EXTENDED TO NOVEMBER 16, 2026

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

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

C Name of organization
GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
PO BOX 593

City or town, state or province, country, and ZIP or foreign postal code
BIRD CITY, KS 67731

F Name and address of principal officer: KARL PRATT
SAME AS C ABOVE

D Employer identification number
48-1025832

E Telephone number
785-734-2406

G Gross receipts $ 21,884,722.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.GNWKCF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009 **M** State of legal domicile: KS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO EMPOWER OUR DONORS, AFFILIATES AND CHARITABLE PARTNERS THROUGH EDUCATION,

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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	2
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,877,594.	11,420,712.
9	Program service revenue (Part VIII, line 2g)	762,515.	947,718.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,549,416.	4,059,455.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,742.	329,850.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,469,267.	16,757,735.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,194,317.	4,137,677.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,054,769.	1,508,876.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 662,096.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,556,643.	1,789,852.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,805,729.	7,436,405.
19	Revenue less expenses. Subtract line 18 from line 12	19,663,538.	9,321,330.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	94,620,124.	110,569,414.
21	Total liabilities (Part X, line 26)	4,313,227.	5,124,125.
22	Net assets or fund balances. Subtract line 21 from line 20	90,306,897.	105,445,289.

Part II Signature Block

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

Sign Here

Signature of officer — Date

DARCI SCHIELDS, CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
BILLY J KLUG	BILLY J KLUG	11/10/26	☐	P00707301

Firm's name LINDBURG VOGEL PIERCE FARIS, CHARTERED — Firm's EIN 48-0841034

Firm's address 2301 N HALSTEAD - P O BOX 2047
HUTCHINSON, KS 67504-2047 — Phone no. 620 669-0461

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
OUR MISSION IS TO EMPOWER OUR DONORS, AFFILIATES AND CHARITABLE PARTNERS THROUGH EDUCATION, STEWARDSHIP AND REGIONAL COLLABORATION, TO CREATE THRIVING COMMUNITIES AND IMPACT PRESENT AND FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses $ 4,393,686. including grants of $ 4,137,677.) (Revenue $ 947,718.)
OTHER GRANTS AND ALLOCATIONS FOR THE BENEFIT OF THE COMMUNITY

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

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

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

4e Total program service expenses 4,393,686.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	33		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

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	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	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 with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KARL PRATT - 785-734-2406

103 WEST 4TH STREET, BIRD CITY, KS 67731

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARCI SCHIELDS	40.00									
CHIEF OPERATING OFFICER				X				95,020.	0.	9,129.
(2) JEANINE MCKENNA	40.00									
EXECUTIVE DIRECTOR				X				36,303.	0.	1,470.
(3) MIKE POSSON	1.00									
DIRECTOR		X						0.	0.	0.
(4) JOAN MCKENNA	1.00									
PRESIDENT		X		X				0.	0.	0.
(5) TOM KELLER	1.00									
SECRETARY		X		X				0.	0.	0.
(6) MITCH GILLESPIE	1.00									
DIRECTOR		X						0.	0.	0.
(7) HARRY JOE PRATT	1.00									
DIRECTOR		X						0.	0.	0.
(8) JOHN O FARMER IV	1.00									
DIRECTOR		X						0.	0.	0.
(9) RAELENE KELLER	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(10) KRIS YOST	1.00									
TREASURER		X		X				0.	0.	0.
(11) TRAVIS RICKFORD	1.00									
DIRECTOR		X						0.	0.	0.
(12) CHUCK MOORE	1.00									
DIRECTOR		X						0.	0.	0.
(13) TONY HAFFNER	1.00									
DIRECTOR		X						0.	0.	0.
(14) CHERYL RATHBUN	1.00									
DIRECTOR		X						0.	0.	0.
(15) HEATHER HANCOCK	1.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								131,323.	0.	10,599.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								131,323.	0.	10,599.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STEWARDSHIP COUNSELING, LLC 12 PARK VIEW RD, HESSTON, KS 67062	GIVING COUNSEL	120,073.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	150.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,420,562.				
	g Noncash contributions included in lines 1a-1f	1g	$ 108,845.				
	h **Total.** Add lines 1a-1f			11,420,712.			
Program Service Revenue		Business Code					
	2a ADMINISTRATIVE FEES	541610		947,718.	947,718.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			947,718.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,315,418.			2315418.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	564,487.					
	b Less: rental expenses 6b	264,649.					
	c Rental income or (loss) 6c	299,838.					
	d Net rental income or (loss)			299,838.			299,838.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	6,589,265.	300.				
	b Less: cost or other basis and sales expenses 7b	4,845,528.	0.				
	c Gain or (loss) 7c	1,743,737.	300.				
	d Net gain or (loss)			1,744,037.			1744037.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a	46,737.					
	b Less: direct expenses 8b	16,810.					
	c Net income or (loss) from fundraising events			29,927.			29,927.
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a OTHER INCOME	900099		85.			85.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			85.			
	12 **Total revenue.** See instructions			16,757,735.	947,718.	0.	4389305.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,412,467.	3,412,467.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	725,210.	725,210.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,922.		118,764.	23,158.
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	1,133,182.		790,921.	342,261.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,621.		26,621.	
9 Other employee benefits	107,727.		75,351.	32,376.
10 Payroll taxes	99,424.		71,469.	27,955.
11 Fees for services (nonemployees):				
a Management	845,301.		845,301.	
b Legal	1,410.	1,410.		
c Accounting	26,393.		26,393.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	97,286.		97,286.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	126,748.		7,032.	119,716.
12 Advertising and promotion	10,410.	10,410.		
13 Office expenses	164,215.		164,215.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	22,634.		22,634.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,175.	24,175.		
23 Insurance	53,186.	53,186.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE AND REPAIRS	139,962.	139,962.		
b MARKETING	116,630.			116,630.
c STAFF DEVELOPMENT AND T	54,647.		54,647.	
d PROJECT COST, NET	26,866.	26,866.		
e All other expenses	79,989.		79,989.	
25 **Total functional expenses.** Add lines 1 through 24e	7,436,405.	4,393,686.	2,380,623.	662,096.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,023,739.	1	1,247,195.
	2	Savings and temporary cash investments		18,277,145.	2	13,852,841.
	3	Pledges and grants receivable, net		4,839,091.	3	4,294,289.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,150.	9	2,886.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,326,376.			
	b	Less: accumulated depreciation	10b 41,871.	15,149,847.	10c	15,284,505.
	11	Investments - publicly traded securities		55,328,152.	11	75,887,698.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		94,620,124.	16	110,569,414.
Liabilities	17	Accounts payable and accrued expenses		324,504.	17	147,978.
	18	Grants payable		134,825.	18	486,400.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,853,898.	25	4,489,747.
	26	**Total liabilities.** Add lines 17 through 25		4,313,227.	26	5,124,125.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		86,306,897.	27	102,445,289.
	28	Net assets with donor restrictions		4,000,000.	28	3,000,000.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		90,306,897.	32	105,445,289.
	33	Total liabilities and net assets/fund balances		94,620,124.	33	110,569,414.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,757,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,436,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,321,330.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,306,897.
5	Net unrealized gains (losses) on investments	5	6,452,912.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-635,850.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	105,445,289.

Part XII Financial Statements and Reporting

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

			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		X
	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	X	
	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION	48-1025832

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5496621.	29919899.	14845268.	20877594.	11420712.	82560094.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5496621.	29919899.	14845268.	20877594.	11420712.	82560094.
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)						22218023.
6 **Public support.** Subtract line 5 from line 4.						60342071.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5496621.	29919899.	14845268.	20877594.	11420712.	82560094.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	494,486.	761,906.	1544325.	2149523.	2615255.	7565495.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						90125589.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	66.95 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	69.03 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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		
c	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *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.*	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		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

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

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION A, LINE 1, EXCLUDED UNUSUAL GRANTS IN 2021, AN UNUSUAL GRANT OF $14,078,000 WAS EXCLUDED FROM PART II, SECTION A, LINE 1.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number
48-1025832

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	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number 48-1025832

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	88	
2	Aggregate value of contributions to (during year)	1,077,026.	
3	Aggregate value of grants from (during year)	217,138.	
4	Aggregate value at end of year	4,450,845.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,777,304.	47,825,985.	34,411,212.	13,482,350.	10,678,392.
b Contributions	7,307,556.	13,165,357.	9,628,979.	26,442,494.	2,109,779.
c Net investment earnings, gains, and losses	8,854,467.	9,779,022.	5,734,776.	-3,911,201.	1,094,175.
d Grants or scholarships	3,063,572.	5,416,078.	1,528,115.	1,384,545.	272,622.
e Other expenditures for facilities and programs					
f Administrative expenses	683,237.	576,982.	420,867.	217,886.	127,374.
g End of year balance	77,192,518.	64,777,304.	47,825,985.	34,411,212.	13,482,350.

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

a Board designated or quasi-endowment 100 %
b Permanent endowment _____ %
c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	14,294,587.	19,886.		14,314,473.
b Buildings		1,008,293.	40,410.	967,883.
c Leasehold improvements				
d Equipment		3,610.	1,461.	2,149.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				15,284,505.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHER AGENCIES	4,489,747.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,489,747.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:
THE FOUNDATION USES THE ENDOWMENT FUNDS TO MAKE GRANTS TO CHARITABLE ORGANIZATIONS AND FUND SCHOLARSHIPS.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number 48-1025832

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 DUELING PIANOS (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	22,855.	14,987.	8,895.	46,737.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	22,855.	14,987.	8,895.	46,737.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	4,115.			4,115.
	8 Entertainment	11,500.			11,500.
	9 Other direct expenses	1,195.			1,195.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,810.
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,927.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number 48-1025832

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, INC PO BOX 6704 HAGERSTOWN, MD 21741	46-5429467	501(C)(3)	5,010.	0.			HEALTH CARE
ATWOOD PUBLIC LIBRARY 102 S. 6TH ST. ATWOOD, KS 67730	48-6100334	GOVERNMENT	10,888.	0.			PUBLIC & SOCIETAL BENEFIT
ATWOOD SUMMER RECREATION COMMISSION - PO BOX 181 - ATWOOD, KS 67730	27-0075564	501(C)(3)	5,750.	0.			RECREATION & SPORTS
BULL CITY COMMUNITY FOUNDATION 678 S 230TH AVE ALTON, KS 67623	48-1239981	501(C)(3)	10,259.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
BUTTERFIELD TRAIL ASSOCIATION AND HISTORICAL SOCIETY OF LOGAN COUNTY - 515 HILTS ST - RUSSELL SPRINGS, KS 67764	23-7326310	501(C)(3)	16,000.	0.			ARTS, CULTURE & HUMANITIES
CARRIE'S REHAB CRITTERS 1724 GOLDEN BELT DR HAYS, KS 67601	84-3688693	501(C)(3)	9,850.	0.			PUBLIC & SOCIETAL BENEFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 133.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF THE HIGH PLAINS, HAYS, KS 107 W. 13TH STREET HAYS, KS 67601	48-1071972	501(C)(3)	10,000.	0.			HUMAN SERVICES
CASTLE ROCK HEALTH AND FITNESS INC. - 324 MAIN STREET, PO BOX 82 - QUINTER, KS 67752	26-0625152	501(C)(3)	10,250.	0.			RECREATION & SPORTS
CATHOLIC FOUNDATION FOR DIOCESE OF SALINA - P.O. BOX 1696 - SALINA, KS 67402	48-0637111	501(C)(3)	7,012.	0.			RELIGION
CHRISTIAN AGAPE SHOP 700 BLUNT ST. DOWNS, KS 67437	48-0962957	501(C)(3)	9,000.	0.			PUBLIC & SOCIETAL BENEFIT
CHURCH OF THE BRETHREN (QUINTER) 700 GRANT ST QUINTER, KS 67752	48-0568582	501(C)(3)	10,000.	0.			HUMAN SERVICES
CITIZENS FOUNDATION 100 E COLLEGE DRIVE COLBY, KS 67701	48-1112955	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
CITY OF ELLSWORTH PO BOX 163 ELLSWORTH, KS 67439	48-6018554	GOVERNMENT	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF GOODLAND 204 W 11TH GOODLAND, KS 67735	48-6013884	GOVERNMENT	15,865.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF GORHAM 125 MARKET STREET GORHAM, KS 67640	48-6100045	GOVERNMENT	10,000.	0.			PUBLIC & SOCIETAL BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GOVE PO BOX 14 GOVE, KS 67736	48-0970827	GOVERNMENT	5,250.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF NORCATUR 301 E OSSIPEE, PO BOX 89 NORCATUR, KS 67653	48-6014555	GOVERNMENT	6,978.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF NORTON 301 EAST WASHINGTON, PO BOX 160 NORTON, KS 67654	48-6013146	GOVERNMENT	32,360.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF OBERLIN PO BOX 67 OBERLIN, KS 67749	48-6014612	GOVERNMENT	52,907.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF OSBORNE 128 N 1ST ST OSBORNE, KS 67473	48-6022263	GOVERNMENT	16,827.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF RUSSELL 133 WEST 8TH STREET RUSSELL, KS 67665	48-6012826	GOVERNMENT	17,641.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF SELDEN PO BOX 54 SELDEN, KS 67757	48-6015141	GOVERNMENT	14,000.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF ST. FRANCIS PO BOX 517 ST. FRANCIS, KS 67756	48-6015044	GOVERNMENT	5,700.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF WILSON 2407 AVE E WILSON, KS 67490	48-6020481	GOVERNMENT	25,000.	0.			PUBLIC & SOCIETAL BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DECATUR COUNTY 120 EAST HALL, #2 OBERLIN, KS 67749	48-6014616	GOVERNMENT	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
DECATUR COUNTY ECONOMIC DEVELOPMENT CHARITABLE ORGANIZATION INC - 124 S PENN AVE - OBERLIN, KS 67749	87-1617345	501(C)(3)	34,384.	0.			PUBLIC & SOCIETAL BENEFIT
DECATUR HEALTH SYSTEMS INC 810 W COLUMBIA ST OBERLIN, KS 67749	80-0025964	501(C)(3)	127,400.	0.			HEALTH CARE
DEVELOPMENTAL SERVICES OF NORTHWEST KANSAS INC - 2703 HALL STREET, SUITE 10 - HAYS, KS 67601	48-0757621	501(C)(3)	19,528.	0.			HUMAN SERVICES
DOWNS COMMUNITY CONNECTION 901 MORGAN AVENUE DOWNS, KS 67437	92-0484370	501(C)(3)	7,000.	0.			PUBLIC & SOCIETAL BENEFIT
ELLSWORTH COUNTY 1107 EVANS ST ELLSWORTH, KS 67439	48-6018556	GOVERNMENT	5,466.	0.			PUBLIC & SOCIETAL BENEFIT
ELLSWORTH METHODIST CHURCH 402 N DOUGLAS ELLSWORTH, KS 67439	48-0571063	501(C)(3)	22,539.	0.			RELIGION
FIRST ASSEMBLY OF GOD - HILL CITY PO BOX 26 HILL CITY, KS 67642	43-1940559	501(C)(3)	9,500.	0.			RELIGION
FIRST CHRISTIAN CHURCH OF WOLFEBORO - PO BOX 681 - WOLFEBORO, NH 03894	02-6009460	501(C)(3)	5,328.	0.			RELIGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST COVENANT CHURCH SALINA KS 2625 EAST MAGNOLIA ROAD SALINA, KS 67401	48-0823724	501(C)(3)	26,895.	0.			HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH (ELLSWORTH) - BOX 154 - ELLSWORTH, KS 67439	48-0634290	501(C)(3)	15,500.	0.			RELIGION
FORT HAYS STATE UNIVERSITY FOUNDATION - ONE TIGER PLACE, PO BOX 1060 - HAYS, KS 67601	48-6108086	501(C)(3)	23,473.	0.			EDUCATION
FORT HAYS TECH NORTHWEST 1209 HARRISON ST GOODLAND, KS 67735	48-0690968	501(C)(3)	9,128.	0.			EDUCATION
FORT WALLACE MEMORIAL ASSOCIATION PO BOX 53 WALLACE, KS 67761	48-0805473	501(C)(3)	25,754.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
GLENWOOD TOWNSHIP 360 E 600 ROAD PHILLIPSBURG, KS 67661	48-6014794	GOVERNMENT	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
GOODLAND ACTIVITIES CENTER, INC. 808 MAIN STREET GOODLAND, KS 67735	48-0935728	501(C)(3)	5,820.	0.			RECREATION & SPORTS
GOODLAND BASEBALL CLUB INC 1617 CLARK AVENUE GOODLAND, KS 67735	83-3174208	501(C)(3)	6,000.	0.			RECREATION & SPORTS
GOVE COUNTY PO BOX 127 GOVE, KS 67736	48-6010423	501(C)(3)	7,750.	0.			RECREATION & SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOVE COUNTY C/O GOVE COUNTY MEDICAL CENTER - 520 W 5TH STREET, PO BOX 129 - QUINTER, KS 67752	48-6065840	GOVERNMENT	11,000.	0.			HEALTH CARE
GOVE COUNTY ELDERCARE, INC PO BOX 339 QUINTER, KS 67752	93-2608995	501(C)(3)	14,000.	0.			HUMAN SERVICES
GP3 AKA GRINNELL PROMOTING PRIDE & PROGRESS - PO BOX 21 - GRINNELL, KS 67738	88-1743858	501(C)(3)	135,839.	0.			PUBLIC & SOCIETAL BENEFIT
GRAHAM COUNTY AUTO AND ART MUSEUM PO BOX 159 HILL CITY, KS 67642	81-4893175	501(C)(3)	7,250.	0.			ARTS, CULTURE & HUMANITIES
GRAHAM COUNTY HOSPITAL 304 W PROUT ST HILL CITY, KS 67642	48-6083417	501(C)(3)	12,670.	0.			HEALTH CARE
GRAHAM COUNTY RECREATION COMMISSION INC. - PO BOX 22 - HILL CITY, KS 67642	26-4175774	501(C)(3)	7,000.	0.			RECREATION & SPORTS
GREELEY-WALLACE COUNTY HEALTHCARE FOUNDATION - PO BOX 310 - SHARON SPRINGS, KS 67758	48-1234895	501(C)(3)	11,600.	0.			HEALTH CARE
HAYS AREA CHILDREN'S CENTER 94 LEWIS DR HAYS, KS 67601	48-0726009	501(C)(3)	8,929.	0.			HUMAN SERVICES
HIGH PLAINS MENTAL HEALTH CENTER 208 EAST 7TH STREET HAYS, KS 67601	48-0686630	501(C)(3)	28,660.	0.			HEALTH CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH POINT ADVOCACY AND RESOURCE CENTER, INC. - 785 W WEBSTER - COLBY, KS 67701	84-2481588	501(C)(3)	7,250.	0.			HUMAN SERVICES
HOLYROOD FIRE DEPARTMENT 102 S COUNTY RD HOLYROOD, KS 67450	48-6018982	GOVERNMENT	21,307.	0.			PUBLIC & SOCIETAL BENEFIT
HOXIE CHRISTIAN CHURCH 1024 QUEEN AVENUE PO BOX 704 HOXIE, KS 67740	48-0618424	501(C)(3)	10,250.	0.			RELIGION
HOXIE PUBLIC HOUSING AUTHORITY PO BOX 746, 925 8TH STREET HOXIE, KS 67740	48-1243455	GOVERNMENT	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
JEWELL COUNTY STRONG INC. 3078 N RD FORMOSO, KS 66942	88-2776364	501(C)(3)	18,728.	0.			HUMAN SERVICES
KANOPOLIS VOLUNTEER FIRE DEPT P O BOX 6 KANOPOLIS, KS 67454	48-6019481	GOVERNMENT	12,458.	0.			PUBLIC & SOCIETAL BENEFIT
K-STATE RESEARCH AND EXTENSION TWIN CREEKS DISTRICT #9 (DECATUR COUNTY SHOO - 120 E. HALL - OBERLIN, KS 67749	36-4851146	501(C)(3)	7,500.	0.			EDUCATION
K-STATE RESEARCH AND EXTENSION TWIN CREEKS DISTRICT #9 (NORTON) - 107 SOUTH STATE STREET - NORTON, KS 67654	80-0416676	501(C)(3)	27,000.	0.			EDUCATION
LEAP OF FAITHE FOUNDATION 904 CRESTVIEW DRIVE NORTON, KS 67654	93-3653112	501(C)(3)	71,553.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVEWELL NORTHWEST KANSAS INC 460 N GARFIELD COLBY, KS 67701	48-0950931	501(C)(3)	6,645.	0.			HUMAN SERVICES
LOGAN COMMUNITY DEVELOPMENT FOUNDATION, INC. - 105 N DOUGLAS ST - LOGAN, KS 67646	20-5899329	501(C)(3)	244,832.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
LOGAN COUNTY 710 W 2ND OAKLEY, KS 67748	48-6010954	GOVERNMENT	25,049.	0.			PUBLIC & SOCIETAL BENEFIT
LUDELL TOWNSHIP 540 NORTH STREET LUDELL, KS 67744	48-0215970	GOVERNMENT	19,300.	0.			PUBLIC & SOCIETAL BENEFIT
LURAY COMMUNITY FOUNDATION PO BOX 14 LURAY, KS 67649	27-3249535	501(C)(3)	41,000.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
MAIN STREET ARTS COUNCIL 721 MAIN STREET HOXIE, KS 67740	47-4010596	501(C)(3)	33,600.	0.			ARTS, CULTURE & HUMANITIES
MCDONALD COMMUNITY DEVELOPMENT, INC - 304 RAWLINS AVE - MCDONALD, KS 67745	86-2865692	501(C)(3)	20,350.	0.			COMMUNITY IMPROVEMENT
MORLAND COMMUNITY FOUNDATION INC PO BOX 44 MORLAND, KS 67650	48-1140372	501(C)(3)	238,000.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
NATOMA COMMUNITY CENTER INC 704 N 2ND ST NATOMA, KS 67651	48-1038336	501(C)(3)	7,458.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCCF PROPERTY INVESTMENTS 112 S KANSAS AVE, SUITE 203 NORTON, KS 67654	48-1158543	501(C)(3)	100,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTHWEST KANSAS DISTRICT FREE FAIR - PO BOX 184 - GOODLAND, KS 67735	81-2279818	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
NORTON AREA CHILD CARE ASSOCIATION, DBA SUNSHINE LEARNING CENTER - 110 N STATE STREET - NORTON, KS 67654	48-0885599	501(C)(3)	14,845.	0.			HUMAN SERVICES
NORTON CITY/COUNTY ECONOMIC DEVELOPMENT - 205 S STATE STREET - NORTON, KS 67654	48-6013150	GOVERNMENT	8,730.	0.			PUBLIC & SOCIETAL BENEFIT
NORTON DEVELOPMENT CORPORATION 205 S STATE ST NORTON, KS 67654	48-0930240	501(C)(3)	33,000.	0.			HUMAN SERVICES
NORTON PUBLIC LIBRARY 1 WASHINGTON SQUARE NORTON, KS 67654	48-0936678	GOVERNMENT	10,000.	0.			EDUCATION
NORTON THEATRE ASSOCIATION PO BOX 98 NORTON, KS 67654	48-1122034	501(C)(3)	11,027.	0.			ARTS, CULTURE & HUMANITIES
OGALLALA COMMONS INC. 919 MAIN STREET SPRINGFIELD, CO 81073	33-1144011	501(C)(3)	8,000.	0.			EDUCATION
OSBORNE UNITED METHODIST CHURCH 105 N 3RD ST OSBORNE, KS 67473	48-0735237	501(C)(3)	25,000.	0.			RELIGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE LUTHERAN CHURCH ASSOCIATION OF FREE LUTHERAN (ST. FRANCIS) - 202 N COLLEGE STREET - ST. FRANCIS, KS 67756	48-0872559	501(C)(3)	15,333.	0.			RELIGION
PHILLIPS COUNTY DEVELOPMENT & COMMUNITY FOUNDATION - PO BOX 508 - PHILLIPSBURG, KS 67661	74-3063959	501(C)(3)	56,845.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
PHILLIPS COUNTY MINISTERIAL ALLIANCE INC - 837 3RD ST - PHILLIPSBURG, KS 67661	48-0965510	501(C)(3)	5,823.	0.			RELIGION
POST ROCK FAMILY SERVICES, INC. PO BOX 163 RUSSELL, KS 67665	48-1007479	501(C)(3)	15,100.	0.			HUMAN SERVICES
QUINTER AMBULANCE INC P.O. BOX 310 QUINTER, KS 67752	48-0798879	501(C)(3)	10,000.	0.			HEALTH CARE
QUINTER COMMUNITY DEVELOPMENT PO BOX 12 QUINTER, KS 67752	88-3917262	501(C)(3)	25,250.	0.			PUBLIC & SOCIETAL BENEFIT
RAWLINS COUNTY CATHOLIC MEN'S CLUB 5370 ROAD Z MCDONALD, KS 67745	93-2278495	501(C)(3)	11,250.	0.			HUMAN SERVICES
RUSSELL COUNTY 401 N MAIN RUSSELL, KS 67665	48-6012836	GOVERNMENT	24,400.	0.			PUBLIC & SOCIETAL BENEFIT
RUSSELL COUNTY CHILDCARE COALITION, INC - 309 SOUTH FOSSIL - RUSSELL, KS 67665	39-2595528	501(C)(3)	20,000.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSSELL COUNTY HISTORICAL SOCIETY PO BOX 245 RUSSELL, KS 67665	48-6111608	501(C)(3)	6,297.	0.			ARTS, CULTURE & HUMANITIES
RUSSELL COUNTY USD 407 ENRICHMENT FOUNDATION AKA BRONCO FOUNDATION - PO BOX 393 - RUSSELL, KS 67665	92-0693745	501(C)(3)	5,500.	0.			EDUCATION
RUSSELL DEVELOPMENT, INC. PO BOX 631 RUSSELL, KS 67665	31-1755598	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
RUSSELL PUBLIC LIBRARY 126 E WISCONSIN ST RUSSELL, KS 67665	48-6048375	GOVERNMENT	7,523.	0.			PUBLIC & SOCIETAL BENEFIT
SALINA FAMILY YMCA 570 YMCA DR. SALINA, KS 67401	48-0544573	501(C)(3)	10,800.	0.			RECREATION & SPORTS
SHERIDAN COUNTY PO BOX 899 HOXIE, KS 67740	48-6014177	GOVERNMENT	7,500.	0.			PUBLIC & SOCIETAL BENEFIT
SHERIDAN COUNTY HISTORICAL SOCIETY INCORPORATED - 1224 OAK AVE - HOXIE, KS 67740	51-0173355	501(C)(3)	5,299.	0.			ARTS, CULTURE & HUMANITIES
SHERIDAN COUNTY HOSPITAL (SCHC) 826 18TH STREET, PO BOX 167 HOXIE, KS 67740	48-0579744	501(C)(3)	8,205.	0.			HEALTH CARE
SHERMAN COUNTY COMMUNITY DEVELOPMENT CORPORATION - 524 E. HWY 24 - GOODLAND, KS 67735	86-1587829	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHERMAN COUNTY COMMUNITY SERVICE PO BOX 185 GOODLAND, KS 67735	74-2832553	501(C)(3)	10,600.	0.			COMMUNITY IMPROVEMENT
SMOKY HILL CHILD CARE FOUNDATION 404 KUNKLE DRIVE ELLSWORTH, KS 67439	90-0491281	501(C)(3)	105,741.	0.			HUMAN SERVICES
SPECIAL OLYMPICS KANSAS INC 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	9,000.	0.			RECREATION & SPORTS
ST. FRANCIS SENIOR CENTER INC PO BOX 254 ST FRANCIS, KS 67756	48-1051081	501(C)(3)	11,130.	0.			HUMAN SERVICES
ST. JOHN LUTHERAN CHURCH 425 N MAIN RUSELL, KS 67665	48-6072898	501(C)(3)	14,843.	0.			RELIGION
ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH - PO BOX 135 - GORHAM, KS 67640	26-0842919	501(C)(3)	5,037.	0.			RELIGION
ST. PAUL'S LUTHERAN CHURCH 449 13TH ROAD ELLSWORTH, KS 67439	48-6075908	501(C)(3)	6,000.	0.			RELIGION
ST. WENCESLAUS CATHOLIC CHURCH PO BOX 528 WILSON, KS 67490	26-0863952	501(C)(3)	16,243.	0.			RELIGION
STOCKTON METHODIST CHURCH 204 NORTH ELM STREET PO BOX 312 STOCKTON, KS 67669	48-0648140	501(C)(3)	9,300.	0.			RELIGION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNFLOWER PIONEER POWER ASSOCIATION - 713 VAN HORN STREET - ALMENA, KS 67622	48-0991165	501(C)(3)	8,000.	0.			ARTS, CULTURE & HUMANITIES
THOMAS COUNTY COMMUNITY FOUNDATION 350 S RANGE, SUITE 14 COLBY, KS 67701	48-1241974	501(C)(3)	28,874.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION
TRI-COUNTY AMUSEMENT ASSOCIATION FOUNDATION - 319 E FRONT ST - OAKLEY, KS 67748	47-5548287	501(C)(3)	35,000.	0.			ARTS, CULTURE & HUMANITIES
TRINITY EPISCOPAL CHURCH 319 NORTH STATE STREET NORTON, KS 67654	48-0616241	501(C)(3)	6,250.	0.			RELIGION
USD #103 CHEYLIN PO BOX 28 BIRD CITY, KS 67731	48-0823838	501(C)(3)	7,125.	0.			EDUCATION
USD #211 NORTON COUNTY 105 E WAVERLY ST NORTON, KS 67654	48-0726413	501(C)(3)	5,065.	0.			EDUCATION
USD #272 LAKESIDE SCHOOLS 1306 N MORGAN AVE DOWNS, KS 67437	48-0722167	501(C)(3)	10,200.	0.			EDUCATION
USD #274 OAKLEY PUBLIC SCHOOLS 621 CENTER STREET, SUITE 103 OAKLEY, KS 67748	48-0720517	501(C)(3)	13,253.	0.			EDUCATION
USD #281 GRAHAM COUNTY 216 N 4TH AVE HILL CITY, KS 67642	48-0699130	501(C)(3)	6,224.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD #294 DECATUR COUNTY SCHOOLS 131 E COMMERCIAL OBERLIN, KS 67749	48-0720777	501(C)(3)	128,811.	0.			EDUCATION
USD #297 SAINT FRANCIS 100 S COLLEGE STREET ST. FRANCIS, KS 67756	48-0721969	501(C)(3)	19,575.	0.			EDUCATION
USD #327 ELLSWORTH-KANOPOLIS-GENESEO - 145 W HWY 140 - ELLSWORTH, KS 67439	48-0698621	501(C)(3)	13,286.	0.			EDUCATION
USD #352 GOODLAND SCHOOLS 1311 MAIN STREET, PO BOX 509 GOODLAND, KS 67735	48-0697985	501(C)(3)	11,421.	0.			EDUCATION
USD #399 NATOMA-PARADISE-WALDO 710 5TH STREET NATOMA, KS 67651	48-0699506	501(C)(3)	16,982.	0.			EDUCATION
USD #407 RUSSELL SCHOOLS 400 N ELM RUSSELL, KS 67665	48-0724591	501(C)(3)	90,582.	0.			EDUCATION
USD 105 - RAWLINS COUNTY SCHOOLS 100 NORTH 9TH ST ATWOOD, KS 67730	43-2009724	501(C)(3)	12,378.	0.			EDUCATION
USD 273 - BELOIT PO BOX 547, 3075 US 24 HWY BELOIT, KS 67420	48-0698615	501(C)(3)	6,207.	0.			EDUCATION
USD 292 - WHEATLAND / GRAINFIELD PUBLIC SCHOOLS - PO BOX 165, 2920 K-23 - GRAINFIELD, KS 67737	48-0724315	501(C)(3)	5,707.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 315 - COLBY PUBLIC SCHOOLS 210 N GRANT COLBY, KS 67701	13-4129457	501(C)(3)	24,700.	0.			EDUCATION
USD 412 - HOXIE COMMUNITY SCHOOLS PO BOX 348 HOXIE, KS 67740	48-0724956	501(C)(3)	45,236.	0.			EDUCATION
WALLACE COUNTY PO BOX 70 SHARON SPRINGS, KS 67758	48-6011089	GOVERNMENT	21,092.	0.			PUBLIC & SOCIETAL BENEFIT
WALLACE COUNTY ARTS AND CULTURE ASSOCIATION - 408 PLAINS - WALLACE, KS 67761	93-4753358	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
WEST CENTRAL KANSAS HOSPITAL ASSOCIATION INC. DBA RUSSELL REGIONAL HOSPITAL - 200 S. MAIN STREET - RUSSELL, KS 67665	74-2842747	501(C)(3)	13,984.	0.			HEALTH CARE
WESTBROOK BAPTIST CHURCH, DBA CROSSPOINT CHURCH - 621 WESTPORT BLVD, STE A - SALINA, KS 67401	48-0773145	501(C)(3)	26,370.	0.			RELIGION
WESTERN PLAINS ART ASSOCIATION 2815 US HIGHWAY 83 OAKLEY, KS 67748	48-0771370	501(C)(3)	9,750.	0.			ARTS, CULTURE & HUMANITIES
WESTERN VISTA BUILDING COMPLEX INC. - PO BOX 84 - OAKLEY, KS 67748	88-4173296	501(C)(3)	17,000.	0.			PUBLIC & SOCIETAL BENEFIT
WILD WEST HISTORICAL FOUNDATION INC - 3083 US HIGHWAY 83 - OAKLEY, KS 67748	48-1242251	501(C)(3)	15,000.	0.			PHILANTHROPY, VOLUNTARISM, GRANTMAKING FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON CZECH OPERA HOUSE CORPORATION - P. O. BOX 271 - WILSON, KS 67490	31-1480824	501(C)(3)	6,303.	0.			ARTS, CULTURE & HUMANITIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS FOR 181 STUDENTS	181	725,210.	0.		

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

PART I, LINE 2:
GRANT APPLICATIONS ARE REVIEWED AND APPROVED BY THE BOARD. GRANTS ARE MONITORED BY THE BOARD THROUGH ONE-TIME FINAL REPORTS SUBMITTED BY GRANTEES AND OCCASIONAL SITE VISITS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number 48-1025832

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	73,374.	EQUITY EXCHANGE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (CROPS)	X	11	35,471.	PRICE/BUSHEL ON DATE
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number: 48-1025832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STEWARDSHIP AND REGIONAL COLLABORATION, TO CREATE THRIVING COMMUNITIES AND IMPACT PRESENT AND FUTURE GENERATIONS.

FORM 990, PART VI, SECTION A, LINE 4:
IN 2025, THE FOUNDATION AMENDED THE BYLAWS TO ADD THE POSITION OF CHIEF OPERATING OFFICER (COO).

FORM 990, PART VI, SECTION B, LINE 11B:
THE FULL BOARD RECEIVES A COPY OF THE DRAFT FORM 990 FOR REVIEW PRIOR TO SUBMISSION OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER COMPLETES AND SIGNS AN ANNUAL DISCLOSURE. EACH MEMBER IS REQUIRED TO IMMEDIATELY DISCLOSE ANY ACTUAL OR PERCEIVED CONFLICT AND MUST ENSURE THEY HAVE NO DISCUSSION OR INVOLVEMENT IN THESE MATTERS. WHEN VOTING ON A MATTER WHERE AN ACTUAL OR PERCEIVED CONFLICT EXISTS, THAT MEMBER MUST ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS REVIEWED BY THE BOARD ANNUALLY

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
AGENCY FUND CHANGE IN NET ASSETS -635,850.

FORM 990, PART XII, LINE 2C:
BOARD MEMBERS ASSUMES REPONSIBILITY

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: GREATER NORTHWEST KANSAS COMMUNITY FOUNDATION

Employer identification number: 48-1025832

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GROW GOVE COUNTY INVESTMENTS LLC - 85-0683218, 103 W 4TH ST, BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	5,035.	219,582.	GNWKCF
GNWKCF LAND LLC - 87-2624227 103 W 4TH ST BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	555,879.	14,169,134.	GNWKCF
GNWKCF B & L LLC - 88-2308173 103 W 4TH ST BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	2,000.	363,660.	GNWKCF
SCCF PROPERTIES LLC - 30-1310308 103 W 4TH ST BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	97,600.	607,018.	GNWKCF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
BIRD CITY CENTURY II DEVELOPMENT FOUNDATION - 85-4363773, PO BOX 174, BIRD CITY, KS 67731	COMMUNITY FOUNDATION	KANSAS	501(C)(3)	LINE 12A, I	N/A		X
FRIENDS OF COTTONWOOD RANCH INC - 20-5255054 PO BOX 13 HOXIE, KS 67740	HISTORICAL PRESERVATION	KANSAS	501(C)(3)	LINE 12A, I	N/A		X

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WCF PROPERTIES LLC - 99-5074879 103 W 4TH ST BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	177.	67,412.	GNWKCF
GRAHAM COUNTY PROPERTIES, LLC - 42-4774535 103 W 4TH ST BIRD CITY, KS 67731	RE OWNERSHIP	KANSAS	38,926.	36,359.	GNWKCF

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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