	16	318,885,071.	
Liabilities	17 Accounts payable and accrued expenses	99,688.	17	264,100.
	18 Grants payable	272,231.	18	82,863.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,657,602.	21	16,502,143.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	15,029,521.	26	16,849,106.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,327,013.	27	14,188,121.
	28 Net assets with donor restrictions	257,382,592.	28	287,847,844.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	269,709,605.	32	302,035,965.
	33 Total liabilities and net assets/fund balances	284,739,126.	33	318,885,071.

Form 990 (2024)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,401,582.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,300,361.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,101,221.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	269,709,605.
5	Net unrealized gains (losses) on investments	5	30,225,139.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	302,035,965.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

Greater Salina Community Foundation

Employer identification number

48-1215503

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12619318.	18191418.	16311211.	20849346.	25808047.	93779340.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12619318.	18191418.	16311211.	20849346.	25808047.	93779340.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12253580.
6 Public support. Subtract line 5 from line 4.						81525760.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	12619318.	18191418.	16311211.	20849346.	25808047.	93779340.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4633806.	4001094.	4180972.	3933578.	5462626.	22212076.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,773.				4,773.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						115996189
12 Gross receipts from related activities, etc. (see instructions)					12	720,349.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	70.28	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	64.25	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			<input type="checkbox"/>

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Greater Salina Community Foundation

48-1215503

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

Greater Salina Community Foundation**48-1215503****Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>604,881.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,003,489.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,538,156.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>533,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Greater Salina Community Foundation**48-1215503****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>1,940,028.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>582,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>1,777,894.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>1,785,117.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

48-1215503

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
1	Marketable securities	\$ 602,381.	01/22/25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization	Employer identification number
Greater Salina Community Foundation	48-1215503

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greater Salina Community Foundation

Employer identification number

48-1215503

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	174	
2 Aggregate value of contributions to (during year)	7,739,041.	
3 Aggregate value of grants from (during year)	16,760,656.	
4 Aggregate value at end of year	130,057,589.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	144,025,840.	236,092,770.	227,319,132.	295,426,528.	231,814,057.
b Contributions	13,181,329.	17,200,795.	12,948,214.	14,507,166.	12,146,960.
c Net investment earnings, gains, and losses	19,600,156.	34,475,024.	23,350,603.	-34,368,943.	68,291,262.
d Grants or scholarships	5,645,669.	19,396,312.	25,911,921.	46,533,730.	14,100,641.
e Other expenditures for facilities and programs	1,490,599.	1,381,052.	1,613,258.	1,711,889.	2,725,110.
f Administrative expenses					
g End of year balance	169,671,057.	266,991,225.	236,092,770.	227,319,132.	295,426,528.

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

a Board designated or quasi-endowment 8.0000 %

b Permanent endowment 92.0000 %

c Term endowment _____ %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		594,029.	319,485.	274,544.
c Leasehold improvements				
d Equipment		49,264.	23,661.	25,603.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				300,147.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	61,626,721.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	30,225,139.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	30,225,139.
3	Subtract line 2e from line 1	3	31,401,582.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,401,582.

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

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

1	Total expenses and losses per audited financial statements	1	29,300,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	29,300,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	29,300,361.

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 spendable 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 and grantwriting policies.

Part V, line 4:

The Foundation's endowment consists of 747 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.

For the year ended June 30, 2024, certain donor advised funds totaling \$122,965,385 were reported as endowed. During 2024, the Foundation reclassified these funds as spendable based on the underlying fund agreements which allow for the fund to be fully spendable except for the fund minimum balance. For this reason, the beginning balance for the year ended June 30, 2025 does not agree with the ending balance from the year ended June 30, 2024.

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).

Part XIII Supplemental Information *(continued)*

Further, the Foundation qualifies for the charitable contribution deduction under IRC Sections 170(b)(1)(A)(vi) and (viii) and has been determined not to be a private foundation under IRC Sections 509(a)(1).

The Foundation is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Foundation is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purposes. For each of the years ended June 30, 2025 and 2024, the Foundation has determined that it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

Returns filed by the Foundation are subject to IRS examination, generally for three years after each return is filed. No taxing authorities have commenced income tax examinations for open tax years.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Adoratio Foundation PO Box 67 Beloit, KS 67420	83-1649777	501 (c)(3)	290,000.	0.			Religion
Africa Inland Mission PO Box 3611 Peachtree City, GA 30269	11-1873101	501 (c)(3)	5,500.	0.			Religion
American Humane Society 1400 16th St NW Washington, DC 20036	84-0432950	501 (c)(3)	25,000.	0.			Animals
American Legion Post No. 76 PO Box 200 Concordia, KS 66901	48-6116362	501 (c)(3)	13,000.	0.			Community Development
American Red Cross PO Box 37839 Boone, IA 50037	53-0196605	501 (c)(3)	20,000.	0.			Human Services
American Red Cross 707 N Main St Wichita, KS 67203	53-0196605	501 (c)(3)	50,000.	0.			Human Services

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **292.**

3 Enter total number of other organizations listed in the line 1 table **56.**

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross of Greater Kansas - 707 N Main - Wichita, KS 67203	53-0196605	501 (c)(3)	39,534.	0.			Human Services
Ashby House, Ltd. PO Box 3482 Salina, KS 67402	48-1099925	501 (c)(3)	41,528.	0.			Human Services
Atlanta Community Food Bank 3400 N Desert Dr Atlanta, GA 30344	58-1376648	501 (c)(3)	10,000.	0.			Human Services
Belleville Main Street 1205 18th St Belleville, KS 66935	36-4505099	Other	5,207.	0.			Community Development
Beloit Ministerial Association PO Box 22 Beloit, KS 67420	26-1747143	501 (c)(3)	5,374.	0.			Human Services
Bennington Bible Church 824 N Nelson St Bennington, KS 67422	48-0985220	Other	6,485.	0.			Religion
Bennington Family Center 504 N Parker St Bennington, KS 67422	88-1389004	501 (c)(3)	6,300.	0.			Education
Bethany College 335 E Swensson Ave Lindsborg, KS 67456	48-0543734	501 (c)(3)	4,269,646.	0.			Education
Bethany College Foundation 335 E Swensson Ave Lindsborg, KS 67456	48-1114249	501 (c)(3)	21,028.	0.			Education

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bethany Home Association 321 N Chestnut St Lindsborg, KS 67456	48-0547716	501 (c)(3)	9,526.	0.			Human Services
Bethany Lutheran Church 320 N. Main Lindsborg, KS 67456	48-0556733	Other	48,438.	0.			Religion
Bethany Lutheran College 700 Luther Dr Mankato, MN 56001	41-0747165	Other	13,168.	0.			Education
Big Brothers Big Sisters of Salina 500 Kenwood Park Dr Salina, KS 67401	48-0999016	501 (c)(3)	73,142.	0.			Youth Services
Birger Sandzen Memorial Foundation & Gallery - 401 N First - Lindsborg, KS 67456	48-0685625	501 (c)(3)	58,813.	0.			Arts & Culture
Blair Center for the Arts Foundation - 1310 19th St - Belleville, KS 66935	48-1240833	501 (c)(3)	10,261.	0.			Arts & Culture
Blessed Hope Family, Inc. 2632 Highland Ave. Salina, KS 67401	87-0844376	501 (c)(3)	8,000.	0.			Human Services
Brown Grand Opera House, Inc. 310 W 6th St Concordia, KS 66901	23-7368877	501 (c)(3)	30,300.	0.			Arts & Culture
CASA of the High Plains, Inc. 107 W 13th St Hays, KS 67601	48-1071972	501 (c)(3)	5,063.	0.			Youth Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities of Northern Kansas - PO Box 1366 - Salina, KS 67402	48-0676263	501 (c)(3)	40,111.	0.			Human Services
Catholic Diocese of Salina PO Box 980 Salina, KS 67402	48-0637111	501 (c)(3)	53,258.	0.			Religion
Center Township 601 W. Court Street Smith Center, KS 66967	48-6022619	Government	10,000.	0.			Community Development
Central Kansas Mental Health Center - 809 Elmhurst Blvd - Salina, KS 67401	48-0688802	501 (c)(3)	5,105.	0.			Health
Cerebral Palsy Research Foundation of Kansas, Inc. - 5111 E 21st St N - Wichita, KS 67208	23-7314938	501 (c)(3)	6,477.	0.			Human Services
Child Advocacy and Parenting Services (CAPS) - 155 N Oakdale Ave Ste 200 - Salina, KS 67401	48-0921732	501 (c)(3)	46,698.	0.			Human Services
Christ Cathedral 138 S 8th St Salina, KS 67401	48-1006759	Other	224,900.	0.			Religion
City of Agenda 202 3rd St Agenda, KS 66930	48-6089650	Government	10,000.	0.			Public Safety
City of Belleville 1819 L St Belleville, KS 66935	48-6020982	Government	14,300.	0.			Community Development

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Bennington 121 N Nelson Bennington, KS 67422	48-6018238	Government	8,222.	0.			Community Development
City of Concordia 701 Washington Concordia, KS 66901	48-6020606	Government	27,862.	0.			Community Development
City of Courtland 403 Main St Courtland, KS 66939	48-6021457	Government	5,527.	0.			Education
City of Gaylord 509 Main St Gaylord, KS 67638	48-6086847	Government	14,000.	0.			Community Development
City of Gypsum 521 Maple Gypsum, KS 67448	48-6018790	Government	38,750.	0.			Community Development
City of Hanover PO Box 404 Hanover, KS 66945	48-6092355	Government	10,095.	0.			Parks & Recreation
City of Holyrood PO Box 67 Holyrood, KS 67450	48-6018982	Government	5,700.	0.			Community Development
City of Jewell 308 Delaware Jewell, KS 66949	48-6021858	Government	7,700.	0.			Community Development
City of Lebanon 404 Main St Lebanon, KS 66952	48-6021954	Government	21,622.	0.			Community Development

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Lindsborg PO Box 70 Lindsborg, KS 67456	48-6019638	Government	6,991.	0.			Community Development
City of Miltonvale 107 Starr Ave Miltonvale, KS 67466	48-6022099	Government	15,000.	0.			Community Development
City of Plainville / Plainville Memorial Library - 200 SW 1st St - Plainville, KS 67663	48-0784281	501 (c)(3)	12,000.	0.			Education
City of Scandia 202 8th St Scandia, KS 66966	48-6022441	Government	19,500.	0.			Community Development
City of Simpson PO Box 100 Simpson, KS 67478	48-0849780	Government	39,731.	0.			Community Development
City of Smith Center 119 W. Court Smith Center, KS 66967	48-6022532	501 (c)(3)	26,258.	0.			Community Development
City of Stockton 115 S Walnut Stockton, KS 67669	48-6015193	Government	7,000.	0.			Community Development
City of WaKeeney PO Box 157 WaKeeney, KS 67672	48-6011299	Government	11,429.	0.			Community Development
CKF Addiction Treatment Inc. 617 E Elm St Salina, KS 67401	48-0729691	501 (c)(3)	9,588.	0.			Health

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cloud County 811 Washington St Concordia, KS 66901	48-6020633	Government	11,583.	0.			Community Development
Cloud County Children's Trust 115 W 6th St Concordia, KS 66901	51-0196634	501 (c)(3)	24,352.	0.			Education
Cloud County Community College Foundation - 2221 Campus Dr - Concordia, KS 66901	23-7164676	501 (c)(3)	26,352.	0.			Education
Cloud County Community Resources Council - 105 W 7th St - Concordia, KS 66901	48-0966884	501 (c)(3)	25,982.	0.			Human Services
Cloud County Historical Society Museum - 635 Broadway - Concordia, KS 66901	48-0860878	501 (c)(3)	9,841.	0.			Arts & Culture
Cloud County Resource Center 107 W 7th Concordia, KS 66901	48-0966884	501 (c)(3)	11,382.	0.			Human Services
Clyde Community Hall, Inc. 401 Washington St. Clyde, KS 66938	93-1645583	501 (c)(3)	20,000.	0.			Community Development
CMH Tutoring Inc 2125 E. Crawford PL Suite D Salina, KS 67401	99-2137529	Other	9,495.	0.			Education
Community Foundation for Cloud County - PO Box 213 - Concordia, KS 66901		501 (c)(3)	60,001.	0.			Internal

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Concordia Senior Citizens Center 109 W 7th St Concordia, KS 66901	48-0969915	501 (c)(3)	25,784.	0.			Human Services
Cornerstone Classical School 830 S 9th St Salina, KS 67402	47-3859262	501 (c)(3)	71,062.	0.			Education
Coronado Area Council, Boy Scouts of America - 644 S Ohio St - Salina, KS 67401	48-0545921	501 (c)(3)	66,325.	0.			Youth Services
Cottey College 1000 W Austin Blvd Nevada, MO 64772	44-0545271	501 (c)(3)	35,000.	0.			Education
Courtland Covenant Church 505 Republic St Courtland, KS 66939	74-2813651	501 (c)(3)	6,446.	0.			Religion
Covenant World Relief & Development - PO BOX 773420 - Chicago, IL 60677	36-2167730	501 (c)(3)	120,000.	0.			Human Services
CrossPoint Church 621 Westport Blvd. Ste A Salina, KS 67401	48-0773145	501 (c)(3)	7,255.	0.			Religion
CrossPoint Church-Concordia 803 Valley Street Concordia, KS 66901		Other	17,373.	0.			Religion
D.M. Stearns Missionary Fund PO Box 1578 North Wales, PA 19454	23-1365973	501 (c)(3)	15,000.	0.			Human Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Damar Community Foundation PO Box 42 Damar, KS 67632	47-1289923	501 (c)(3)	8,683.	0.			Community Development
Delta Waterfowl Foundation 1412 Basin Ave Bismarck, ND 58504	53-0259796	501 (c)(3)	11,480.	0.			Conservation & Environment
Denmark Evangelical Lutheran Community Church - 1204 E. Pike Dr. - Lincoln, KS 67455	48-6106057	501 (c)(3)	10,000.	0.			Religion
Developmental Services of Northwest Kansas (DSNWK) - 2703 Hall St, Suite 10 - Hays, KS 67601	48-0757621	501 (c)(3)	30,037.	0.			Human Services
Disabled American Veterans PO Box 14301 Cincinnati, OH 45250	31-0263158	501 (c)(3)	8,057.	0.			Human Services
Dispatch Christian Reformed Church 298 10 Rd Cawker City, KS 67430	48-0817923	501 (c)(3)	6,950.	0.			Education
Domestic Violence Association of Central Kansas - 148 N. Oakdale Ave - Salina, KS 67402	48-0903329	501 (c)(3)	27,339.	0.			Human Services
Downtown Hays Development Corporation - 1200 Main St Ste 102 - Hays, KS 67601	43-1896171	501 (c)(3)	5,610.	0.			Community Development
Eagle Pointe Church 5100 Old Stilesboro Rd NW Acworth, GA 30101	58-2532517	501 (c)(3)	10,000.	0.			Religion

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eisenhower Foundation 200 SE 4th St Abilene, KS 67410	48-0634284	501 (c)(3)	20,000.	0.			Arts & Culture
Ellinwood Hospital Foundation 605 N Main St Ellinwood, KS 67526	48-6282524	501 (c)(3)	25,000.	0.			Health
Ellis County Fire Department 1105 E. 22nd Street Hays, KS 67601		Government	10,000.	0.			Public Safety
Ellis County Historical Society 100 W 7th St Hays, KS 67601	23-7172931	501 (c)(3)	10,994.	0.			Arts & Culture
Ellsworth County Medical Center 1604 Aylward Ave Ellsworth, KS 67439	48-1135075	501 (c)(3)	5,598.	0.			Health
Episcopal Social Services, Inc. PO Box 670 Wichita, KS 67201	48-0947896	501 (c)(3)	8,006.	0.			Human Services
Evangelical Covenant Church 8303 W Higgins Rd Chicago, IL 60631	36-2167730	501 (c)(3)	99,000.	0.			Human Services
Evangelical Covenant Church of America - P.O. Box 773420 - Chicago, IL 60677	36-2167730	501 (c)(3)	220,500.	0.			Religion
Evangelical Free Church 1107 N Main Smith Center, KS 66967	48-1016351	501 (c)(3)	5,289.	0.			Religion

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fekas Christmas Dinner Fund PO Box 2173 Salina, KS 67402	48-1208062	501 (c)(3)	7,000.	0.			Human Services
Fellow Man International Foundation - PO Box 2993 - Salina, KS 67402	20-5172548	501 (c)(3)	10,943.	0.			Human Services
Fight for Sight, Inc. 381 Park Avenue South New York, NY 10016	23-7085732	501 (c)(3)	33,233.	0.			Human Services
First Baptist Church 843 Lewis Ave Salina, KS 67401	48-0581971	501 (c)(3)	9,964.	0.			Religion
First Call for Help of Ellis County, Inc. - 607 E 13th St - Hays, KS 67601	48-1186945	501 (c)(3)	11,632.	0.			Human Services
First Covenant Church 2625 E Magnolia Rd Salina, KS 67401	48-0823724	501 (c)(3)	157,390.	0.			Religion
First Presbyterian Church 308 S 8th Salina, KS 67402	48-0547713	Other	119,314.	0.			Religion
First United Methodist Church 122 N 8th St Salina, KS 67401	48-0554344	Other	17,504.	0.			Religion
Friends of the River Foundation PO Box 953 Salina, KS 67402	26-4057200	501 (c)(3)	32,785.	0.			Animals

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Glasco City Library 206 N. Main, PO Box 595 Glasco, KS 67445	48-1192322	Government	5,320.	0.			Education
Glasco Community Foundation PO Box 572 Glasco, KS 67445	43-1861266	501 (c)(3)	39,337.	0.			Community Development
Glasco Lodge #203/Bohemian Hall 2326 N 20th Road Glasco, KS 67445	23-7539918	Other	11,543.	0.			Community Development
Global Servants 30 Curtis Ct SW Cartersville, GA 30120	58-1291607	501 (c)(3)	10,000.	0.			Human Services
Golden Wheel Senior Center 114 S Concord St Minneapolis, KS 67467	48-1085570	Other	16,700.	0.			Human Services
Greater Salina Community Foundation - 119 W Iron Ave 8th Fl - Salina, KS 67402	48-1215503	501 (c)(3)	1,007,715.	0.			Internal
Green Mound Cemetery Association 3640 R Road Beloit, KS 67420	48-0901125	Other	22,976.	0.			Community Development
Guardians of the St Joseph Church 420 Washington Street Clyde, KS 66938	27-0370058	501 (c)(3)	10,000.	0.			Religion
Gypsum Summer Youth Program 15 Maple St Gypsum, KS 67448	87-2500950	Other	7,000.	0.			Youth Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hastings Animal Shelter Association Inc. - 1807 W J Street - Hastings, NE 68901	46-0846489	501 (c)(3)	10,750.	0.			Animals
Hays Area Chamber of Commerce 2700 Vine St Hays, KS 67601	48-0613313	Other	17,039.	0.			Community Development
HaysMed Foundation 2220 Canterbury Dr Hays, KS 67601	48-1179684	501 (c)(3)	13,338.	0.			Health
Heartland Community Foundation PO Box 1673 Hays, KS 67601		501 (c)(3)	173,234.	0.			Internal
Hesston College FBO Dyck Arboretum of the Plains - PO Box 3000 - Hesston, KS 67062	48-0548361	501 (c)(3)	6,106.	0.			Arts & Culture
High Plains Mental Health Center 208 E 7th St Hays, KS 67601	48-0686630	501 (c)(3)	9,275.	0.			Health
Hillsdale College 33 E College St Hillsdale, MI 49242	38-1374230	501 (c)(3)	100,000.	0.			Education
Holy Family Elementary School 1800 Milner St Hays, KS 67601	26-0843234	501 (c)(3)	5,400.	0.			Education
Horizons Grant Program PO Box 2181 Salina, KS 67401	48-1074958	Other	5,500.	0.			Arts & Culture

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

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House of Hope Christ-Centered Recovery Inc. - 1291 Cornwall Rd - Decatur, GA 30032	56-2510379	501 (c)(3)	7,000.	0.			Human Services
Humane Society of the United States - 1255 23rd Street NW Suite 450 - Washington, DC 20037	53-0225390	501 (c)(3)	8,057.	0.			Animals
Hunter Economic Development Corp 109 E 1st St Hunter, KS 67452	80-0459640	Other	8,500.	0.			Community Development
Infant-Child Development/Salina Regional Health Foundation - 400 S Santa Fe - Salina, KS 67402	48-0949407	501 (c)(3)	6,600.	0.			Human Services
International Fellowship of Christians and Jews - 303 East Wacker Drive - Chicago, IL 60601	36-3256096	501 (c)(3)	50,000.	0.			Religion
Jewell County Community Foundation PO Box 154 Mankato, KS 66956		501 (c)(3)	60,000.	0.			Community Development
Jewell County Fire District 6 1553 275 Rd Formoso, KS 66942	48-1145293	501 (c)(3)	5,550.	0.			Public Safety
Journey Ventures Inc 1716 S Holmes Road Salina, KS 67401	88-3315082	501 (c)(3)	9,500.	0.			Human Services
Kansans For Life 3301 W 13th St N Wichita, KS 67203	48-0963148	501 (c)(3)	5,398.	0.			Human Services

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

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Kansas FFA Foundation 110 Umberger Hall Manhattan, KS 66506	48-0939673	501 (c)(3)	100,000.	0.			Youth Services
Kansas Humane Society of Wichita 3313 N Hillside Ave Wichita, KS 67219	48-0554339	501 (c)(3)	7,670.	0.			Animals
Kansas Starbase 721 Levee Drive Manhattan, KS 66502	48-1154434	501 (c)(3)	30,000.	0.			Education
Kansas State University Foundation 1800 Kimball Ave Manhattan, KS 66502	48-0667209	501 (c)(3)	30,000.	0.			Education
Kansas State University Foundation 1800 Kimball Ave Ste 1800 Manhattan, KS 66502	48-0667209	501 (c)(3)	29,430.	0.			Education
Kansas State University Salina Aerospace and Technology Campus - 2310 Centennial Rd - Salina, KS 67401		501 (c)(3)	11,569.	0.			Education
Kansas University Endowment Association - PO Box 928 - Lawrence, KS 66044	48-0547734	501 (c)(3)	7,614.	0.			Education
Kansas Wesleyan Foundation 100 E Claflin Ave Salina, KS 67401	48-0543729	501 (c)(3)	146,013.	0.			Education
Kansas Wesleyan University 100 E Claflin Ave Salina, KS 67401	48-0543729	501 (c)(3)	299,637.	0.			Education

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

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Kensington Home Charitable Foundation - PO Box 64 - Kensington, KS 66951	48-1185760	501 (c)(3)	5,348.	0.			Community Development
KS NE Conference of SDA 3440 SW URISH RD TOPEKA, KS 66614	47-0443635	Other	50,000.	0.			Religion
KSDS, Inc. 120 W 7th St Washington, KS 66968	48-1080879	501 (c)(3)	28,177.	0.			Animals
K-State Research & Extension River Valley District - 1815 M St - Belleville, KS 66935	54-2173964	501 (c)(3)	6,139.	0.			Community Development
KU Endowment PO Box 928 Lawrence, KS 66044	48-0547734	501 (c)(3)	12,615.	0.			Education
KU School of Medicine - Salina 138 N Santa Fe Ave Salina, KS 67401	48-6029925	501 (c)(3)	8,545.	0.			Education
Lakeside JR/SR High School 1306 Morgan Ave Downs, KS 67437		Other	7,500.	0.			Education
Lincoln Township-Ottawa County 2578 Dove Road Solomon, KS 67480	48-1222829	501 (c)(3)	8,000.	0.			Community Development
Lindsborg Arts Council PO Box 53 Lindsborg, KS 67456	48-0916626	501 (c)(3)	13,033.	0.			Arts & Culture

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

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Lindsborg Community Hospital 605 W Lincoln St Lindsborg, KS 67456	48-0545183	501 (c)(3)	6,381.	0.			Health
Lindsborg Evangelical Covenant Church - 102 S Washington St - Lindsborg, KS 67456	48-0556707	501 (c)(3)	35,000.	0.			Religion
Lindsborg Old Mill and Swedish Heritage Museum, Inc - 120 East Mill Street - Lindsborg, KS 67456	86-3955077	501 (c)(3)	30,754.	0.			Arts & Culture
Little Samaritans Child Development Center, Inc. - 836 Argyle Ave - Minneapolis, KS 67467	83-4495918	501 (c)(3)	7,577.	0.			Education
Longhopes Donkey Shelter 66 N. Dutch Valley Rd Bennett, CO 80102	84-1538890	501 (c)(3)	50,000.	0.			Animals
Los Angeles Food Bank 1734 East 41st Street Los Angeles, CA 90058	95-3135649	501 (c)(3)	10,525.	0.			Human Services
Love, Chloe Foundation 111 S 5th St Salina, KS 67401	26-1931364	501 (c)(3)	10,819.	0.			Human Services
Luray Community Foundation 19480 Beatty Ln Luray, KS 67649	27-3249535	501 (c)(3)	8,050.	0.			Community Development
Marquette Learning Center PO Box 204 Marquette, KS 67464	82-4160056	501 (c)(3)	6,000.	0.			Education

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

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Martin Luther King, Jr. Child Development Center - 1215 North Santa Fe - Salina, KS 67401	48-1209585	501 (c)(3)	21,230.	0.			Education
McPherson College 1600 E Euclid McPherson, KS 67460	48-0543736	501 (c)(3)	20,000.	0.			Education
MHS Alumni Loan & Scholarship Foundation - PO Box 137 - Minneapolis, KS 67467	23-7064051	Other	9,966.	0.			Education
Mitchell County PO Box 190 Beloit, KS 67420	48-6021118	501 (c)(3)	7,000.	0.			Community Development
Mitchell County Historical Society PO Box 472 Beloit, KS 67420	48-0798929	501 (c)(3)	6,254.	0.			Arts & Culture
Mitchell County Regional Medical Foundation - 422 W 8th St - Beloit, KS 67420	26-3931029	501 (c)(3)	7,318.	0.			Health
Mitchell County Strong 102 S. Mill Beloit, KS 67420	88-1084162	501 (c)(3)	25,800.	0.			Community Development
National Orphan Train Complex, Inc. - 300 Washington St - Concordia, KS 66901	20-0129621	501 (c)(3)	6,047.	0.			Arts & Culture
Nazareth Convent & Academy, Inc. PO Box 279 Concordia, KS 66901	48-0622382	501 (c)(3)	27,071.	0.			Religion

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

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NCK CASA, Inc. 910 W 11th St Concordia, KS 66901	48-1166191	501 (c)(3)	9,440.	0.			Youth Services
Nebraska Evangelical Lutheran High School - 203 Kendall St - Waco, NE 68460	05-3537668	Other	39,505.	0.			Education
North Park University 3225 W Foster Ave Chicago, IL 60625	36-1557840	501 (c)(3)	200,000.	0.			Education
North Salina Community Development PO Box 1211 Salina, KS 67402	45-1685810	501 (c)(3)	6,150.	0.			Community Development
Novo Mission Inc. 1240 N Lakeview Ave Ste 120 Anaheim, CA 92807	95-3523150	501 (c)(3)	15,000.	0.			Religion
Options: Domestic & Sexual Violence Services, Inc. - 2716 PLAZA AVE - HAYS, KS 67601	48-0976868	501 (c)(3)	7,366.	0.			Human Services
Ottawa County Community Development Foundation - 809 Marilyn Street - Minneapolis, KS 67467	86-1869841	501 (c)(3)	56,300.	0.			Community Development
Ottawa County Community Foundation PO Box 203 Minneapolis, KS 67467		501 (c)(3)	57,025.	0.			Community Development
Our Lady of Perpetual Help Church 307 E Fifth St Concordia, KS 66901	26-0842167	501 (c)(3)	18,552.	0.			Religion

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

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Ozark Adventist Academy 20997 Dawn Hill East Rd Gentry, AR 72734	71-6014243	501 (c)(3)	100,000.	0.			Education
Paul Carlson Partnership 8303 W Higgins Rd Chicago, IL 60631	36-2645180	501 (c)(3)	220,000.	0.			Human Services
Pawnee Mental Health Services, Inc. - 210 W 21st St - Concordia, KS 66901	48-0846557	501 (c)(3)	7,134.	0.			Health
PBS Kansas PO Box 783100 Wichita, KS 67278	48-0735215	501 (c)(3)	11,000.	0.			Arts & Culture
Petra World Mission 2800 Crabtree Lane Northbrook, IL 60062	36-3983069	501 (c)(3)	22,000.	0.			Human Services
Plainville Community Foundation 511 S Main St Plainville, KS 67663	01-0795924	501 (c)(3)	20,786.	0.			Community Development
Post Rock Community Foundation PO Box 62 Sylvan Grove, KS 67481		501 (c)(3)	44,666.	0.			Community Development
POW Camp Concordia Preservation Society - 130 E 6th St - Concordia, KS 66901	48-1206637	501 (c)(3)	11,000.	0.			Arts & Culture
Prairieland Market 118 S Santa Fe Salina, KS 67401	87-3047047	501 (c)(3)	237,649.	0.			Community Development

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

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Pregnancy Service Center, Inc. 1101 E Republic Salina, KS 67401	31-1743727	501 (c)(3)	15,018.	0.			Human Services
Promise Bound Charities Inc 1309 N Forestview Ct Wichita, KS 67235	84-2390891	501 (c)(3)	10,000.	0.			Youth Services
Radio Kansas 815 N Walnut St Ste 300 Hutchinson, KS 67501	48-0697529	501 (c)(3)	7,205.	0.			Arts & Culture
Rae Hobson Memorial Library 401 Pawnee Ave Republic, KS 66964	48-0915618	Other	12,069.	0.			Education
Rainbows United, Inc. 3223 N Oliver St Wichita, KS 67220	48-0793004	501 (c)(3)	7,670.	0.			Human Services
Rainforest Foundation P.O. Box 26908 Brooklyn, NY 11202	95-1622945	501 (c)(3)	10,000.	0.			Conservation & Environment
Republic County 1815 M St Belleville, KS 66935	48-6020988	Government	42,190.	0.			Community Development
Republic County 4-H Council 1815 M St Belleville, KS 66935	76-0735964	Other	14,283.	0.			Youth Services
Republic County Community Foundation - 1806 M Street - Belleville, KS 66935		501 (c)(3)	56,007.	0.			Internal

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

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Republic County Historical Society 615 28th St Belleville, KS 66935	23-7414313	501 (c)(3)	6,447.	0.			Arts & Culture
Republic County Hospital 2420 G St Belleville, KS 66935	48-1226977	501 (c)(3)	12,947.	0.			Health
Revive Community 645 E. Iron Ave Salina, KS 67401	93-3946885	501 (c)(3)	10,523.	0.			Youth Services
Revolution Church 624 S Broadway Blvd Salina, KS 67401	20-3237282	501 (c)(3)	40,000.	0.			Religion
Rock City Inc. PO Box 86 MINNEAPOLIS, KS 67467	23-7109953	501 (c)(3)	9,190.	0.			Parks & Recreation
Rolling Hills Zoo 625 N Hedville Rd Salina, KS 67401	30-0180215	501 (c)(3)	3,060,279.	0.			Conservation & Environment
Rooks County 115 N Walnut St Stockton, KS 67669	48-6015200	Government	19,000.	0.			Hardship
Rooks County Health Center PO Box 389 Plainville, KS 67663	48-6084911	Other	14,663.	0.			Health
Rooks County Healthcare Foundation PO Box 184 Plainville, KS 67663	48-1091767	501 (c)(3)	13,166.	0.			Health

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Sacred Heart Jr-Sr High School 234 E Cloud St Salina, KS 67401	26-2936071	Other	216,170.	0.			Education
Saint Francis Ministries 110 E Otis Ave Salina, KS 67402	48-0543809	501 (c)(3)	33,822.	0.			Human Services
Salina Animal Shelter 329 N 2nd St Salina, KS 67401	48-6086715	Government	26,301.	0.			Animals
Salina Area Chamber of Commerce 120 W Ash Salina, KS 67402	48-0402660	Other	65,822.	0.			Arts & Culture
Salina Area Technical College 2562 Centennial Rd Salina, KS 67401	26-4364610	Other	27,484.	0.			Education
Salina Area United Way 328 N OHIO ST SALINA, KS 67401	48-0573808	501 (c)(3)	27,287.	0.			Human Services
Salina Area Young Life PO Box 2366 Salina, KS 67402	84-0385934	501 (c)(3)	7,164.	0.			Youth Services
Salina Art Center PO Box 743 Salina, KS 67402	48-0878295	501 (c)(3)	17,619.	0.			Arts & Culture
Salina Arts & Humanities Foundation - 211 W Iron - Salina, KS 67402	48-1074958	501 (c)(3)	65,482.	0.			Arts & Culture

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Salina Baseball Enterprises PO Box 1936 Salina, KS 67402	48-1103890	501 (c)(3)	30,000.	0.			Parks & Recreation
Salina Child Care Association 155 N Oakdale Ave Ste 100 Salina, KS 67401	48-0732220	501 (c)(3)	15,723.	0.			Education
Salina Education Foundation 1511 Gypsum Salina, KS 67402	73-1268844	501 (c)(3)	12,214.	0.			Education
Salina Educational Automotive Museum of America, Inc. - PO Box 1883 - Salina, KS 67402	47-5125835	501 (c)(3)	78,757.	0.			Arts & Culture
Salina Emergency Aid Food Bank 255 S. Chicago Salina, KS 67401	23-7425890	501 (c)(3)	70,296.	0.			Human Services
Salina Family Healthcare Center 651 E Prescott Rd Salina, KS 67401	48-0858197	501 (c)(3)	109,587.	0.			Health
Salina Family YMCA 570 YMCA Dr Salina, KS 67401	48-0544573	501 (c)(3)	65,228.	0.			Human Services
Salina Family YMCA Foundation 570 YMCA Dr Salina, KS 67401	48-0963024	501 (c)(3)	7,471.	0.			Youth Services
Salina Grace 645 E Crawford Suite E8 Salina, KS 67401	82-2356138	501 (c)(3)	145,755.	0.			Human Services

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Salina Health Education Foundation 651 E Prescott Rd Salina, KS 67401	48-0858197	501 (c)(3)	10,000.	0.			Health
Salina Heights Christian Church 801 E Cloud St Salina, KS 67401	23-7022614	501 (c)(3)	18,137.	0.			Religion
Salina Initiative for Restorative Justice - PO Box 3354 - Salina, KS 67402	48-0573808	501 (c)(3)	8,399.	0.			Human Services
Salina Innovation Foundation 336 S Santa Fe Ave Salina, KS 67401	82-2374843	501 (c)(3)	258,055.	0.			Arts & Culture
Salina Presbyterian Manor 2601 E Crawford St Salina, KS 67401	23-7154996	501 (c)(3)	2,367,209.	0.			Human Services
Salina Presbyterian Manor, Inc. Endowment Fund - 2601 E Crawford St - Salina, KS 67401	48-0937829	501 (c)(3)	8,057.	0.			Human Services
Salina Public Library 301 W Elm St Salina, KS 67401	48-6017329	501 (c)(3)	33,539.	0.			Education
Salina Regional Health Center PO Box 5080 Salina, KS 67402	48-1169103	501 (c)(3)	5,831.	0.			Human Services
Salina Regional Health Foundation 400 S Santa Fe Salina, KS 67401	48-0949407	501 (c)(3)	116,646.	0.			Health

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Salina Rescue Mission 1716 Summers Rd Salina, KS 67402	48-0944358	501 (c)(3)	66,502.	0.			Human Services
Salina Shares 155 S 5th Street Salina, KS 67401	47-3046230	501 (c)(3)	9,832.	0.			Human Services
Salina Symphony PO Box 792 Salina, KS 67402	48-6121166	501 (c)(3)	179,471.	0.			Arts & Culture
Saline County 300 W Ash St Salina, KS 67401	48-6017251	Government	53,007.	0.			Public Safety
Saline County Department of Senior Services - 245 N 9th St - Salina, KS 67401	48-6017251	Government	17,995.	0.			Human Services
Saline County Sheriff's Mounted Patrol & Rescue Squad - 1020 W North St - Salina, KS 67401	23-7394412	501 (c)(3)	7,624.	0.			Public Safety
Salvation Army Service Ext Unit 3637 Broadway Blvd Kansas City, MO 64111	44-0545998	501 (c)(3)	29,640.	0.			Human Services
Samaritan's Purse PO Box 3000 Boone, NC 28607	58-1437002	501 (c)(3)	16,000.	0.			Human Services
Shriners Hospitals for Children 2900 N Rocky Point Dr Tampa, FL 33607	36-2193608	501 (c)(3)	129,447.	0.			Human Services

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Sisters of St. Joseph of Concordia KS - PO Box 279 - Concordia, KS 66901	48-0622382	501 (c)(3)	10,648.	0.			Religion
Smith Center Fire Department 216 S. Washington Smith Center, KS 66967	48-6022532	501 (c)(3)	7,500.	0.			Public Safety
Smith Center Public Library 117 W Court St Smith Center, KS 66967	48-6022532	Other	8,136.	0.			Education
Smith County Community Foundation PO Box 116 Smith Center, KS 66967		501 (c)(3)	10,000.	0.			Community Development
Smith County Free Fair 216 S Grant St Smith Center, KS 66967	04-3668126	501 (c)(3)	14,000.	0.			Arts & Culture
Smith County Historical Society 619 N Monroe St Smith Center, KS 66951	48-6205223	501 (c)(3)	5,100.	0.			Arts & Culture
Smith County Memorial Hospital 921 E Hwy 36 Smith Center, KS 66967	48-1226830	501 (c)(3)	6,578.	0.			Health
Smoky Hill Education Service Center - 605 E Crawford St - Salina, KS 67401	48-1086152	Other	5,128.	0.			Education
Smoky Hill Equality Coalition 1404 Kingston Salina, KS 67401	93-2411761	501 (c)(3)	10,000.	0.			Human Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Smoky Hill River Festival 211 W Iron St Salina, KS 67402	48-1074958	501 (c)(3)	8,696.	0.			Arts & Culture
Smoky Valley Community Foundation PO Box 84 Lindsborg, KS 67456	48-1215503	501 (c)(3)	90,218.	0.			Internal
Soldiers' Angels 2895 NE Loop 410 San Antonio, TX 78218	20-0583415	501 (c)(3)	10,000.	0.			Human Services
Solomon Valley Community Foundation - 102 S. Mill Suite #5 - Beloit, KS 67420	48-1215503	501 (c)(3)	74,936.	0.			Internal
Southeast of Saline Education Foundation - 5056 E Highway K4 - Gypsum, KS 67448	74-2822432	501 (c)(3)	15,000.	0.			Education
Southwestern College 100 College St Winfield, KS 67156	48-0543715	501 (c)(3)	7,000.	0.			Education
St. Elizabeth Ann Seton Catholic Church - 1000 Burr Oak Ln - Salina, KS 67401	26-0840921	501 (c)(3)	13,584.	0.			Religion
St. John's Lutheran Church 302 S 7th St Salina, KS 67401	48-0547714	Other	14,401.	0.			Religion
St. John's Military School Historical Museum - PO Box 3464 - Salina, KS 67402	83-3977341	501 (c)(3)	52,127.	0.			Arts & Culture

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Jude Children's Research Hospital - 501 St. Jude Place - Memphis, TN 38105	62-0646012	501 (c)(3)	67,216.	0.			Health
St. Mark Evangelical Church Trust Fund - 2349 S Ohio St - Salina, KS 67401	48-0873178	Other	39,505.	0.			Religion
St. Mary Queen of the Universe 230 E Cloud St Salina, KS 67401	26-0838612	501 (c)(3)	14,957.	0.			Religion
St. Mary's Catholic Church 230 E Cloud St Salina, KS 67401	26-0838612	501 (c)(3)	19,832.	0.			Religion
St. Mary's Grade School 304 E Cloud St Salina, KS 67401	26-0838612	501 (c)(3)	31,082.	0.			Education
Start Over Rover 134 N Barnes Ave Hastings, NE 68901	45-2097197	501 (c)(3)	40,000.	0.			Animals
State Freedom Caucus Foundation 300 Independence Ave SE Washington, DC 20003	88-3060056	501 (c)(3)	10,000.	0.			Advocacy
Stiefel Theatre 151 S Santa Fe Salina, KS 67402	31-1537194	501 (c)(3)	54,264.	0.			Arts & Culture
Sunflower Adult Day Services 401 W Iron Ave Salina, KS 67401	47-2398695	501 (c)(3)	29,713.	0.			Human Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SunPorch of Smith County 920 East Kansas Smith Center, KS 66967	82-1905872	501 (c)(3)	7,171.	0.			Human Services
Sunrise Presbyterian Church 825 E Beloit Ave Salina, KS 67401	48-6101014	Other	22,930.	0.			Religion
Sylvan Historical Society PO Box 22 Sylvan Grove, KS 67481	48-0864240	501 (c)(3)	10,964.	0.			Arts & Culture
TeenTown, Inc. 129 N 7th St Salina, KS 67402	48-1235530	501 (c)(3)	2,130,666.	0.			Youth Services
Tescott High School PO Box 196 Tescott, KS 67484		Other	7,500.	0.			Education
The Ark Church 2020 S Ohio Street Salina, KS 67402	82-1991237	501 (c)(3)	238,600.	0.			Religion
The Catholic Foundation for Diocese of Salina - PO Box 980 - Salina, KS 67402	48-1104490	501 (c)(3)	20,000.	0.			Religion
The Environmental Defense Fund 257 Park Ave South New York, NY 10010	11-6107128	501 (c)(3)	10,000.	0.			Conservation & Environment
The First Tee of Saline County, Inc. - 2500 E. Crawford Street - Salina, KS 67401	31-1695443	501 (c)(3)	15,125.	0.			Youth Services

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Land Institute 2440 E Water Well Rd Salina, KS 67401	48-0842156	501 (c)(3)	18,519.	0.			Conservation & Environment
The Lucas Historical Society 102 N Main St Lucas, KS 67648	48-1082577	501 (c)(3)	8,000.	0.			Arts & Culture
The Mosaic Foundation 4980 S 118th St Omaha, NE 68137	36-3837360	501 (c)(3)	13,298.	0.			Human Services
The Nature Conservancy 4245 North Fairfax Drive, Suite 100 Arlington, VA 22203	53-0242652	501 (c)(3)	10,000.	0.			Conservation & Environment
The Salvation Army 1137 N Santa Fe Ave Salina, KS 67401	44-0545998	501 (c)(3)	63,543.	0.			Human Services
The United Methodist Church of the Resurrection - 13720 Roe Ave - Leawood, KS 66224	48-1107898	501 (c)(3)	10,500.	0.			Religion
The World Wildlife Foundation P.O Box 97180 Washington, DC 20090	52-1693387	501 (c)(3)	10,000.	0.			Conservation & Environment
Theatre Salina 303 E Iron Ave Salina, KS 67402	48-0672877	501 (c)(3)	378,825.	0.			Arts & Culture
Thomas More Prep-Marian High, Inc. 1701 Hall Street Hays, KS 67601	48-1012421	501 (c)(3)	9,256.	0.			Education

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tipton Community Foundation PO Box 104 Tipton, KS 67485	93-3344000	501 (c)(3)	14,030.	0.			Community Development
Trego County 525 Warren Ave Wakeeney, KS 67672	48-6011304	501 (c)(3)	18,000.	0.			Community Development
Trego County Historical Society PO Box 132 Wakeeney, KS 67672	48-0791922	501 (c)(3)	18,810.	0.			Arts & Culture
Trego County-Lemke Memorial Hospital - 320 N 13th St - Wakeeney, KS 67672	48-0769700	501 (c)(3)	7,500.	0.			Health
Trinity Lutheran Church 702 S 9th St Salina, KS 67401	48-0732721	501 (c)(3)	28,904.	0.			Religion
Trinity United Methodist Church 128 E 8th St Concordia, KS 66901	48-0556708	Other	13,529.	0.			Religion
Trinity United Methodist Church 901 E Neal Ave Salina, KS 67401	48-0764897	501 (c)(3)	54,250.	0.			Religion
Tunnel to Towers Foundation 2361 Hylan Boulevard Staten Island, NY 10306	02-0554654	501 (c)(3)	5,500.	0.			Human Services
Twin Valley Education Foundation 107 N Nelson Bennington, KS 67422	20-5407713	501 (c)(3)	17,000.	0.			Education

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U.S. Submarine Veterans of WWII 6 S Colonial Ct Eastborough, KS 67207	36-6080745	Other	8,057.	0.			Arts & Culture
Union Adventist University 3800 S 48th St Lincoln, NE 68506	47-0405319	501 (c)(3)	27,500.	0.			Education
United Church of Bennington 222 N Nelson Bennington, KS 67422	48-0933222	Other	6,485.	0.			Religion
United Methodist Church 921 5th St Clay Center, KS 67432	48-0547690	501 (c)(3)	5,719.	0.			Religion
Unity School of Christianity 1901 NW Blue Pkwy Unity Village, MO 64065	44-0546000	501 (c)(3)	9,982.	0.			Education
University of Iowa Center for Advancement - PO Box 4550 - Iowa City, IA 52244	42-0796760	501 (c)(3)	25,000.	0.			Education
USD 107 109 E Main St Mankato, KS 66956	20-4643730	Other	13,178.	0.			Education
USD 109 1205 19th St. Belleville, KS 66935	37-1523428	Other	30,544.	0.			Education
USD 110 PO Box 188 Kensington, KS 66951	26-2422475	Other	6,300.	0.			Parks & Recreation

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 208 612 Junction Ave Ste B Wakeeney, KS 67672	48-0698129	Other	11,610.	0.			Education
USD 237 216 S Jefferson St Smith Center, KS 66967	48-0699900	Other	16,126.	0.			Education
USD 239 716 E 7th St Minneapolis, KS 67467	48-0724214	501 (c)(3)	6,116.	0.			Education
USD 240 Twin Valley 107 N Nelson Bennington, KS 67422	48-0698822	Other	39,702.	0.			Education
USD 270 203 SE Cardinal Ave Plainville, KS 67663	48-0724587	Other	11,915.	0.			Education
USD 271 201 N Cypress St Stockton, KS 67669	48-0722412	Other	20,130.	0.			Education
USD 273 2020 N Independence Ave Beloit, KS 67420	48-0698615	Other	22,700.	0.			Education
USD 294 131 E Commercial St Oberlin, KS 67749	48-0720777	Other	10,810.	0.			Education
USD 298 Lincoln 133 E Lincoln St Lincoln, KS 67455	48-0724421	Other	43,837.	0.			Education

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 299 504 W 4th St Sylvan Grove, KS 67481	48-0699913	Other	51,148.	0.			Education
USD 305 PO Box 797 Salina, KS 67401	48-6017165	Other	48,633.	0.			Education
USD 306 Southeast of Saline 5056 E Highway K4 Gypsum, KS 67448	48-0720775	Other	5,063.	0.			Education
USD 307 Ell-Saline Schools 412 E Anderson Brookville, KS 67425	48-0725851	Other	311,000.	0.			Parks & Recreation
USD 333 217 W 7th St Concordia, KS 66901	48-6020582	Other	26,737.	0.			Education
USD 408 101 N. Thorp Marion, KS 66861	48-0724541	501 (c)(3)	15,539.	0.			Education
USD 426 100 School St Scandia, KS 66966	48-0724321	501 (c)(3)	32,420.	0.			Education
USD 432 Victoria 1105 10th Street Victoria, KS 67671	48-0722258	501 (c)(3)	10,254.	0.			Education
Victoria Community Coalition, Inc. P. O. Box 94 Victoria, KS 67671	88-1555406	501 (c)(3)	8,000.	0.			Community Development

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Voice of the Martyrs 1815 SE Bison Rd Bartlesville, OK 74006	73-1395057	501 (c)(3)	50,000.	0.			Human Services
Volunteers of America 2660 Larimer St Denver, CO 80205	84-0430995	501 (c)(3)	10,425.	0.			Human Services
W.E.L.S. Kingdom Workers N19W24075 Riverwood Dr Ste 200 Waukesha, WI 53188	39-1656073	501 (c)(3)	13,168.	0.			Human Services
Waconda Cultural Association 2131 180 Rd Glen Elder, KS 67446	82-4957838	501 (c)(3)	5,057.	0.			Arts & Culture
WaKeeney Church of God 1300 Easter Ave Wakeeney, KS 67672	48-0920096	501 (c)(3)	6,000.	0.			Religion
Washington County Community Foundation - PO Box 24 - Washington, KS 66968		501 (c)(3)	68,491.	0.			Community Development
Western Slope Food Bank of the Rockies - 734 Scarlet Street - Grand Junction, CO 81505	84-0772672	501 (c)(3)	10,425.	0.			Human Services
Wisconsin Evangelical Lutheran Synod - N16W23377 Stone Ridge Dr - Waukesha, WI 53188	39-0842084	501 (c)(3)	79,010.	0.			Religion
Wisconsin Lutheran College 8800 W Bluemound Rd Milwaukee, WI 53226	23-7179639	501 (c)(3)	26,337.	0.			Education

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women Who Lead, Inc. PO Box 453 Hays, KS 67601	93-2289541	501 (c)(3)	7,500.	0.			Community Development
World Central Kitchen Incorporated 200 Massachusetts Ave NW, Washington, DC 20001	27-3521132	501 (c)(3)	10,000.	0.			Human Services
World Compassion PO Box 92 Tulsa, OK 74101	73-0934739	501 (c)(3)	50,000.	0.			Human Services
World Food Program USA PO Box 96316 Washington, DC 20090	13-3843435	501 (c)(3)	135,000.	0.			Human Services
Wounded Warrior Project PO Box 758516 Topeka, KS 66675	20-2370934	501 (c)(3)	71,755.	0.			Human Services
Youth Core Ministries 211 E. Garfield Greensburg, KS 67054	82-1252813	501 (c)(3)	10,000.	0.			Religion
Zero Waste Initiative, Inc. 541 W Ellsworth Ave Salina, KS 67401	93-4203222	501 (c)(3)	100,000.	0.			Conservation & Environment

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	145	441,440.	0.		

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

The 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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Greater Salina Community Foundation

Employer identification number

48-1215503

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	2,364,115.	Fair Value
10 Securities - Closely held stock	X	3	502,680.	Fair Value
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 (Grain)	X	5	8,816.	Sale price
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

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

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.

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

Schedule Part II

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

[illegible]

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**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. Other organizational documents (such as Form 1023 and conflict of interest statements) are available upon request.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greater Salina Community Foundation

Employer identification number
48-1215503

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Giving Acres, LLC 119 W Iron Ave 8th Floor Salina, KS 67401	Holding real property	Kansas	0.	0.	Greater Salina Community Foundation

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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