Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 06/30 **, 20** 22 For the 2021 calendar year, or tax year beginning 07/01, 2021, and ending C Name of organization Greater Salina Community Foundation Check if applicable: D Employer identification number 48-1215503 Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 119 W Iron Ave 8th Floor (785)823-1800 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Salina, KS, 67401 22,385,248 **G** Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer: Jessica Martin 119 W Iron Ave 8th Floor, Salina, KS, 67401 **H(b)** Are all subordinates included? Yes No Tax-exempt status: **X** 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions. Website: ► https://gscf.org/ **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 1999 M State of legal domicile: Kansas Part I **Summary** 1 Briefly describe the organization's mission or most significant activities: The mission is to build permanent endowment funds and meet charitable community needs Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 27 6 6 185 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 4.773 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 2,660 **Prior Year Current Year** 12,619,318 18,191,418 8 Contributions and grants (Part VIII, line 1h) . . . Revenue 186,178 119.615 9 Program service revenue (Part VIII, line 2g) 4,633,806 4,001,094 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,884 73,121 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 17,442,186 22,385,248 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 16.712.300 47.481.316 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 1.048.511 1.339.095 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 473.308 523.513 18,234,119 49,343,924 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -791.933 -26,958,676 Revenue less expenses. Subtract line 18 from line 12 19 Assets or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 322,187,245 241,262,124 26,269,030 11,683,143 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 295.918.215 229.578.981 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. 10/10/2022 Sign Signature of officer Date Here Jessica Martin President and Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if **Paid** Eric Kientz 10/07/2022 self-employed P01526012 **Preparer** 86-1505455 Firm's name ▶ Kientz & Penick CPAs LLC Firm's EIN ▶ Use Only Firm's address ► 4645 Sunflower Slope Dr (785) 817-7716 Manhattan 66502 KS Phone no. May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (202	Form 990 (2021)							
Part IV	Checklist of Required Schedules							

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
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		×
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		×
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? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	×	
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	•	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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</i> "Yes," <i>complete Schedule D, Part IV</i>	9	×	
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
С	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		×
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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e	×	×
12a		12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21	×	

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	OFL		J
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		×
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
••	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29	×	X
29 30	Did the organization receive more than \$25,000 in hori-cash contributions? If res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	^	
-	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		×
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <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? If "Yes," complete Schedule R, Part VI	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	×	
Part '				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	v	

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 27								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×						
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)?								
L.		4a		×					
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		×					
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		×					
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).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		- 4					
	and services provided to the payor?	7a		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
Ŭ	required to file Form 8282?	7c	×						
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×					
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		×					
9	Sponsoring organizations maintaining donor advised funds.	•		_					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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 b	Gross income from members or shareholders								
D	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
	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?	15		×					
40	If "Yes," see the instructions and file Form 4720, Schedule N.								
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		×					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2021)

Part VI

The Organization

Page 6

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 19 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . X 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X 8b 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? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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* 12a X X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 X Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 ▶

119 W Iron Ave 8th Floor, Salina, KS, 67401

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2021) Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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 no	r any relate	d org	aniz			ompe	nsa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	(-1	4		ition			(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organizations and related organizations
(1) Bryan Herwig	2									
Chairman		×		X				0	0	0
(2) Brandy Felzien	2									
Secretary Treasurer		×		X				0	0	0
(3) John Quinley	2									
Chairman Elect		×		X				0	0	0
(4) Bailey Ramsey	2									
Director		×						0	0	0
(5) Barb Young	2									
Director		×						0	0	0
(6) Bobby Richardson	2									
Director		×						0	0	0
(7) Brandon Cheeks	2									
Director		×						0	0	0
(8) Bryan Anderson	2									
Director		×						0	0	0
(9) Denice Justus	2									
Director		×						0	0	0
(10) Gail Boyer	2									
Director		×						0	0	0
(11) Guy Walker	2									
Director		×						0	0	0
(12) Johnny Keopraseuth	2									
Director		×						0	0	0
(13) Karen Black	2									
Director	<u> </u>	×						0	0	0
(14) Lee Legleiter	2									
Director		×						0	0	0

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	ensated Emplo	yees (continued)
					(C)						
	(A)	(B)	(do r	not cl		ition	e than o	one	(D)	(E)		(F)
	Name and title	Average hours	box,	unle	ss pe	erson	is both	n an	Reportable compensation	Reportable compensation		ited amount
		per week		1 _	_	_	or/trus	—	from the	from related	com	pensation
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	a dighe	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/		om the ization and
		related	ecto	utior	약	dme	est c	<u> </u>	1099-NEC)	1099-NEC)		organizations
		organizations below	r true	nal tr		oye	omp					
		dotted line)	stee	nstitutional trustee		0	Highest compensated employee					
				ď			ted					
(15) L	oren Young	2										
Directo			×						0	0		0
	aggie Hemmer	2										
Directo	-		×						0	0		0
	eyna Banda-Torres	2										0
Directo	or ob Freelove	2	×						0	0		0
Directo			×						0	0		0
	yan Commerford	2	ļ .							9		
Directo			×						0	0		0
(20) Je	essica Martin	40										
Presid	ent and Executive Director				×				120,299	0		16,805
	ole Graham	40										
	or of Finance (Current)				×				41,175	0		5,627
	usan Weis	40							00.004			5.544
	or of Finance (Former)				×				30,864	0		5,514
(23)												
(24)												
<u> </u>			-									
(25)												
1b	Subtotal								192,338	0		27,946
C	Total from continuation sheets to Part	VII, Section	n A	•	•					_		
<u>d</u>	Total (add lines 1b and 1c)	t not limitor				· ·	abov	<u> </u>	192,338	0 than \$100 000	1	27,946
_	reportable compensation from the organi			1036	5 113	leu	above	<i>5)</i> vv	no received mor	e man \$100,000	01	
			1									Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ıste	e, k	cey e	mpl	loyee, or highes	st compensated		
	employee on line 1a? If "Yes," complete										3	×
4	For any individual listed on line 1a, is the											
	organization and related organizations	_	ian \$	150	,000)? /	f "Ye	s,"	complete Sched	dule J for such	1	
_	individual			•			•				4	X
5	Did any person listed on line 1a receive of for services rendered to the organization											
Section	on B. Independent Contractors	. 11 100, 0	Jonnpi	CiC	001	icat	110 0 1	01 0	sacri persori .		5	×
1	Complete this table for your five high	nest comp	ensat	ed	inde	epe	ndent	CC	ontractors that r	received more	than \$	100.000 of
	compensation from the organization. Rep											
	(A)								(B)		(C)	
	Name and business add	Iress							Description of serv	vices	Compens	sation
								_				
								1				
	Total number of independent contractor	ore (includi	na bi	ıt n	not.	limit	ed to	 th	nose listed above	ve) who		
_	received more than \$100,000 of compens		_					, LI	.coc noted abov	S, W110		

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Pa	rt VIII....		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ع ق	С	Fundraising events 1c					
fts,	d	Related organizations 1d					
<u>i</u> g i <u>E</u>	е	Government grants (contributions) 1e					
ns,	f	All other contributions, gifts, grants,					
atio		and similar amounts not included above 1f	18,191,418				
년 된	g	Noncash contributions included in					
ig g		lines 1a-1f 1g	\$ 2,843,961				
ā ŏ	h	Total. Add lines 1a-1f	🕨	18,191,418			
			Business Code				
Program Service Revenue	2 a	Agency fund administration	813211	119,615	119,615		
e Z	b						
gram Ser Revenue	С						
ra ev	d						
ون آ	e						
₫	f	All other program service revenue		440.045			
	<u>g</u> 3	Total. Add lines 2a–2f		119,615			
	Ū	other similar amounts)		4,001,094			4,001,094
	4	Income from investment of tax-exempt b		4,001,004			4,001,004
	5	Royalties		58,076			58,076
	•	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С		0 0				
	d	Net rental income or (loss)	•	0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
Be			0 0				
ē	d	Net gain or (loss)	· · · · P	0			
Other	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising ev		0			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activit	ies ▶	0			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold 10th		^			
_	С	Net income or (loss) from sales of invent	Business Code	0			
Miscellaneous Revenue	11a	Other income	813211	10,272	10,272		
scellaneo Revenue	i ia b	Passthrough income from limited partnership		4,773	10,272	4,773	
ella vei	C	. accamong most nom minou partitors in	333333	7,770		7,110	
Sc	d	All other revenue					
Σ	е	Total. Add lines 11a–11d	•	15,045			
	12	Total revenue. See instructions	•	22,385,248	129,887	4,773	4,059,170

Part IX Statement of Functional Expenses

Section 501(c	:)(3) and 5	01(c)(4) c	organizatior	ns must comple	te all column	s. All o	ther oi	rganizatio	ons must c	complete colu	лтп (A).	
											•	

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	47,281,387	47,281,387		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	199,929	199,929		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	192,338	28,851	153,870	9,617
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	839,984	487,310	259,059	93,615
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,334	60,667	48,534	12,133
9	Other employee benefits	107,780	53,890	43,112	10,778
10	Payroll taxes	77,659	38,830	31,064	7,765
11	Fees for services (nonemployees):				
a	Management	040		040	
b	Legal	616 42,650		42,650	
c d	Accounting	42,050		42,030	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	108,566	27,142	21,713	59,711
13	Office expenses	91,516	68,605	18,325	4,586
14	Information technology	174,335	43,584	122,034	8,717
15	Royalties				
16	Occupancy	20,893	12,535	6,269	2,089
17	Travel	14,884	8,930	2,977	2,977
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	21,171	6,351	12,703	2,117
20	Interest				
21	Payments to affiliates	07.700		07.700	
22	Depreciation, depletion, and amortization .	27,703		27,703	
23 24	Insurance	9,021		9,021	
а	Dues	12,158	6,079	3,040	3,039
b		,.00	2,2.0	2,2.0	2,200
С					
d	All other expenses	0	0	0	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	49,343,924	48,324,090	802,690	217,144
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	49,343,924	40,324,090	002,090	217,144

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 366,675	1	18,147
	2	Savings and temporary cash investments	. 1,506,756	2	3,597,030
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	35,673
	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	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	. 2,711	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 665,25			
	b	Less: accumulated depreciation		_	407,012
	11	Investments—publicly traded securities			237,174,356
	12	Investments—other securities. See Part IV, line 11		_	16,250
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11			13,656
	16	Total assets. Add lines 1 through 15 (must equal line 33)			241,262,124
	17	Accounts payable and accrued expenses			20.004
	18	Grants payable			22,291
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	11 660 952
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director		21	11,660,852
ţį	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons		22	
Liabilities	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		27	
		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	. 26,269,030		11,683,143
ű		Organizations that follow FASB ASC 958, check here ▶ 🔀	, ,		
SC.		and complete lines 27, 28, 32, and 33.			
<u>alar</u>	27	Net assets without donor restrictions	. 11,043,153	27	9,594,386
Ä	28	Net assets with donor restrictions			219,984,595
pur		Organizations that do not follow FASB ASC 958, check here ▶ □			
Ť		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances			229,578,981
Z	33	Total liabilities and net assets/fund balances	. 322,187,245	33	241,262,124

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets		-				
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		22,38	5,248			
2	Total expenses (must equal Part IX, column (A), line 25)		49,34	3,924			
3	Revenue less expenses. Subtract line 2 from line 1		-26,95	8,676			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	295,918,21		8,215			
5	Net unrealized gains (losses) on investments		-39,38	0,558			
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	2	229,57	8,981			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual 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?	2a		×			
	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:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b	×				
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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? .	2c	×				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×			
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** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

Greater Salina Community Foundation 48-1215503 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |X| 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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.) 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (ii) EIN (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) 0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 12,007,354 20,107,418 10,981,029 12,619,318 18,191,418 73,906,537 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3 12,007,354 20,107,418 10,981,029 12,619,318 18,191,418 73,906,537 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 19,214,511 **Public support.** Subtract line 5 from line 4 54,692,026 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 12,007,354 20,107,418 10,981,029 12,619,318 18,191,418 73,906,537 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4.226.453 4,799,137 4,689,139 4,633,806 4,001,094 22,349,629 Net income from unrelated business 9 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.) 0 96,260,939 **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 688,510 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) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 56.82 % Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2021. 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

10%-facts-and-circumstances test - 2020. 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

18

organization								▶ 🗌
Private foundation.	If the	organization	n did no	t check a b	box on line 1	I3, 16a, 16b, 1	7a, or 17b, check th	is box and see
instructions								▶ □
							Sche	edule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **3**

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.)

Secti	on A. Public Support			-		•	
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						_
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
_	· ·	0	0	0	0	0	0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
Ü	line 6.)						0
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						-
40	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)						2
14	First 5 years. If the Form 990 is for the	0	0 first second	third fourth	or fifth tax va	0 or as a soction	0 501(0)(2)
17	organization, check this box and stop he	•			-		````
Secti	on C. Computation of Public Suppor				· · · · ·		,
15	Public support percentage for 2021 (line			I3. column (f))		15	0 %
16	Public support percentage from 2020 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	%
	on D. Computation of Investment In			<u>-</u>			
17	Investment income percentage for 2021 (y line 13, colui	mn (f))	17	0 %
18	Investment income percentage from 2020					18	0 %
19a	331/3% support tests-2021. If the organ						
	17 is not more than $33^{1}/3\%$, check this box		_	-		_	_
b	331/3% support tests—2020. If the organize						
	line 18 is not more than 331/3%, check this	box and stop h e	ere. The organi	zation qualifies	as a publicly s	upported organ	ization
20	Private foundation. If the organization di	d not check a b	oox on line 14	19a or 19b c	heck this box	and see instru	ctions •

Schedule A (Form 990) 2021 Page 4

Supporting Organizations Part IV

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

Se

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

Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 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 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 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 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 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. Yes No 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 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 Parent of Supported Organizations. Answer lines 3a and 3b below. 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. За

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.

Schedule A (Form 990) 2021 Page **6**

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	tion A—Adjusted Net Income	nzac	(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	0	0
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	0	0
Sect	tion 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):			
а	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	0	0
е	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	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6	Multiply line 5 by 0.035.	6	0	0
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0
Sec	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2	Enter 0.85 of line 1.	2		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4	Enter greater of line 2 or line 3.	4		0
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		0
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally	integrated Type III supporti	ng organization

Schedule A (Form 990) 2021 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** 1 0 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 0 3 0 Administrative expenses paid to accomplish exempt purposes of supported organizations 0 Amounts paid to acquire exempt-use assets 4 0 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 0 6 6 7 Total annual distributions. Add lines 1 through 6. 7 0 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 0 Distributable amount for 2021 from Section C, line 6 9 0 9 0 10 Line 8 amount divided by line 9 amount 10 (ii) (iii) **Distributable Underdistributions** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 0 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See 0 instructions. Excess distributions carryover, if any, to 2021 0 **a** From 2016 0 From 2017 0 **c** From 2018 0 **d** From 2019 **e** From 2020 0 Total of lines 3a through 3e 0 Applied to underdistributions of prior years Applied to 2021 distributable amount 0 Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: Applied to underdistributions of prior years 0 Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 0 Remaining underdistributions for years prior to 2021, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 0 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 0 Excess distributions carryover to 2022. Add lines 3j and 4c. 0 Breakdown of line 7: Excess from 2017 . . . а 0 Excess from 2018 . . . Excess from 2019 . . . 0 0 Excess from 2020 . . . Excess from 2021 . . .

Schedule A (Form 990) 2021 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)

Schedule of Contributors

Employer identification number

48-1215503

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Greater Salina Community Foundation

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

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **x** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 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 33⅓ 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

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).

Employer identification number

48-1215503

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SEE Part I Contributors Statement	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

48-1215503

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	vate company stock		
		\$ 206,189	05/09/2022
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
pul 8	blicly traded securities		
		\$ 1,004,300	08/10/2021
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	blicly traded securities		
		\$\$	08/23/2021
) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	blicly traded securities		
		\$ 504,757	06/15/2022
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

\$____

Schedule B (Form 990) (2021)

Name of organization

Greater Salina Community Foundation 48-1215503 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held `from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose 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. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 48-1215503 Greater Salina Community Foundation 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 Total number at end of year 169 1 2 Aggregate value of contributions to (during year) . 8.100.698 3 Aggregate value of grants from (during year) . . 13.300.184 Aggregate value at end of year 4 117,601,636 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 🗶 Yes 🗌 No 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 **✗** Yes □ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedu	le D (Form 990) 2021								Page 2
Par	Organizations Maintaining	Collections of A	rt. Historical T	reasures.	or Ot	her Similar <i>I</i>	Asse	ts (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):								
а	☐ Public exhibition		d 🗆 Loan	or exchange	e nroar	am			
b	Scholarly research								
	•		e 🗆 Other						
C	Preservation for future generations								. : D
4	Provide a description of the organization XIII.		•		_		•	: purpose	e in Par
5	During the year, did the organization sassets to be sold to raise funds rather to						ilar	☐ Yes	☐ No
Par	IV Escrow and Custodial Arrai	ngements.							
	Complete if the organization 990, Part X, line 21.	-	on Form 990, F	Part IV, line	9, or	reported an a	amoı	unt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not	☐ Yes	X No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	te the following ta	able:					
		•	•				Amo	unt	
С	Beginning balance				1c	:			
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				0
	S .						±0	V Vaa	□ No
2a	Did the organization include an amount						-		
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the explanation	nas been	provide	ed on Part XIII			X
Par	t V Endowment Funds.				4.0				
	Complete if the organization	answered "Yes"	on Form 990, F						
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years ba	ack	(e) Four ye	ars back
1a	Beginning of year balance	295,426,528	231,814,057	222,5	47,407	201,954,	193	189	,118,640
b	Contributions	14,507,166	12,146,960	13,8	91,555	17,806,	748	10	,832,429
С	Net investment earnings, gains, and								
	losses	-34,368,943	68,291,262	9,2	36,552	14,506,	178	17	,125,276
d	Grants or scholarships	46,533,730	14,100,641	12,5	46,987	10,710,2	295	13	,472,769
e	Other expenditures for facilities and	, ,			,				· ·
	programs	1,711,889	2,725,110	13	14,470	1,009,4	417		922,012
£	-	1,711,009	2,725,110	1,5	14,470	1,009,	+17		727,371
f	Administrative expenses	227 240 422	205 426 529	224.0	14.057	222 5 47	407		
g	End of year balance	227,319,132	295,426,528		14,057	222,547,4	407	201	,954,193
2	Provide the estimated percentage of the	•	, ,	, column (a))) held a	as:			
а	Board designated or quasi-endowment	t ▶4	.%						
b	Permanent endowment >	<u>96</u> %							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2	c should equal 10	0%.						
3a	Are there endowment funds not in the organization by:	possession of the	e organization tha	at are held a	and ad	ministered for	the	Ye	es No
	(i) Unrelated organizations							3a(i)	x
	"						•		_
	.,						•	3a(ii)	×
b	If "Yes" on line 3a(ii), are the related org	=	•					3b	
4	Describe in Part XIII the intended uses		n's endowment fu	ınds.					
Par	Land, Buildings, and Equipa Complete if the organization		on Form 990, F	Part IV, line	e 11a. :	See Form 99	0, Pa	art X, lin	e 10.
	Description of property	(a) Cost or oth (investme		r other basis ther)		Accumulated epreciation		(d) Book v	alue
1a	Land								0
b	Buildings			594,029		230,379			363,650
c	Leasehold improvements			1 - 1,023					0
-		1							

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Page 3

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	• •	od of valuation: f-year market value
(1) Financia	I derivatives			
(2) Closely h	neld equity interests			
(3) Other		0		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value		od of valuation: f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Other Assets. Complete if the organization answered "Yes" on Fo		11d. See Form 9	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Table (0)	(1) and the defendance of Eq. (200 Peril V and (20) Peril V			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	tnote to the evention!	financial statement	to that raparts 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.

X

Schedule D (Form 990) 2021 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . -16,995,310 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments -39,380,558 Donated services and use of facilities 2b h 2c Add lines 2a through 2d -39,380,558 2e Subtract line **2e** from line **1** 3 3 22,385,248 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b Add lines 4a and 4b . . . 0 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 22.385.248 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 49,343,924 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 49.343.924 3 Subtract line 2e from line 1 3 Amounts included on Form 990. Part IX. line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines **4a** and **4b** 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 49,343,924 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part IV, Line 2B The Foundation operates organizational endowment funds on behalf of qualifying charitable organizations. Once a fund agreement is in place with an organization, the Foundation will receive funds from the organization and invest the funds. Use of the invested funds is subject to the same policies as other funds at the Foundation, such as the investment, grantwriting and spending policies.

Part V, Line 4

The Foundation's endowment consists of 852 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.

	Form 990) 2021	Page 5
Part XIII	Supplemental Information (continued)	
Part X, Line	2	
organization de determined not IRS on an annu Foundation's addonors but which generally finance	is organized as a Kansas nonprofit corporation and has been recognized by the IRS as exempt from federal income talescribed in IRC Section 501(c)(3). Further, the Foundation qualifies for the charitable contribution deduction under IRC section 509(a)(1). The Foundation is required to file a return of organization exemple all basis. In addition, the Foundation is subject to income tax on net income that is derived from business activities that ctivities are not normally subject to taxation. However, the Foundation may receive contributions of non-cash financial as the require the Foundation to remit taxes. Any taxes paid in direct relation to such gifts are treated as qualifying expensed by the Foundation's normal operating budget. Returns filed by the Foundation are subject to IRS examination, general authorities have commenced income tax examinations for open tax years.	Section 170(b)(1)(a)(vi) and has been npt from income tax (Form 990) with the are unrelated to its exempt purpose. The issets which are tax advantaged to the of the donor's restricted fund and thus no erally for three years after each return is

SCHEDULE I (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

Name of the organization **Employer identification number** Greater Salina Community Foundation 48-1215503 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and x Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) SEE Part II Continuation Statement (10)(11)(12)217

Schedule I (l	Form 990) 2021					Page 2
Part III	Grants and Other Assistance to Do Part III can be duplicated if additional			organization ansv	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 So	holarships	132	199,929		Cash	
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information i	required in Part I. lin	e 2: Part III. colum	n (b): and any other additi	onal information.
Foundation' grant propos final report i	2 The Foundation is committed to the principles of good of a board of directors. In the case of competitive grants, as all and will not be used for any other project without the concluding a description of how the grant was spent. If it is returned from the grantee. For grantees of any kind of grantees.	n official representative of expressed consent of the determined from the fin	of the grantee must sign a gra e Foundation and that any ur al grant report that the funds	ant agreement form that a nexpended portion of the g were not used for the inte	cknolwedges that funds received will I rant will be returned to the Foundation nded purpose or that all funds were n	be used solely for the purposes outlined in the n. All competitive grants also require a written ot expended, the Foundation asks for the

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

48-1215503

Name of the organization Employer identification number Greater Salina Community Foundation

Part	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	Method o			
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	×	41	2,455,972	Fair Value			
10	Securities—Closely held stock .	×	3	387,989	Fair Value			
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution — Historic							
4.4	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	s, Part V, Donee Acknowled	lgement	29	2		
							Yes	No
30a	During the year, did the organizate 28, that it must hold for at least 3							
	used for exempt purposes for the					30a		×
b	If "Yes," describe the arrangemen							
31	Does the organization have a contributions?	gift accep			onstandard 	31	×	
32a	Does the organization hire or use contributions?	e third part	ies or related organization	s to solicit, process, or se		32a	•=	x
b	If "Yes," describe in Part II.					J_u		,
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			

Schedule M (Form 990) 2022 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

48-1215503 **Greater Salina Community Foundation** 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..... Form 990, Part VI, Section C, Line 19 The Foundation provides a copy of its IRS Form 990 on its website at www.gscf.org. Other organizational documents (such as Form 1023 and conflict of interest statements) are available upon request. Form 990, Part 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.

chedule O (Form 990) 202 i	Page 4
lame of the organization	Employer identification number
Greater Salina Community Foundation	48-1215503

Part I Contributors Statement

No.	Name	Street	City, State and Zipcode	Total contributions	Person Contribution
1	Blue Beacon International	PO Box 856	Salina KS 67402	928,868	YES
2	Dane G Hansen Foundation	PO Box 187	Logan KS 67646	2,091,118	YES
3	Estate of Paul Berkley	1501 E Magnolia Rd Apt 291	Salina KS 67402	557,180	YES
4	Estate of Betty Huffman	201 S Mill St	Beloit KS 67420	1,543,764	YES
5	Estate of Patricia Perry	2467 Highland Ave	Salina KS 67401	572,005	YES
6	Helen Graves	1501 E Magnolia Rd No 276	Salina KS 67401	493,100	YES
7	Hank and Hannah Kummer	518 E Lincoln St	Lindsborg KS 67456	500,000	YES
8	Gayle and Jane McMillen	521 S Estates Dr	Salina KS 67401	1,005,300	YES
9	Starr F Schlobohm Revocable Trust	PO Box 111	Russell KS 67665	467,557	YES
10	Mac Steele	104 N Hilldale	Salina KS 67401	364,240	YES
11	Mike and Penny Walker	1905 E Iron Ave	Salina KS 67401	504,757	YES

Part II Continuat	ion Statement							
(a) Name of organization or government	(b) EIN	Street	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, otherc	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adoratio Foundation	83-1649777	PO Box 67,Beloit,KS,674 20	Other	415,000				Operating
Africa Inland Mission	11-1873101	PO Box 3611,Peachtree City,GA,30269	Other	6,000				Special Project
American Legion Fred Marran Post 166	48-6134935	114 S Main, Kensington ,KS,66951	501c3	17,500				Capital Project
American Legion Post 200	48-6113701	PO Box 275,Holyrood,KS ,67450	501c3	20,000				Special Project
American Red Cross	53-0196605	510 E Chestnut St,Louisville,KY, 40201	501c3	40,000				Special Project
American Red Cross of Greater Kansas	53-0196605	707 N Main, Wichita, KS ,67203	501c3	40,170				Operating
Ashby House Ltd	48-1099925	PO Box 3482,Salina,KS,6 7402	501c3	34,272				Operating
At Stake Ministries	45-2308324	833 S Brookville Rd,Brookville,K S,67425	501c3	57,500				Special Project
Beloit Area Chamber of Commerce	48-0136787	123 N Mill St,Beloit,KS,674 20	Other	8,150				Special Project
Bennington Bible Church	48-0985220	824 N Nelson St,Bennington,K S,67422	501c3	5,367				Operating
Bethany College	48-0543734	335 E Swensson Ave,Lindsborg,K S,67456	501c3	3,793,598				Capital Project
Bethany College Foundation	48-1114249	335 E Swensson Ave,Lindsborg,K S,67456	501c3	16,450				Operating
Bethany Lutheran Church	48-0556733	320 N Main,Lindsborg, KS,67456	501c3	10,025				Operating
Bethany Lutheran College	41-0747165	700 Luther Dr,Mankato,MN, 56001	501c3	10,025				Operating
Big Brothers Big Sisters of Salina	48-0999016	500 Kenwood Park Dr,Salina,KS,674 01	501c3	90,216				Special Project
Birthright of Salina	48-0972000	1125 E Iron Ave,Salina,KS,67 401	501c3	6,500				Operating
Boy Scouts of America Coronado Area Council	48-0545921	644 S Ohio St,Salina,KS,674 01	501c3	42,906				Operating
Brown Grand Opera House Inc	23-7368877	310 W 6th St,Concordia,KS, 66901	501c3	5,250				Special Project

Greater Salina Community Foundation 48-1215503

Greater Salina Co	mmunity Foundati	ion	1		 	48-1215503
Bud Finch Memorial Community Theatre	48-1156984	122 E Lincoln Ave,Lincoln,KS, 67455	501c3	9,000		Capital Project
Burr Oak Volunteer Fire Department	48-1152912	183 W Lewis,Burr Oak,KS,66936	Government	11,000		Capital Project
Catholic Charities of Northern Kansas	48-0676263	PO Box 1366,Salina,KS,6 7402	501c3	46,500		Operating
Catholic Diocese of Salina	48-0637111	PO Box 980,Salina,KS,67 402	501c3	25,000		Special Project
Celebration Community Church	47-5411696	5790 230th Ave,Hays,KS,67 601	501c3	18,043		Special Project
Cerebral Palsy Research Foundation of Kansas Inc	23-7314938	5111 E 21st St N,Wichita,KS,67 208	501c3	5,241		Special Project
Child Advocacy and Parenting Services	48-0921732	155 N Oakdale Ave Ste 200,Salina,KS,67 401	501c3	11,982		Operating
Christ Cathedral	48-1006759	138 S 8th St,Salina,KS,674 01	501c3	176,585		Operating
City of Beloit	48-6021110	119 N Hersey Ave,Beloit,KS,67 420	Government	30,000		Special Project
City of Bennington	48-6018238	121 N Nelson,Benningt on,KS,67422	Government	15,367		Capital Project
City of Concordia	48-6020606	701 Washington,Conc ordia,KS,66901	Government	12,684		Special Project
City of Formoso	96-1553919	PO Box 144,Formoso,KS, 66942	Government	11,538		Special Project
City of Hunter	48-6021781	PO Box 47,Hunter,KS,67 452	Government	6,000		Capital Project
City of Jewell	48-6021858	308 Delaware,Jewell, KS,66949	Government	16,000		Special Project
City of Kensington	48-6021903	101 S Main,Kensington ,KS,66951	Government	10,063		Capital Project
City of Lebanon	48-6021954	404 Main St,Lebanon,KS,6 6952	Government	8,500		Capital Project
City of Mankato	48-6022016	217 S High St,Mankato,KS,6 6956	Government	5,500		Capital Project
City of Munden	48-6086462	PO Box 59,Munden,KS,6 6959	Government	5,050		Capital Project
City of Osborne	48-6022263	128 N 1st St,Osborne,KS,6 7473	Government	6,574		Capital Project
City of Russell	48-6012826	PO Box 112,Russell,KS,6 7665	Government	7,559		Operating
City of Salina	48-6017228	300 W Ash,Salina,KS,67 402	Government	60,000		Capital Project
City of Simpson	48-0849780	PO Box 100,Simpson,KS, 67478	Government	36,480		Special Project
City of Smith Center	48-6022532	219 S Main St,Smith Center,KS,66967	Government	62,759		Capital Project
City of Wilson	48-6020481	PO Box J,Wilson,KS,674 90	Government	8,298		Capital Project
Cloud County Childrens Trust	51-0196634	115 W 6th St,Concordia,KS, 66901	Other	20,412		Special Project
Cloud County Community College Foundation	23-7164676	2221 Campus Dr,Concordia,KS ,66901	501c3	60,135		Capital Project

Greater Salina Co	mmunity Foundation	on			 	48-1215503
Cloud County Community Resources Council	48-0966884	105 W 7th St,Concordia,KS, 66901	501c3	20,412		Special Project
Cloud County Health Center Inc	48-0545923	1100 Highland Dr,Concordia,KS ,66901	501c3	20,000		Capital Project
Cloud County Historical Society Museum	48-0860878	635 Broadway,Conco rdia,KS,66901	501c3	7,000		Capital Project
Concordia Senior Citizens Center	48-0969915	109 W 7th St,Concordia,KS, 66901	501c3	20,412		Operating
Cornerstone Classical School	47-3859262	830 S 9th St,Salina,KS,674 02	501c3	5,610		Operating
Covenant Cedars Bible Camp	47-0412079	PO Box 68,Hordville,NE, 68846	501c3	175,000		Capital Project
Covenant World Relief and Development	36-2167730	PO Box 773420,Chicago,I L,60677	501c3	50,000		Special Project
DM Stearns Missionary Fund	23-1365973	PO Box 1578,North Wales,PA,19454	501c3	15,000		Special Project
Developmental Services of Northwest Kansas	48-0757621	2703 Hall St Suite 10,Hays,KS,6760	501c3	14,652		Special Project
Disabled American Veterans	48-6132174	PO Box 3318,Salina,KS,6 7402	501c3	17,002		Operating
Dispatch Christian Reformed Church	48-0817923	298 10 Rd,Cawker City,KS,67430	501c3	5,446		Special Project
Downs Art Council	48-1153623	PO Box 211,Downs,KS,6 7437	501c3	9,700		Operating
Downs United Methodist Church	48-0682998	1000 Morgan Ave,Downs,KS,6 7437	501c3	50,000		Special Project
Eisenhower Foundation	48-0634284	200 SE 4th St,Abilene,KS,67 410	501c3	35,000		Operating
Ellinwood Hospital Foundation	48-6282524	605 N Main St,Ellinwood,KS, 67526	501c3	25,000		Capital Project
Ellsworth Child Care and Learning Center	90-0491281	404 Kunkle Dr,Ellsworth,KS, 67439	501c3	6,000		Capital project
Ellsworth County Cancer Fund	26-2637868	122 N Douglas,Ellswort h,KS,67439	501c3	21,819		Operating
Ellsworth County EMS	48-6018556	1107 Evans St,Ellsworth,KS, 67439	Government	21,200		Special Project
Ellsworth County Fair Association	47-3917113	210 N Kansas Ave,Ellsworth,K S,67439	501c3	6,341		Capital Project
Ellsworth County Senior Center	48-1090332	115 E North Main St,Ellsworth,KS, 67439	501c3	8,000		Special Project
Ellsworth First United Methodist Church	48-0571063	402 N Douglas Ave,Ellsworth,K S,67439	501c3	10,715		Operating
Esbon Rural Fire District No 3	48-1131522	PO Box 154,Mankato,KS, 66956	Government	17,587		Capital Project
Evangelical Covenant Church	36-2167730	8303 W Higgins Rd,Chicago,IL,60 631	501c3	298,000		Operating
Evaneglical Covenant Church of America	36-2167730	PO Box 773420,Chicago,I L,60677	501c3	31,000		Special Project
Fekas Christmas Dinner Fund	48-1208062	PO Box 2173,Salina,KS,6 7402	501c3	16,000		Operating
First Covenant Church	48-0823724	2625 E Magnolia Rd,Salina,KS,674 01	501c3	20,000		Operating
First Presbyterian Church	48-0547713	308 S 8th,Salina,KS,67 402	501c3	126,923		Operating

Greater Salina Co	mmunity Foundation	on			_		48-1215503
First United Methodist Church	48-0554344	122 N 8th St,Salina,KS,674 01	501c3	56,934			Operating
Florence Community Foundation	48-1221368	301 N Main Ste 200,Newton,KS,6 7114	501c3	20,000			Special Project
Florence Historical Society	23-7090731	408 W 7th St,Florence,KS,6 6851	501c3	50,000			Capital Project
Fort Hays State University	48-1210777	600 Park St,Hays,KS,6760	501c3	6,500			Special Project
Fort Hays State University Foundation	48-6108086	1 Tiger Pl,Hays,KS,6760	501c3	19,086			Operating
Friends of the River Foundation	26-4057200	PO Box 953,Salina,KS,67 402	501c3	46,282			Capital Project
Gardner Wellness and Therapy Center	48-1226830	616 S Main,Smith Center,KS,66967	501c3	11,505			Capital Project
Gaylord Cemetery	48-0902260	805 9th St,Gaylord,KS,67 638	Government	9,005			Special Project
Glasco Community Foundation	43-1861266	PO Box 572,Glasco,KS,6 7445	501c3	31,759			Special Project
Gracemed Health Clinic Inc	48-1159633	1122 N Topeka Street,Wichita,K S,67214	501c3	10,000			Special Project
Greater Northwest Kansas Community Foundation	48-1025832	PO Box 593,Bird City,KS,67731	501c3	22,399,160			Special Project
Hays Area Chamber of Commerce	48-0613313	2700 Vine St,Hays,KS,6760	501c3	14,072			Special Project
Heartland Community Foundation	48-1215503	PO Box 1673,Hays,KS,67 601	501c3	45,010			Special Project
Historic Seelye Mansion Foundation	74-2807890	1105 N Buckeye Ave, Abilene, KS, 67410	Other	20,000			Operating
Hope for Home Ministries	26-3093158	PO Box 393,Troy,OH,453 73	501c3	12,000			Special project
Humane Society of the United States	53-0225390	1255 23rd Street, Washingto n,DC,20037	501c3	7,002			Operating
Kanopolis Sunflower Civic Club	51-0161105	1965 Avenue K,Kanopolis,KS, 67454	501c3	7,000			Special Project
Kanopolis United Methodist Church	48-1046888	101 S Missouri,Kanopo lis,KS,67454	501c3	5,133			Capital Project
Kanopolis Volunteer Fire Department	48-0579043	PO Box 6,Kanopolis,KS,6 7454	Government	7,528			Capital Project
Kansas Humane Society of Wichita	48-0554339	3313 N Hillside Ave,Wichita,KS, 67219	501c3	6,785			Operating
Kansas State University Foundation	48-0667209	1800 Kimball Ave Ste 1800,Manhattan, KS,66502	501c3	123,991			Special Project
Kansas State University Salina Aerospace and Technology Campus	99-9999999	SAC Building Rm 105,Salina,KS,67 401	Government	10,000			Special Project
Kansas Wesleyan Foundation	48-0543729	100 E Claflin Ave,Salina,KS,67 401	501c3	182,361			Special Project
Kansas Wesleyan University	48-0543729	100 E Claflin Ave,Salina,KS,67 401	501c3	347,580			Operating
KSDS Inc	48-1080879	120 W 7th St,Washington,K S,66968	501c3	25,000			Operating
Lindsborg Evangelical Covenant Church	48-0556707	102 S Washington St,Lindsborg,KS, 67456	501c3	35,500			Operating

Greater Salina Con	mmunity Foundation	on			 	 48-1215503
Local Food Works Foundation	82-4713356	PO Box 2357,Salina,KS,6 7401	501c3	20,000		Operating
Mankato Cares Inc	84-2894545	402 S Lincoln,Mankato, KS,66956	501c3	7,000		Special Project
McPherson County Community Foundation	48-1238797	1233 N Main,McPherson, KS,67460	501c3	500,000		Capital Project
MHS Alumni Loan and Scholarship Foundation	23-7064051	805 Sunbeam St,Minneapolis,K S,67467	501c3	8,286		Special Project
Minneapolis First United Methodist Church	48-0884500	418 N Rock St,Minneapolis,K S,67467	501c3	28,000		Capital Project
Minneapolis Recreation Commission	48-6121760	218 N Rock St,Minneapolis,K S,67467	Government	12,100		Capital Project
Mitchell County	48-6021118	PO Box 190,Beloit,KS,67 420	Government	6,000		Capital Project
Natoma United Methodist Church	27-4810219	602 Elm,Natoma,KS, 67651	501c3	7,000		Capital Project
Nebraska Evangelical Lutheran High School	05-3537668	203 Kendall St,Waco,NE,684 60	501c3	30,079		Operating
North Park University	36-1557840	3225 W Foster Ave, Chicago, IL, 6 0625	501c3	275,000		Operating
Novo Mission Inc	95-3523150	1240 N Lakeview Ave Ste 120,Anaheim,CA ,92807	501c3	10,000		Special Project
Ottawa County	48-6020124	817A Argyle Ave,Minneapolis, KS,67467	Government	16,100		Capital Project
Paradise United Methodist Church	48-0968965	PO Box 6,Paradise,KS,67 658	501c3	20,000		Special Project
Paul Carlson Partnership	36-2645180	8303 W Higgins Rd,Chicago,IL,60 631	501c3	115,000		Special Project
PBS Kansas	48-0735215	PO Box 783100,Wichita, KS,67278	501c3	10,000		Special Project
Plainville Community Foundation	01-0795924	511 S Main St,Plainville,KS,6 7663	501c3	12,048		Special Project
Plainville Fire Department	48-1196707	416 W Mill St,Plainville,KS,6 7663	Government	8,000		Special Project
Plainville Saddle Club	48-0965262	PO Box 74,Plainville,KS, 67663	501c3	10,000		Capital Project
POW Camp Concordia Preservation Society	48-1206637	130 E 6th St,Concordia,KS, 66901	501c3	10,000		Capital Project
Pregnancy Service Center Inc	31-1743727	104 W Elm,Salina,KS,67 402	501c3	17,000		Special Project
Rainbows United Inc	48-0793004	3223 N Oliver St,Wichita,KS,67 220	501c3	6,785		Operating
Rainforest Foundation	95-1622945	PO Box 26908,Brooklyn, NY,11202	501c3	10,000		Operating
Redbud Village Court	20-4853724	1000 S Washington,Plain ville,KS,67663	501c3	7,000		Special Project
Republic County 4H Council	76-0735964	1815 M St,Belleville,KS, 66935	501c3	6,800		Special Project
Republic County Historical Society	23-7414313	615 28th St,Belleville,KS, 66935	501c3	8,495		Special Project
Republic County Hospital	48-1226977	2420 G St,Belleville,KS, 66935	501c3	8,539		Special Project

Greater Salina Co	mmunity Foundati	on			 	48-1215503
Revolution Church	20-3237282	1111 West South Street, Salina, KS, 67401	501c3	100,000		Capital Project
Rice County Community Foundation	48-1175198	PO Box 444,Lyons,KS,67 554	501c3	10,000		Capital Project
Rolling Hills Zoo	30-0180215	625 N Hedville Rd,Salina,KS,674 01	501c3	2,702,694		Operating
Rooks County Health Center	48-6084911	PO Box 389,Plainville,KS ,67663	501c3	12,111		Operating
Rooks County Healthcare Foundation	48-1091767	PO Box 184,Plainville,KS ,67663	501c3	8,988		Special Project
Russell County Area Community Foundation	48-1025832	507 N Main,Russell,KS, 67665	501c3	20,000		Special Project
Russell County Historical Society	48-6111608	PO Box 245,Russell,KS,6 7665	501c3	20,000		Capital Project
Russell Senior Citizens Organization Inc	48-0908780	518 N Main Street,Russell,KS ,67665	501c3	15,000		Special Project
Sacred Heart Jr Sr High School	26-2936071	234 E Cloud St,Salina,KS,674 01	501c3	26,864		Operating
Sacred Heart Parish	26-0863830	300 N Washington St,Plainville,KS,6 7663	501c3	7,000		Capital Project
Saint Francis Ministries	48-1030086	509 E Elm,Salina,KS,67 402	501c3	14,093		Operating
Salina AM Chapter Ambucs	46-3918916	PO Box 1952,Salina,KS,6 7402	501c3	7,500		Special Project
Salina Animal Shelter	48-6086715	329 N 2nd St,Salina,KS,674 01	Government	23,396		Operating
Salina Area Chamber of Commerce	48-0402660	120 W Ash,Salina,KS,67 402	Other	32,194		Special Project
Salina Area Technical College	26-4364610	2562 Centennial Rd,Salina,KS,674 01	501c3	225,000		Capital Project
Salina Area Young Life	84-0385934	PO Box 2366,Salina,KS,6 7402	501c3	10,000		Special Project
Salina Art Center	48-0878295	PO Box 743,Salina,KS,67 402	501c3	10,000		Capital Project
Salina Arts and Humanities Foundation	48-1074958	211 W Iron,Salina,KS,67 402	501c3	201,980		Opearting
Salina Educational Automotive Museum of America Inc	47-5125835	134 S 4th St,Salina,KS,674 02	501c3	18,343		Special Project
Salina Emergency Aid Food Bank	23-7425890	255 S Chicago,Salina,K S,67401	501c3	35,100		Operating
Salina Family YMCA	48-0544573	570 YMCA Dr,Salina,KS,674 01	501c3	47,455		Operating
Salina Family YMCA Foundation	48-0963024	570 YMCA Dr,Salina,KS,674 01	501c3	5,692		Operating
Salina Grace	82-2356138	304 W Grand Ave,Salina,KS,67 401	501c3	60,000		Opearting
Salina Heights Christian Church	23-7022614	801 E Cloud St,Salina,KS,674 01	501c3	14,966		Operating
Salina Presbyterian Manor Inc	48-0937829	2601 E Crawford St,Salina,KS,674 01	501c3	7,002		Operating
Salina Public Library	48-6017329	301 W Elm St,Salina,KS,674 01	Government	25,000		Capital Project
Salina Regional Health Foundation	48-0949407	400 S Santa Fe,Salina,KS,674 02	501c3	145,417		Operating

Greater Salina Coi	nmunity Foundati	ion			 	 48-1215503
Salina Rescue Mission	48-0944358	1716 Summers Rd,Salina,KS,674 02	501c3	73,037		Opearting
Salina Shares	47-3046230	PO Box 1474,Salina,KS,6 7402	501c3	16,052		Operating
Salina Symphony	48-6121166	PO Box 792,Salina,KS,67 402	501c3	119,060		Opearting
Salina Tennis Alliance	87-2282663	1720 S Ohio St,Salina,KS,674	501c3	478,309		Capital Project
Salvation Army Service Ext Unit	44-0545998	3637 Broadway Blvd,Kansas City,MO,64111	501c3	25,860		Operating
Samartians Purse	58-1437002	PO Box 3000,Boone,NC, 28607	501c3	10,000		Special Project
Shriners Hospitals for Children	36-2193608	2900 N Rocky Point Dr,Tampa,FL,33 607	501c3	6,664		Operating
Sisters of St Joseph of Concordia KS	48-0622382	PO Box 279,Concordia,K S,66901	501c3	10,000		Operating
Smith Center Public Library	48-6022532	117 W Court St,Smith Center,KS,66967	Government	8,381		Operating
Smith County Child Development Center Inc	82-4738906	907 E Kansas Ave,Smith Center,KS,66967	501c3	15,000		Special Project
Smith County Community Foundation	99-999999	PO Box 116,Smith Center,KS,66967	501c3	6,944		Special Project
Smith County Free Fair	04-3668126	216 S Grant St,Smith Center,KS,66967	501c3	15,466		Capital Project
Smoky Hills Charitable Foundation	48-1215503	PO Box 265,Ellsworth,KS ,67439	501c3	21,200		Special Project
Smoky Valley Community Foundation	48-1215503	PO Box 84,Lindsborg,KS, 67456	501c3	20,162		Opearting
Sons of the American Legion Post 174	48-0536886	595 23rd Road,Ellsworth, KS,67439	501c3	12,000		Special Project
Southwestern College	48-0543715	100 College St,Winfield,KS,6 7156	501c3	6,000		Special Project
St Elizabeth Ann Seton Catholic Church	26-0840921	1000 Burr Oak Ln,Salina,KS,674 01	501c3	14,086		Operating
St John the Baptist Catholic Church	26-0841410	622 E Main St,Beloit,KS,674 20	501c3	7,500		Operating
St Johns Military School Historical Museum	83-3977341	PO Box 3464,Salina,KS,6 7402	501c3	41,995		Operating
St Johns Missionary Baptist Church	48-1046250	215 S Chicago St,Salina,KS,674 01	501c3	31,085		Special Project
St Mark Evangelical Church Trust Fund	48-0873178	2349 S Ohio St,Salina,KS,674 01	501c3	30,079		Operating
St Mary Queen of the Universe	26-0838612	230 E Cloud St,Salina,KS,674 01	501c3	24,418		Operating
St Marys Catholic Church	26-0838612	230 E Cloud St,Salina,KS,674 01	501c3	40,500		Opearting
St Marys Church of Gorham KS	48-0695582	PO Box 135,McPherson, KS,67460	501c3	7,800		Special Project
St Marys Grade School	26-0838612	304 E Cloud St,Salina,KS,674 01	501c3	45,921		Opearting
St Pauls Luteheran Church	48-6075908	449 13th Rd,Ellsworth,KS, 67439	501c3	16,000		Capital Project
Stiefel Theatre	31-1537194	151 S Santa Fe,Salina,KS,674 02	501c3	59,505		Special Project

Greater Salina Coi	nmunity Foundation	on			_	 48-1215503
Sunflower Adult Day Services	47-2398695	401 W Iron Ave,Salina,KS,67 401	501c3	15,664		Operating
Sunrise Presbyterian Church	48-6101014	825 E Beloit Ave,Salina,KS,67	501c3	14,025		Operating
Switchgrass Collaborative Inc	85-0791156	208 South Main,Lucas,KS,6 7648	501c3	10,000		Capital Project
Sylvan Grove Fair and Agriculture Association	48-6117245	PO Box 85,Sylvan Grove,KS,67481	501c3	16,459		Capital Project
Sylvan Senior Center	48-1076239	PO Box 34,Sylvan Grove,KS,67481	501c3	18,350		Capital Project
TeenTown Inc	48-1235530	129 N 7th St,Salina,KS,674 02	501c3	1,750,308		Operating
The Ark Church	82-1991237	2020 S Ohio Street,Salina,KS, 67402	501c3	10,000		operating
The Catholic Foundation for Diocese of Salina	48-1104490	PO Box 980,Salina,KS,67 402	501c3	7,923,637		Operating
The First Tee of Saline County Inc	31-1695443	2525 S Ohio St Ste 1,Salina,KS,6740	501c3	7,364		Operating
The Land Institute	48-0842156	2440 E Water Well Rd,Salina,KS,674 01	501c3	10,000		Operating
The Mosaic Foundation	36-3837360	4980 S 118th St,Omaha,NE,68 137	501c3	11,177		Operating
The Nature Conservancy	53-0242652	4245 North Fairfax Drive Suite 100,Fairfax,VA,2 2031	501c3	10,000		Operating
The Salvation Army	44-0545998	1137 N Santa Fe Ave,Salina,KS,67 401	501c3	35,000		Special Project
The World Wildlife Foundation	52-1693387	PO Box 97180,Washingto n,DC,20090	501c3	10,000		Operating
Theatre Salina	48-0672877	303 E Iron Ave,Salina,KS,67 402	501c3	114,923		Operating
Tipton Fire Department	48-1082274	PO Box 151,Tipton,KS,67 485	Government	5,700		Capital Project
Trego County Enhancement Foundation	47-4798909	714 Easter Avenue,Wa Keeney,KS,6767	501c3	13,500		Special Project
Trego County Historical Society	48-0791922	PO Box 132,Wa Keeney,KS,6767	501c3	12,000		Capital Project
Trinity Lutheran Church	48-0732721	702 S 9th St,Salina,KS,674 01	501c3	14,502		Operating
Trinity United Methodist Church	48-0556708	128 E 8th St,Concordia,KS, 66901	501c3	66,340		Operating
Turner Syndrome Colorado	81-0960162	11269 Lamar St,Broomfield,C O,80020	501c3	6,000		Operating
Turning Point USA	23-7042029	4940 East Beverly Road,Phoenix,A Z,85044	501c3	50,000		Operating
Twin Valley Education Foundation	20-5407713	107 N Nelson,Benningt on,KS,67422	501c3	13,000		Special Project
US Submarine Veterans of WWII	36-6080745	1202 Spring Cir,Haysville,KS, 67060	501c3	7,002		Special Project
UNICEF	13-1760110	125 Maiden Ln,New York,NY,10038	501c3	10,000		Special Project

Greater Salina Cor	mmunity Foundat	ion			 	 48-1215503
Union College	47-0405319	3800 S 48th St,Lincoln,NE,68 506	501c3	50,000		Special Project
United Church of Bennington	48-0933222	222 N Nelson,Benningt on,KS,67422	501c3	5,367		Operating
United Methodist Church	48-0547690	921 5th St,Clay Center,KS,67432	501c3	5,108		Operating
United School of Christianity	44-0546000	1901 NW Blue Pkwy,Lees Summit,MO,640 65	501c3	8,272		Operating
USA for UNHCR	52-1662800	1310 L St NW Ste 450, Washington, DC, 20005	501c3	60,000		Special Project
USD 110	26-2422475	PO Box 188,Kensington, KS,66951	Government	7,500		Capital Project
USD 208	48-0698129	612 Junction Ave Ste B,Wa Keeney,KS,6767	Government	37,770		Capital Project
USD 240	48-0698822	107 N Nelson,Benningt on,KS,67422	Government	23,473		Capital Project
USD 270	48-0724587	203 SE Cardinal Ave,Plainville,K S,67663	Government	13,791		Capital Project
USD 298 Lincoln	48-0724421	133 E Lincoln St,Lincoln,KS,67 455	Government	8,700		Special Project
USD 305	48-6017165	1511 Gypsum Ave,Salina,KS,67 401	Government	31,236		Operating
USD 400	48-0721235	126 S Main St,Lindsborg,KS, 67456	Government	40,000		Special Project
USD 408	48-0724541	101 N Thorp,Marion,KS ,66861	Government	35,000		Capital Project
WELS Kingdom Workers	39-1656073	N19W24075 Riverwood Dr Ste 200,Waukesha,W I,53188	501c3	10,026		Operating
WaKeeney Church of God	48-0920096	1300 Easter Ave,Wa Keeney,KS,6767	501c3	6,734		Capital Project
Wilson After Harvest Czech Festival	48-6020481	PO Box J,Wilson,KS,674 90	501c3	8,108		Special Project
Wisconsin Evangelical Lutheran Synod	39-0842084	N16W23377 Stone Ridge Dr,Waukesha,WI ,53188	501c3	60,160		Operating
Wisconsin Luteheran College	23-7179639	8800 W Bluemound Rd,Milwaukee,W I,53226	501c3	20,053		Operating
World Food Program USA	13-3843435	1725 I Street NW Suite 510, Washington, DC,20006	501c3	70,000		Special Project
Wounded Warrior Project	20-2370934	PO Box 758541,Topeka, KS,66675	501c3	5,448		Operating
Young Americas Foundation	23-7042029	11480 Commerce Park Drive 6th Floor,Reston,VA, 20191	501c3	25,000		Operating