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IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

GREATER MANHATTAN COMMUNITY FOUNDATION

EIN or SSN

48-1215574

Name and title of officer or person subject to tax

**VERNON J HENRICKS
SECRETARY EX-OFFICIO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>66,806,194.</u>
2a Form 990-EZ check here ...	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **VARNEY & ASSOCIATES, CPAS, LLC** to enter my PIN **15574**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48050472202

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

2021

Open to Public Inspection

A For the 2021 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 MANHATTAN COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 1127

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MANHATTAN, KS 66505-1127

F Name and address of principal officer: **VERNON J. HENRICKS**

SAME AS C ABOVE

D Employer identification number

48-1215574

E Telephone number

785-587-8995

G Gross receipts \$

66,843,125.

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.MCFKS.ORG**

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

L Year of formation: **1999**

M State of legal domicile: **KS**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BUILDING RELATIONSHIPS BETWEEN DONORS AND COMMUNITY NEEDS
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 11
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 11
	6	Total number of volunteers (estimate if necessary) 149
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 13,210,067.
	9	Program service revenue (Part VIII, line 2g) 203,524.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,767,371.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 347,893.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,528,855.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,741,708.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 456,624.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 56,212.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,134,035.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,332,367.
19	Revenue less expenses. Subtract line 18 from line 12 3,196,488.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 82,870,629.
	21	Total liabilities (Part X, line 26) 6,984,179.
	22	Net assets or fund balances. Subtract line 21 from line 20 75,886,450.

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			
	VERNON J. HENRICKS, SECRETARY (EX-OFFICIO) Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHELLE R CROW	Preparer's signature MICHELLE R CROW	Date	Check if self-employed <input type="checkbox"/>	PTIN P00249476
	Firm's name ▶ VARNEY & ASSOCIATES, CPAS, LLC	Firm's EIN ▶ 30-0038643	Phone no. 785-537-2202		
Firm's address ▶ 1501 POYNTZ AVENUE MANHATTAN, KS 66502-6092					

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE IN THE GREATER
MANHATTAN, KANSAS AREA, BOTH TODAY AND IN THE FUTURE BY ENABLING
DONORS TO FULFILL THEIR CHARITABLE DESIRES, BUILDING A PERMANENT
ENDOWMENT, FACILITATING PRUDENT MANAGEMENT AND CARE OF FUNDS, AND

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 \$ 15,853,104. including grants of \$ 13,496,583.) (Revenue \$ 674,335.)
IN 2021, WE AWARDED MANHATTAN-AREA NONPROFIT ORGANIZATIONS A TOTAL OF
\$13.5 MILLION (INCLUSIVE OF GRANTS ISSUED FROM CUSTODIAL LIABILITY
FUNDS) THROUGH OUR GRANT PROGRAMS AND SUPPORTING ORGANIZATIONS. IN
ADDITION TO MANHATTAN, KANSAS, WE SERVED FOURTEEN OTHER COMMUNITIES AS
PART OF OUR REGIONAL AFFILIATED PROGRAM, COORDINATING MATCH DAY EVENTS
IN FIVE OF THEM.

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 **15,853,104.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 11		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		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?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

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

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 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 11		
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		
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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
THE ORGANIZATION - 785-587-8995
PO BOX 1127, MANHATTAN, KS 66505-1127

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) VERN HENRICKS PRESIDENT & CEO	40.00			X				133,472.	0.	4,128.
(2) THERESE MILLER CHAIR	1.00	X		X				0.	0.	0.
(3) BILL BAHR PAST CHAIR	1.00	X		X				0.	0.	0.
(4) PHIL HOWE TREASURER	1.00	X		X				0.	0.	0.
(5) JACKIE HARTMAN CHAIR ELECT	1.00	X		X				0.	0.	0.
(6) KIM MCATEE DIRECTOR	1.00	X						0.	0.	0.
(7) ELIZABETH SMOLLER DIRECTOR	1.00	X						0.	0.	0.
(8) DALE BRADLEY DIRECTOR	1.00	X						0.	0.	0.
(9) FRED WILICH DIRECTOR	1.00	X						0.	0.	0.
(10) MATT CROCKER DIRECTOR	1.00	X						0.	0.	0.
(11) EILEEN HINKIN DIRECTOR	1.00	X						0.	0.	0.
(12) MIKE HOLEN DIRECTOR	1.00	X						0.	0.	0.

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

[illegible]

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		0

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,677,591.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	60,439,860.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,288,911.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a AGENCY FUND ADMINISTRATION	Business Code	813211	665,335.	665,335.		
	b OTHER		813211	9,000.	9,000.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			674,335.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,224,676.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other	2,658,768.			
b Less: cost or other basis and sales expenses		7b		0.			
c Gain or (loss)		7c		2,658,768.			
d Net gain or (loss)				2,658,768.			2658768.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		106,748.			
b Less: direct expenses		8b		36,931.			
c Net income or (loss) from fundraising events				69,817.			69,817.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CHANGE IN VALUE OF LIFE INSURANCE	Business Code	900003	33,365.	33,365.		
	b CHANGE IN VALUE OF ANNUITY LIABIL		900003	27,182.	27,182.		
	c OTHER INCOME		900003	600.	600.		
	d All other revenue						
	e Total. Add lines 11a-11d			61,147.			
	12 Total revenue. See instructions			66,806,194.	735,482.	0.	3953261.

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 ☒ X

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	13,197,985.	13,197,985.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	298,598.	298,598.		
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	133,472.	40,042.	80,083.	13,347.
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	301,964.	90,589.	181,178.	30,197.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,484.	2,845.	5,690.	949.
9 Other employee benefits	14,953.	4,486.	8,972.	1,495.
10 Payroll taxes	30,391.	9,117.	18,235.	3,039.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,594.		3,594.	
c Accounting	13,072.		13,072.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	124,979.		124,979.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,877,236.	1,875,946.	1,290.	
12 Advertising and promotion	66,665.	66,665.		
13 Office expenses	286,373.	198,509.	87,864.	
14 Information technology	57,304.		57,304.	
15 Royalties				
16 Occupancy	71,847.	21,554.	43,108.	7,185.
17 Travel	4,873.		4,873.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,444.	18,444.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,159.		6,159.	
23 Insurance	28,324.	28,324.		
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,545,717.	15,853,104.	636,401.	56,212.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	213,219.	1	1,694,239.
	2 Savings and temporary cash investments	1,725,701.	2	3,801,556.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,444.	9	1,479.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 503,953.		
	b Less: accumulated depreciation	10b 26,748.	10c	477,205.
	11 Investments - publicly traded securities	79,613,625.	11	131,548,192.
	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	857,584.	15	918,130.
16 Total assets. Add lines 1 through 15 (must equal line 33)	82,870,629.	16	138,440,801.	
Liabilities	17 Accounts payable and accrued expenses	2,203.	17	16,780.
	18 Grants payable	78,598.	18	67,575.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,789,057.	21	8,922,624.
	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	114,321.	25	146,338.
	26 Total liabilities. Add lines 17 through 25	6,984,179.	26	9,153,317.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,217,198.	27	11,882,533.
	28 Net assets with donor restrictions	64,669,252.	28	117,404,951.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	75,886,450.	32	129,287,484.
	33 Total liabilities and net assets/fund balances	82,870,629.	33	138,440,801.

Form 990 (2021)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,806,194.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,545,717.
3	Revenue less expenses. Subtract line 2 from line 1	3	50,260,477.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,886,450.
5	Net unrealized gains (losses) on investments	5	3,128,418.
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	12,139.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	129,287,484.

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

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

Form 990 (2021)

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

2021

Open to Public
Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4925640.	7910930.	4451291.	13210067.	20341519.	50839447.
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	4925640.	7910930.	4451291.	13210067.	20341519.	50839447.
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)						3210113.
6 Public support. Subtract line 5 from line 4.						47629334.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4925640.	7910930.	4451291.	13210067.	20341519.	50839447.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	780,304.	805,707.	1154278.	1767371.	1224676.	5732336.
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.)	6,882.	5,872.			600.	13,354.
11 Total support. Add lines 7 through 10						56585137.
12 Gross receipts from related activities, etc. (see instructions)					12	1,093,471.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	84.17 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.55 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		<input type="checkbox"/>

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,102,034.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,420,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,261,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>40,884,023.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

48-1215574

Part II

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

Name of organization	Employer identification number
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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	153	3
2 Aggregate value of contributions to (during year)	51,770,688.	20,482.
3 Aggregate value of grants from (during year)	10,168,934.	4,459.
4 Aggregate value at end of year	70,472,408.	171,033.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,371,403.	35,405,880.	28,449,676.	29,450,211.	25,407,710.
b Contributions	66,663,968.	19,042,268.	3,232,197.	2,218,041.	1,313,342.
c Net investment earnings, gains, and losses	7,428,003.	6,698,825.	5,295,665.	-2,017,419.	3,554,048.
d Grants or scholarships	17,419,102.	14,278,058.	1,353,380.	973,042.	784,862.
e Other expenditures for facilities and programs				20,934.	
f Administrative expenses	742,843.	497,512.	218,278.	207,181.	40,027.
g End of year balance	102,301,429.	46,371,403.	35,405,880.	28,449,676.	29,450,211.

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

a Board designated or quasi-endowment ☒ 3.2700 %

b Permanent endowment ☒ 96.7300 %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

(ii) Related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		450,000.		450,000.
b Buildings				
c Leasehold improvements				
d Equipment		53,953.	26,748.	27,205.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				477,205.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	146,338.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	146,338.

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

Schedule D (Form 990) 2021

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 IV, LINE 2B:

FUNDS HELD FOR OTHERS. WE OPERATE ORGANIZATIONAL ENDOWMENT FUNDS ON BEHALF OF QUALIFYING CHARITABLE ORGANIZATIONS. ONCE A FUND AGREEMENT IS IN PLACE WITH AN ORGANIZATION, WE WILL RECEIVE FUNDS FROM THE ORGANIZATION AND MANAGE THE INVESTMENT OF THOSE FUNDS. USE OF THE INVESTED FUNDS IS SUBJECT TO THE SAME POLICIES AS OTHER FUNDS AT OUR FOUNDATION, SUCH AS THE INVESTMENT, GRANTWRITING, AND SPENDING POLICIES.

ANNUITIES. WE ALSO OPERATE A SERIES OF FUNDS WHICH ACCOUNT FOR RESOURCES CONTRIBUTED BY DONORS WHO HAVE ESTABLISHED ANNUITY AGREEMENTS WITH US. THESE AGREEMENTS STIPULATE THAT THE DONORS ARE TO RECEIVE A GUARANTEED STREAM OF INCOME OVER THEIR LIFETIME, WHICH IS FUNDED BY OUR INVESTMENT OF

Part XIII Supplemental Information (continued)

THEIR MANAGED FUND. ONCE THE DONOR PASSES AWAY, THE DONOR'S FUND BECOMES AVAILABLE FOR A SPECIFIED CHARITABLE PURPOSE. THE ANNUITY LIABILITY ON OUR BALANCE SHEET REPRESENTS OUR ESTIMATE OF THE REQUIRED FUTURE PAYMENTS TO THE DONOR DURING THEIR LIFETIME.

PART V, LINE 4:

OUR ENDOWMENT CONSISTS OF 117 FUNDS WHICH HAVE BEEN ESTABLISHED BY NUMEROUS COMMUNITY DONORS FOR A VARIETY OF PURPOSES, EACH OF WHICH HAS BEEN DESIGNED TO INURE TO THE BENEFIT OF COMMUNITIES IN THE GREATER MANHATTAN, KANSAS REGION.

PART X, LINE 2:

THE GREATER MANHATTAN COMMUNITY FOUNDATION (THE FOUNDATION) IS A KANSAS CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). FURTHER, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTION 509(A)(1).

THE FOUNDATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS ON AN ANNUAL BASIS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. FOR 2020, GMCF HAS FILED IRS FORM 990-T TO REPORT AND MAKE PAYMENT OF TAX ON CERTAIN NON-CASH GIFTS WHICH THE IRS REQUIRES BE PAID BY THE RECIPIENT CHARITABLE ORGANIZATION. NO OTHER IRS FORM 990-T RETURNS HAVE BEEN FILED FOR 2021 OR 2020 BY THE FOUNDATION.

Part XIII Supplemental Information *(continued)*

RETURNS FILED BY THE FOUNDATION ARE SUBJECT TO IRS EXAMINATION, GENERALLY
FOR THREE YEARS AFTER EACH RETURN IS FILED. NO TAXING AUTHORITIES HAVE
COMMENCED INCOME TAX EXAMINATIONS FOR OPEN TAX YEARS.

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

2021

Open to Public Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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 non-government 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?		(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
		Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FGM/GA GOLF TOURNAMENT	CHILI COOK-OFF	2	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	52,564.	20,623.	33,561.	106,748.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	52,564.	20,623.	33,561.	106,748.
Direct Expenses	4 Cash prizes	2,050.		2,250.	4,300.
	5 Noncash prizes				
	6 Rent/facility costs	16,461.		7,015.	23,476.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	311.	3,922.	4,922.	9,155.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,931.
	11 Net income summary. Subtract line 10 from line 3, column (d)				69,817.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 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 <i>(continued)</i>
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[illegible]

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGINGWELL, INC. PO BOX 187 JUNCTION CITY, KS 66441	27-0782250	501C3	21,153.	0.			DISTRIBUTION OF MATCH DAY DONATIONS
AMBERWELL HIAWATHA FOUNDATION 202 NAVAJO HIAWATHA, KS 66434	48-1223766	501C3	17,000.	0.			PURCHASE ER BEDS FOR AMBERWELL HIAWATHA HOSPITAL
AMERICAN SWEDISH INSTITUTE 2600 PARK AVENUE MINNEAPOLIS, MN 55407	41-0711603	501C3	10,000.	0.			CHECK #2 OF PLEDGE
ASCENSION VIA CHRISTI 1823 COLLEGE AVENUE MANHATTAN, KS 66502	48-1078862	501C3	7,000.	0.			SENIOR CARE HERO APPRECIATION FUND
ATCHISON AREA UNITED WAY PO BOX 403 ATCHISON, KS 66002	48-6107689	501C3	7,303.	0.			COLLECT MATCH DAY FUNDS FOR OUR GENERAL FUND AGENCY DISTRIBUTIONS
ATCHISON COUNTY COMMUNITY SCHOOLS EDUCATION FOUNDATION (ACCSEF) - 306 MAIN ST. - EFFINGHAM, KS 66023	83-3339153	501C3	150,000.	0.			RE-DIRECT BACK TO BANK DEPOSITORY ACCOUNT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **138.**

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

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
ATCHISON UNITED METHODIST CHURCH 501 KANSAS AVE. ATCHISON, KS 66002	48-0571544	501C3	20,386.	0.			FUNDS RAISED THROUGH THE ATCHISON MATCH DAY EVENT.
AUDUBON OF KANSAS 210 SOUTHWIND PLACE MANHATTAN, KS 66503	48-0849282	501C3	12,000.	0.			SOFTWARE UPGRADE
BALLARD CENTER 708 ELM STREET LAWRENCE, KS 66044	48-0848472	501C3	6,000.	0.			FAMILY STABILIZATION ACCOUNT
BALLARD FOOD BANK CAPITAL CAMPAIGN 5130 LEARY AVENUE NW SEATTLE, WA 98107	91-1428805	501C3	10,000.	0.			CAPITAL CAMPAIGN: HOPE BEYOND HUNGER
BE ABLE INC. 1320 HOUSTON MANHATTAN, KS 66502	83-3999669	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
BE ABLE INC. 1320 HOUSTON MANHATTAN, KS 66502	83-3999669	501C3	25,000.	0.			OPERATING SUPPORT
BE ABLE INC. 1320 HOUSTON MANHATTAN, KS 66502	83-3999669	501C3	25,000.	0.			OPERATIONS
BIG BROTHERS BIG SISTERS 519 PIERRE STREET MANHATTAN, KS 66502	23-7056717	501C3	15,464.	0.			DISTRIBUTION OF GROW GREEN MATCH DAY DONATIONS
BIG BROTHERS BIG SISTERS 519 PIERRE STREET MANHATTAN, KS 66502	23-7056717	501C3	23,500.	0.			YES! FUND GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG LAKES DEVELOPMENT CENTER 1416 HAYES DRIVE MANHATTAN, KS 66502	48-0795169	501C3	25,000.	0.			MAKING IT HAPPEN TECHNOLOGY CAMPAIGN
BIG LAKES FOUNDATION, INC. 1416 HAYES DRIVE MANHATTAN, KS 66502	48-1134341	501C3	60,950.	0.			4TH QUARTER 2020 MATCH
BOY SCOUTS OF AMERICA-CORONADO AREA COUNCIL - 644 S OHIO - SALINA, KS 67402	48-0545921	501C3	7,885.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	8,200.	0.			FUND MENTAL HEALTH PROGRAM
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	10,000.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	85,000.	0.			YES! FUND GRANT
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	30,000.	0.			OPERATIONS
BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294 MANHATTAN, KS 66505	23-7358134	501C3	10,000.	0.			SUPPORT
CAMP WOOD YMCA 1101 CAMP WOOD ROAD ELMDALE, KS 66850	48-0908238	501C3	7,370.	0.			CAMP SCHOLARSHIPS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING NEIGHBORS 2202 GRANDVIEW DR. WAMEGO, KS 66547	38-4124431	501C3	7,000.	0.			PAY CANCER PATIENTS
CATHOLIC CHARITIES FOUNDATION OF NORTHEAST KANSAS INC. - 9720 W 87TH ST - OVERLAND PARK, KS 66212	48-0623886	501C3	50,000.	0.			CATHOLIC CHARITIES FROM KENT AND DONNA SAYLOR DAF
CHRISTIAN FAMILY CHAPEL 10365 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32257	59-1510448	501C3	15,000.	0.			GENERAL FUND
CHURCH OF ELEVEN22 14286 BEACH BLVD., SUITE 42 JACKSONVILLE, FL 32252	59-2336722	501C3	18,300.	0.			GENERAL OPERATING FUND - BAYMEADOWS CAMPUS
CHURCH OF THE COVENANT 811 WASHINGTON STREET JUNCTION CITY, KS 66441	23-7035942	501C3	13,445.	0.			BUDGET
CITY OF CLAY CENTER PO BOX 117 CLAY CENTER, KS 67432	48-6116027	GOVERNMENT	20,000.	0.			CLAY CENTER ZOO FOR CHEETAHS
CITY OF CLAY CENTER PO BOX 117 CLAY CENTER, KS 67432	48-6116027	GOVERNMENT	15,000.	0.			GRANT FOR POOL & PARK
CITY OF MARYSVILLE 209 N 8TH STREET MARYSVILLE, KS 66508		GOVERNMENT	11,293.	0.			PURCHASE "WELCOME TO MARYSVILLE" SIGN SOUTH ENTRANCE ON HWY 77
CITY OF WAMEGO PO BOX 86 WAMEGO, KS 66547		GOVERNMENT	18,000.	0.			REIMBURSEMENT FOR BOND & INTEREST PAYMENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAY CENTER COMMUNITY IMPROVEMENT FOUNDATION - 432 COURT STREET - CLAY CENTER, KS 67432	48-1080043	501C3	10,000.	0.			CLAY CENTER ZOO - HAUSERMAN AVIARY
CLAY COUNTY ANIMAL RESCUE & EDUCATION CENTER, INC. - 109 S 4TH STREET - CLAY CENTER, KS 67432	46-3167839	501C3	15,000.	0.			PAYDOWN MORTGAGE PAYMENTS WITH DONATIONS
CLAY COUNTY ANIMAL RESCUE & EDUCATION CENTER, INC. - 109 S 4TH STREET - CLAY CENTER, KS 67432	46-3167839	501C3	8,600.	0.			PAYOFF MORTGAGE
CLAY COUNTY ARTS COUNCIL C/O UNION STATE BANK, PO BOX 518 CLAY CENTER, KS 67432	48-0949989	501C3	6,986.	0.			PROGRAM GRANT
CLAY COUNTY EDUCATIONAL ENDOWMENT ASSN. INC. - PO BOX 514 - CLAY CENTER, KS 67432	48-1202509	501C3	6,452.	0.			FUNDS NEEDED STIPEND \$3,000, ACADEMIC \$2,500, PROJECT LEAD \$2,000
CLAY COUNTY HISTORICAL SOCIETY & MUSEUM - 518 LINCOLN AVENUE - CLAY CENTER, KS 67432	23-7377697	501C3	8,000.	0.			TO COVER END OF YEAR AND BEGINNING OF YEAR COSTS.
CLAY COUNTY HOSPITAL FOUNDATION 617 LIBERTY STREET CLAY CENTER, KS 67432	48-1035296	501C3	25,000.	0.			FOR RILEY COUNTY CLINIC FUNDRAISING -MATCHING GRANT
CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION - PO BOX 1002 - CONCORDIA, KS 66901	23-7164676	501C3	51,912.	0.			ANNUAL DONATION FROM THE RUSSELL & KATHIE JOHNSON FUND
CLOUD COUNTY FOUNDATION FOR HEALTH CARE INC - 1100 HIGHLAND DR - CONCORDIA, KS 66901-3923	48-0966856	501C3	50,000.	0.			DONATION FOR AREA TO BE NAMED AFTER FRANK CARLSON

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMH FOUNDATION PO BOX 430 MARYSVILLE, KS 66508	32-0297285	501C3	12,469.	0.			PONY UP MARYSVILLE MATCH DAY 2021
COMMUNITY CARE MINISTRIES 407 ASH STREET WAMEGO, KS 66547	75-2974854	501C3	8,205.	0.			PALMER NOWLIN MEDICAL EXPENSES
CORNERSTONE CLASSICAL SCHOOL 830 SOUTH 9TH STREET SALINA, KS 67401	47-3859262	501C3	10,000.	0.			GENERAL FUND
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	10,000.	0.			FOR THE CRISIS CENTER BUILDING FUND, IN APPRECIATION OF JUDY DAVIS'S LEADERSHIP, THE
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	50,000.	0.			BUILDING PROJECT (2 OF 4)
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	49,172.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
CRISIS CENTER, INC. PO BOX 1526 MANHATTAN, KS 66505	48-0892579	501C3	10,000.	0.			SUPPORT
DENVER FOUNDATION 1009 N GRANT STREET DENVER, CO 80203	84-6048381	501C3	80,500.	0.			ORGAN FUND
ECUMENICAL CAMPUS MINISTRY 904 SUNSET AVENUE MANHATTAN, KS 66502	48-1085357	501C3	16,180.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS

Schedule I (Form 990)

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EMMAUS UNIVERSITY 1014 MAIN STREET SABETHA, KS 66534	46-3779216	501C3	25,000.	0.			BUILDING PROJECT
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 700 POYNTZ - MANHATTAN, KS 66502	48-0949129	501C3	7,006.	0.			PAYMENT OF EXPENSES
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 700 POYNTZ - MANHATTAN, KS 66502	48-0949129	501C3	20,100.	0.			GROW GREEN FUNDS
FIRST PRESBYTERIAN CHURCH 113 W. 5TH ST JUNCTION CITY, KS 66441	48-0645203	501C3	22,360.	0.			MATCH DAY FUNDS TO CHURCH OPERATING ACCOUNT
FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET JUNCTION CITY, KS 66441	48-0645203	501C3	10,000.	0.			DONATION FROM EC ROLFS
FIRST UNITED METHODIST CHURCH 612 POYNTZ AVENUE MANHATTAN, KS 66502	48-1051411	501C3	11,505.	0.			COMMON TABLE
FLINT HILLS AREA TRANSPORTATION AGENCY - 5815 MARLATT AVENUE - MANHATTAN, KS 66503	48-0828214	501C3	8,600.	0.			GRANTS FOR GREATER MANHATTAN
FLINT HILLS CHRISTIAN SCHOOL 3905 GREEN VALLEY ROAD MANHATTAN, KS 66502	48-1159406	501C3	100,000.	0.			FOR HIGH SCHOOL
FLINT HILLS CHRISTIAN SCHOOL 3905 GREEN VALLEY ROAD MANHATTAN, KS 66502	48-1159406	501C3	85,000.	0.			OUR FIRST PAYMENT ON OUR THREE-YEAR PLEDGE

Schedule I (Form 990)

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

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FLINT HILLS COMMUNITY CLINIC 401 HOUSTON STREET, SUITE C MANHATTAN, KS 66502	20-2306015	501C3	50,000.	0.			OPERATING CAPITAL
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON STREET, SUITE C MANHATTAN, KS 66502	20-2306015	501C3	19,617.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
FLINT HILLS DISCOVERY CENTER FOUNDATION - 315 S. 3RD STREET, SUITE 302 - MANHATTAN, KS 66502	45-3529510	501C3	100,000.	0.			KID-SCAPE PROJECT OPERATING FUND
FLINT HILLS REGIONAL LEADERSHIP PROGRAM - 1310A WESTLOOP PL #101 - MANHATTAN, KS 66502	48-1128289	501C3	7,000.	0.			CONTRIBUTIONS FROM CIVICPLUS FOR EVENT SPONSORSHIPS
FLINT HILLS VOLUNTEER CENTER 2601 ANDERSON AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0993907	501C3	8,269.	0.			GRANTS FOR GREATER MANHATTAN
FLINT HILLS VOLUNTEER CENTER 2601 ANDERSON AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0993907	501C3	14,500.	0.			YES! FUND GRANT
FRIENDS OF SUNSET ZOO 2333 OAK STREET MANHATTAN, KS 66502	48-0855669	501C3	8,000.	0.			YES! FUND GRANT
FRIENDS OF THE CLAY CENTER LIBRARY 706 6TH ST. CLAY CENTER, KS 67432	48-0949405	501C3	9,000.	0.			WE WILL BE MOVING THIS MONEY TO OUR BANK ACCOUNT TO BE USED TOWARDS BEAUTIFYING THE LIBRARY
FRIENDS OF THE MARY COTTON LIBRARY PO BOX 143 SABETHA, KS 66534	71-0955912	501C3	32,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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FRIENDS OF THE WAMEGO PUBLIC LIBRARY - 431 LINCOLN AVE - WAMEGO, KS 66547	81-3763330	501C3	844,332.	0.			LIBRARY EXPANSION & RENOVATION PROJECT
GIRLS ON THE RUN OF THE FLINT HILLS - 1880 KIMBALL AVE - MANHATTAN, KS 66502	46-3669188	501C3	12,500.	0.			YES! FUND GRANT
HIAWATHA CEMETERY DISTRICT ASSOCIATION - PO BOX 86 - HIAWATHA, KS 66434	48-0260820	501C3	9,000.	0.			TREE PROJECTS AT MOUNT HOPE CEMETERY AND HIAWATHA CEMETERY 2021
HIGHLAND COMMUNITY COLLEGE FOUNDATION - 606 WEST MAIN - HIGHLAND, KS 66035	48-1067637	501C3	10,550.	0.			CAPITOL PROJECTS
HEMOCARE & HOSPICE, INC. 3801 VANESTA DRIVE MANHATTAN, KS 66503	48-0877419	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
HEMOCARE & HOSPICE, INC. 3801 VANESTA DRIVE MANHATTAN, KS 66503	48-0877419	501C3	57,969.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
HOMESTEAD MINISTRY 615 GILLESPIE DRIVE MANHATTAN, KS 66502	81-4182095	501C3	32,472.	0.			HEARTH CLUB FUNDS
HONOR FLIGHT, WAMEGO HIGH SCHOOL 801 N LINCOLN WAMEGO, KS 66547	82-2811744	501C3	11,000.	0.			ESTABLISH BANK ACCOUNT
HOUSE CAFE INC. 230 RILEY AVENUE OGDEN, KS 66517	81-4885225	501C3	44,500.	0.			OGDEN DAYCARE

Schedule I (Form 990)

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

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HOUSE CAFE INC. 230 RILEY AVENUE OGDEN, KS 66517	81-4885225	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
IMMACULATE HEART FOUNDATION 33183 NW HWY 31 WILLIAMSBURG, KS 66095	27-0206557	501C3	80,000.	0.			GENERAL OPERATIONS
JUNCTION CITY OPERA HOUSE 135 W 7TH, PO BOX 3005 JUNCTION CITY, KS 66441	20-1256082	501C3	6,000.	0.			ANNUAL DONATION
JUNCTION CITY OPERA HOUSE 135 W 7TH, PO BOX 3005 JUNCTION CITY, KS 66441	20-1256082	501C3	9,750.	0.			PARTIAL DISTRIBUTION OF 2021 MATCH DAY FUNDS EARMARKED FOR SPECIAL PROJECTS
KANSAS 4 H FOUNDATION KANSAS STATE UNIVERSITY, 116 UMBERGER HALL - MANHATTAN, KS 66506	48-0623884	501C3	25,000.	0.			LEADERSHIP ADVENTURE AT ROCK SPRINGS
KANSAS ASSOCIATION FOR CONSERVATION AND ENVIRONMENTAL EDUCATION (KACEE) - 2610 CLAFLIN - MANHATTAN, KS 66502	48-0850919	501C3	5,885.	0.			GENERAL OPERATING EXPENSES
KANSAS FARM BUREAU FOUNDATION 2627 KFB PLAZA MANHATTAN, KS 66503	48-1196853	501C3	62,865.	0.			DOLLARS ARE USED TO SUPPORT PROGRAMMING FOCUSED ON THE DEVELOPMENT OF LEADERS IN
KANSAS FARM BUREAU LEGAL FOUNDATION - 2627 KFB PLAZA - MANHATTAN, KS 66503	48-1243473	501C3	62,865.	0.			DOLLARS SUPPORT EDUCATION, RESEARCH AND ANALYSIS, AND TECHNICAL ASSISTANCE TO ENSURE THE
KANSAS FOUNDATION FOR AG IN THE CLASSROOM - 1990 KIMBALL AVENUE - MANHATTAN, KS 66502	48-0963313	501C3	8,383.	0.			GRANTS FOR GREATER MANHATTAN

Schedule I (Form 990)

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KANSAS FOUNDATION FOR AG IN THE CLASSROOM - 1990 KIMBALL AVENUE - MANHATTAN, KS 66502	48-0963313	501C3	5,667.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KANSAS LIONS FOUNDATION 9 ARGON GODDARD, KS 67052	48-1219121	501C3	5,815.	0.			KANSAS LIONS ALERT PROGRAM
KOESTER HOUSE MUSEUM FOUNDATION, INC. - 1103 ELM STREET - MARYSVILLE, KS 66508	26-3177567	501C3	19,731.	0.			LANDSCAPE & WALKWAY PROJECT IN WEST KOESTERGARDENS
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	21,155.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,124.	0.			DOLLY PARTON IMAGINATION LIBRARY
KONZA UNITED WAY PO BOX 922 MANHATTAN, KS 66505	48-0847598	501C3	10,000.	0.			DOLLY PARTON IMAGINATION LIBRARY
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	7,800.	0.			AHEARN EXCELLENCE
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	10,000.	0.			ALL IN FOR K-STATE TEXTBOOKS 2.0
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	40,000.	0.			C19440 CENTER OF ADVANCEMENT OF ENTREPRENEURSHIP FUND

Schedule I (Form 990)

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KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	50,000.	0.			K-STATE COLLEGE OF BUSINESS, CENTER FOR THE ADVANCEMENT OF ENTREPRENEURSHIP -
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	509,137.	0.			MARCHING BAND ATTN: SHEILA WALKER FUND #F33510
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	100,000.	0.			GENERAL OPERATIONS
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	50,000.	0.			PLEDGE # 18760 MCCAIN AUDITORIUM
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	150,000.	0.			# G28638 KUENZI SCHOLARSHIP PAYMENT 4 OF 5
KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200 MANHATTAN, KS 66502	48-0667209	501C3	200,000.	0.			MORGAN FAMILY 2021 VOLLEYBALL PLEDGE
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	19,959.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR. MANHATTAN, KS 66503	74-2830002	501C3	9,500.	0.			YES! FUND GRANT

Schedule I (Form 990)

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LEADINGAGE KANSAS FOUNDATION 217 SE 8TH AVENUE TOPEKA, KS 66603	48-1056006	501C3	7,500.	0.			ANNUAL DONATION FOR ASTRA PROGRAM
LEGACY A REGIONAL COMMUNITY FOUNDATION - PO BOX 713 - WINFIELD, KS 67156	48-1187957	501C3	8,162.	0.			SCHOLARSHIPS AT BELLE PLAINE, KANSAS
LIGHTHOUSE FOR CHRIST INC. PO BOX 231 CLAY CENTER, KS 67432	48-1054420	501C3	10,000.	0.			PAY FOR BUILDING UPDATES (EXTERIOR)
LITTLE HANDS, INC. 200 E. LODGE ROAD HIAWATHA, KS 66434	26-4051457	501C3	29,521.	0.			PAY DOWN GNBANK MORTGAGE.
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	7,091.	0.			CAMP EXPENSES
LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS - 4122 LIVING WATER ROAD - OLSBURG, KS 66520	48-0820690	501C3	22,135.	0.			AUCTION MATCH PER PHONE CALL WITH PHIL HOWE
MAKE A DIFFERENCE FOUNDATION 3508 VANESTA DRIVE MANHATTAN, KS 66503	20-1702836	501C3	6,000.	0.			CHARITABLE CAUSES
MANHATTAN AREA HABITAT FOR HUMANITY - 514 PILLSBURY DR - MANHATTAN, KS 66502	31-1417869	501C3	100,000.	0.			HOUSE IN OGDEN
MANHATTAN AREA HABITAT FOR HUMANITY - 514 PILLSBURY DR - MANHATTAN, KS 66502	31-1417869	501C3	8,000.	0.			GRANTS FOR GREATER MANHATTAN

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MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	5,500.	0.			SPRING 2021 - ANDERES, DAVIS, HOYT, JOHNSTON, KELLISON, KOCH, MILLER, PATERNOSTER, PRICE,
MANHATTAN AREA TECHNICAL COLLEGE 3136 DICKENS AVENUE MANHATTAN, KS 66503	34-2064656	501C3	129,500.	0.			MATCHING GRANT FOR WAMEGO FACILITY
MANHATTAN AREA TECHNICAL COLLEGE FOUNDATION - 3136 DICKENS AVENUE - MANHATTAN, KS 66503	34-2064656	501C3	20,500.	0.			MATC CHALLENGE GRANT
MANHATTAN AREA TECHNICAL COLLEGE FOUNDATION - 3136 DICKENS AVENUE - MANHATTAN, KS 66503	34-2064656	501C3	19,500.	0.			REIMBURSEMENT FOR SCHOLARSHIPS - BRAUN 390\$500 = \$19,500
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	5,500.	0.			MASTERWORKS CHORALE (1 OF 3)
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	10,000.	0.			ARTS EDUCATION PROGRAMS
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	29,865.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE MANHATTAN, KS 66502	48-1131531	501C3	10,000.	0.			YES! FUND GRANT
MANHATTAN CATHOLIC SCHOOLS 306 S. JULIETTE STREET MANHATTAN, KS 66502	48-0987449	501C3	29,902.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS

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MANHATTAN CATHOLIC SCHOOLS 306 S. JULIETTE STREET MANHATTAN, KS 66502	48-0987449	501C3	11,500.	0.			TO BE USED FOR CATHOLIC EDUCATION
MANHATTAN PARKS & RECREATION DEPARTMENT - 1101 POYNTZ AVENUE - MANHATTAN, KS 66502	48-6023836	501C3	10,000.	0.			ARTS IN THE PARK PROGRAM
MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - PO BOX 191 - MANHATTAN, KS 66505	48-1074309	501C3	7,500.	0.			TEACHER/STAFF AWARDS
MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - PO BOX 191 - MANHATTAN, KS 66505	48-1074309	501C3	5,548.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION - PO BOX 191 - MANHATTAN, KS 66505	48-1074309	501C3	70,000.	0.			YES! FUND GRANT
MARIANNA KISTLER BEACH MUSEUM OF ART - 701 BEACH LANE - MANHATTAN, KS 66506	48-0771751	501C3	35,000.	0.			ART FOR THE COMMUNITY IN THREE WAYS
MARIANNA KISTLER BEACH MUSEUM OF ART - 701 BEACH LANE - MANHATTAN, KS 66506	48-0771751	501C3	30,000.	0.			HVAC REPAIRS
MARSHALL COUNTY 4-H YOUTH 1201 BROADWAY MARYSVILLE, KS 66508	48-0980200	501C3	25,000.	0.			GENERAL OPERATIONS
MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508	30-0345725	501C3	10,000.	0.			FUND KITCHEN RENOVATION AT THE ART CENTER.

Schedule I (Form 990)

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MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509 MARYSVILLE, KS 66508	30-0345725	501C3	6,000.	0.			FUND GUEST ARTISTS
MARSHALL COUNTY HISTORICAL SOCIETY 1207 BROADWAY MARYSVILLE, KS 66508	23-7246981	501C3	37,000.	0.			BUILDING REPAIRS
MARSHALL COUNTY RAILROAD HISTORICAL SOCIETY - 905 POMEROY STREET - BLUE RAPIDS, KS 66411	48-1242489	501C3	5,079.	0.			HOT MIX FOR CROSSINGS
MARYSVILLE AREA COMMUNITY THEATRE PO BOX 1 MARYSVILLE, KS 66508	48-1033266	501C3	10,000.	0.			PURCHASE OF SCENERY PROJECTOR FOR CYCLORAMA AND OPERATING FUNDS FOR A SPRING AND SUMMER
MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY - PO BOX 66 - MARYSVILLE, KS 66508	46-3466400	501C3	12,000.	0.			"WITHDRAWAL IS NEEDED FOR CAPITAL IMPROVEMENTS FOR DOORS, INSULATION AND ELECTRICAL UPGRADES.
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501C3	10,000.	0.			GENERAL OPERATIONS
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	6,971.	0.			SUPPORT FOR THE GOOD SAMARITAN FUND
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	11,121.	0.			SUPPORT FOR THE GOOD SAMARITAN FUND
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	212,486.	0.			132 SYNEXIS SPHERES AND 2021 MAINTENANCE PACKAGE

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MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	27,718.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD MANHATTAN, KS 66502	48-1212997	501C3	20,000.	0.			SENIOR CARE HERO APPRECIATION FUND
MEDS & FOOD FOR KIDS 4488 FOREST PARK, SUITE 230 ST. LOUIS, MO 63108	20-1257910	501C3	25,000.	0.			SOLUTION SOLEIL CAMPAIGN TO RAISE FUNDS FOR SOLAR POWERING THE PRODUCTION PLANT IN HAITI
MEDS & FOOD FOR KIDS 4488 FOREST PARK, SUITE 230 ST. LOUIS, MO 63108	20-1257910	501C3	10,000.	0.			"SOLUTION SOLEIL PROJECT
MEDS & FOOD FOR KIDS 4488 FOREST PARK, SUITE 230 ST. LOUIS, MO 63108	20-1257910	501C3	50,000.	0.			\$10,000 FOR GALA SPONSORSHIP / \$40,000 FOR GENERAL
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	51,203.	0.			NATURE'S PLAYScape
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 1006 LEAVENWORTH ST - MANHATTAN, KS 66502	48-1158074	501C3	12,747.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP - 506 S. 4TH STREET - MANHATTAN, KS 66502	48-1158074	501C3	22,000.	0.			YES! FUND GRANT
MIGIZI COMMUNICATIONS, INC 2610 E 32ND ST MINNEAPOLIS, MN 55406	41-1379114	501C3	10,000.	0.			GENERAL PROGRAM FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORNING STAR INC CRO 467 EAST POYNTZ AVENUE MANHATTAN, KS 66502	71-0872013	501C3	7,532.	0.			TRANSPORTATION FOR PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD, SUITE 174A DENVER, CO 80245	84-6032307	501C3	10,000.	0.			GENERAL SUPPORT
MOUNT MITCHELL PRAIRIE GUARDS PO BOX 136 WAMEGO, KS 66547	27-1948414	501C3	39,000.	0.			PAY OFF THE MORTGAGE ON THE 2019 EXPANSION OF THE MOUNT MITCHELL HERITAGE PRAIRIE PARK.
MT. CALVARY LUTHERAN CHURCH - MARYSVILLE - 1710 JENKINS STREET - MARYSVILLE, KS 66508	48-6120484	501C3	8,000.	0.			MATCHING GRANT CHALLENGE FOR FELLOWSHIP HALL
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	150,000.	0.			BUILDING RENT AND INTEREST
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	700,000.	0.			BUILDING DOWN PAYMENT
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	725,000.	0.			2021 OPERATIONS GRANT
MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION - 3007 ANDERSON AVENUE - MANHATTAN, KS 66503	82-4679842	501C3	2,700,000.	0.			GENERAL OPERATIONS
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	20,000.	0.			"GROUP THERAPY OFFICE \$15,000

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
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	10,000.	0.			CAPITAL CAMPAIGN
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	250,000.	0.			CAMPAIGN
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	31,687.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	24,813.	0.			CAPITAL CAMPAIGN DONATION
NO STONE UNTURNED FOUNDATION INC. PO BOX 654 MANHATTAN, KS 66505	26-3631970	501C3	25,000.	0.			NO NEED UNMET CAPITAL CAMPAIGN
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	7,450.	0.			GENERAL OPERATIONS
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	26,000.	0.			TO PAY FOR INTERN SALARIES FOR SUMMER 2021 OUT OF NR YOUTH FUND.
NORTHRIDGE CHURCH 316 LINCOLN SABETHA, KS 66534	20-8286323	501C3	20,000.	0.			FOR MISSIONS
PAWNEE MENTAL HEALTH FOUNDATION PO BOX 164 MANHATTAN, KS 66505	48-0846557	501C3	6,466.	0.			TRANSFERRING FUNDS TO FULFILL DONATION PURPOSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	10,000.	0.			GRANTS FOR GREATER MANHATTAN
PAWNEE MENTAL HEALTH SERVICES, INC. - 2001 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0846557	501C3	8,000.	0.			YES! FUND GRANT
PONY EXPRESS MUSEUM OF MARYSVILLE 106 S 8TH STREET MARYSVILLE, KS 66508	48-6139910	501C3	10,000.	0.			OPERATING EXPENSES - COVID
PONY EXPRESS PARTNERSHIP FOR CHILDREN, INC. (PEPC, INC.) - 405 N 4TH STREET - MARYSVILLE, KS 66508	46-4490976	501C3	15,000.	0.			GENERAL OPERATING FUNDS - PAYROLL, RENTAL ASSISTANCE FOR FAMILIES
RELATE 360 INC. PO BOX 461 MANHATTAN, KS 66505	81-3102436	501C3	7,535.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH ROAD MANHATTAN, KS 66502	48-0775967	GOVERNMENT	10,597.	0.			RILEY COUNTY COVID-19 VACCINE INFORMATION FLYER
RILEY COUNTY SENIORS' SERVICE CENTER - 301 N. 4TH ST. - MANHATTAN, KS 66502	48-0992061	501C3	21,682.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
RONALD MCDONALD HOUSE CHARITIES 434 S KANSAS AVENUE, SUITE 700 TOPEKA, KS 66603	48-1022967	501C3	6,406.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS
SACRED HEART CATHOLIC CHURCH 1031 S 12TH STREET SABETHA, KS 66534		501C3	20,000.	0.			ANNUAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART CATHOLIC CHURCH 1031 S 12TH STREET SABETHA, KS 66534		501C3	100,000.	0.			WEST DECK AND PUBLIC AREA IMPROVEMENT
SACRED HEART CATHOLIC CHURCH 1031 S 12TH STREET SABETHA, KS 66534		501C3	100,000.	0.			CEMETERY PROJECT
SEATTLE FOUNDATION 1601 5TH AVE #1900 SEATTLE, WA 98101	91-6013536	501C3	50,000.	0.			FUND FOR INCLUSIVE RECOVERY
SEVEN DOLORS CATHOLIC CHURCH 731 PIERRE MANHATTAN, KS 66502	26-0863625	501C3	10,000.	0.			FINAL CONTRIBUTION - PAST & FUTURE CAMPAIGN
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	20,000.	0.			FOR RENT AND UTILITIES ASSISTANCE
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	7,500.	0.			PRESCRIPTION MEDICATION ASSISTANCE
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	6,000.	0.			MAY GRANTS (+ \$500 FROM APRIL GRANTS)
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING
SHEPHERD'S CROSSING, INC. PO BOX 1919 MANHATTAN, KS 66505	48-1243420	501C3	5,500.	0.			MONTHLY FAIRY GODMOTHERS GRANT FUNDING
SOCIETY OF THE FIRST INFANTRY DIVISION - PO BOX 2307 - FORT RILEY, KS 66442	23-1406959	501C3	24,690.	0.			REQUESTED GRANT FOR OUR ORGANIZATION. GRANT SUPPORTS: THE MISSION OF THE SOCIETY OF THE 1ST
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W ST. PAUL, MN 55103	41-1690483	501C3	10,000.	0.			GENERAL PROGRAM FUND
ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	25,000.	0.			OPERATING SUPPORT
ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B MARYSVILLE, KS 66508	48-0579761	501C3	11,620.	0.			BUILDING FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GREGORY'S SCHOOL 207 NORTH 14TH STREET, SUITE A MARYSVILLE, KS 66508	48-0579761	501C3	15,212.	0.			GENERAL SUPPORT
ST. JUDE CHILDRENS RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	10,000.	0.			CANCER RESEARCH
ST. JUDE CHILDRENS RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501C3	20,000.	0.			IN MEMORY OF GRANT JUNGHAN
ST. PAUL LUTHERAN CHURCH 816 9TH STREET CLAY CENTER, KS 67432	48-0554441	501C3	20,000.	0.			FOR GENERAL OPERATIONS
ST. PAUL LUTHERAN CHURCH 816 9TH STREET CLAY CENTER, KS 67432	48-0554441	501C3	17,500.	0.			GATHER FOR GOOD
ST. THOMAS MORE RELIGIOUS ED PROGRAM - 1011 POYNTZ AVE - MANHATTAN, KS 66503	26-0863629	501C3	8,000.	0.			TO BE USED FOR CATHOLIC EDUCATION
SUNFLOWER CASA PROJECT, INC. 115 N 4TH STREET MANHATTAN, KS 66502	48-1061447	501C3	10,000.	0.			RENOVATION FUNDS
SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502	48-1096978	501C3	25,000.	0.			CAPITAL PROJECT
SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION - 2333 OAK STREET - MANHATTAN, KS 66502	48-1096978	501C3	19,842.	0.			REQUESTED DISTRIBUTIONS OF GROW GREEN MATCH DAY DONATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXKAN CHARITABLE FOUNDATION INC. 8008 W 34TH STREET LOT 5 LUBBOCK, TX 79407	86-2812206	501C3	10,124.	0.			RESEARCH INTO NON DRUG PARKINSON'S TREATMENT AND FUND RAISING
THE USD 364 FOUNDATION 211 S 10TH STREET MARYSVILLE, KS 66508	48-1113912	501C3	85,130.	0.			STADIUM RENOVATION PROJECT
TINY TREASURES PRESCHOOL 1000 PIONEER RD DELTA, CO 81416	84-0595904	501C3	7,500.	0.			OUTDOOR PLAYGROUND RENOVATION
UNITARIAN UNIVERSALIST FELLOWSHIP, INC. OF MANHATTAN - PO BOX 910 - MANHATTAN, KS 66505		501C3	27,085.	0.			GROW GREEN DONATIONS FOR DISTRIBUTION
UNITED STROKE ALLIANCE 8000 N. UNIVERSITY STREET PEORIA, IL 61615	64-0954851	501C3	25,000.	0.			CAMP FOR STROKE SURVIVORS AND CAREGIVERS
UNIVERSITY CHRISTIAN CHURCH 1506 BROWNING PLACE, SUITE 101 MANHATTAN, KS 66502	48-0791644	501C3	15,000.	0.			GENERAL FUND
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	43,350.	0.			PURCHASE OF MUSICAL INSTRUMENTS
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	8,597.	0.			UNIFORMS, WARM-UPS AND EQUIPMENT
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	5,498.	0.			CHRIS BAUERLE (ANIMAL & PLANT SCIENCE TEACHER) REALITY WORKS LAB CURRICULUM.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	31,769.	0.			2021-22 APPLESEED GRANTS
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	15,974.	0.			NEC NP 4000 PROJECTOR & INSTALLATION
USD 113 DISTRICT OFFICE 1619 OLD US 75 SABETHA, KS 66534	48-1150689	GOVERNMENT	300,000.	0.			FACILITIES IMPROVEMENT
USD 113 FOUNDATION 1619 S. OLD HWY 75 SABETHA, KS 66534	48-1150689	501C3	35,882.	0.			2020 APPLESEED INNOVATION REQUEST REIMBURSEMENT
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-1074309	GOVERNMENT	11,925.	0.			TEACHER DEVELOPMENT PROGRAM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-1074309	GOVERNMENT	12,500.	0.			SUMMER READING PROGRAM
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-1074309	GOVERNMENT	19,553.	0.			YES FUND PROGRAMS
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-1074309	GOVERNMENT	8,309.	0.			YES FUND PROGRAMS
USD 383 SCHOOL DISTRICT 2031 POYNTZ AVENUE MANHATTAN, KS 66502	48-1074309	GOVERNMENT	8,000.	0.			FIT CLOSET

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	288	298,598.	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:

GRANTS ARE MONITORED FOR APPROPRIATE USE BY THE GRANTS COMMITTEE OF THE
EXECUTIVE BOARD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CRISIS CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CRISIS CENTER BUILDING FUND,
IN APPRECIATION OF JUDY DAVIS'S LEADERSHIP, THE HOWE FAMILY FOUNDATION
MATCH AND THE MANHATTAN ROTARY CLUB'S CUP MONEY DONATIONS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE CLAY CENTER LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: WE WILL BE MOVING THIS MONEY TO OUR BANK ACCOUNT TO BE USED TOWARDS BEAUTIFYING THE LIBRARY WITH A BRONZED BENCH OUT FRONT AS WELL AS DONATING TO OUR SUMMER READING PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DOLLARS ARE USED TO SUPPORT PROGRAMMING FOCUSED ON THE DEVELOPMENT OF LEADERS IN AGRICULTURE AND THE STATES RURAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FARM BUREAU LEGAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DOLLARS SUPPORT EDUCATION, RESEARCH AND ANALYSIS, AND TECHNICAL ASSISTANCE TO ENSURE THE WELL BEING OF PERSONS DIRECTLY ENGAGED IN AGRICULTURE OR RELATED ENTERPRISES

NAME OF ORGANIZATION OR GOVERNMENT: KSU FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: K-STATE COLLEGE OF BUSINESS, CENTER FOR THE ADVANCEMENT OF ENTREPRENEURSHIP - ACCOUNT C19440

NAME OF ORGANIZATION OR GOVERNMENT: MANHATTAN AREA TECHNICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPRING 2021 - ANDERES, DAVIS, HOYT, JOHNSTON, KELLISON, KOCH, MILLER, PATERNOSTER, PRICE, RAMIREZ, TAGGART

NAME OF ORGANIZATION OR GOVERNMENT: MARYSVILLE AREA COMMUNITY THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF SCENERY PROJECTOR FOR CYCLORAMA AND OPERATING FUNDS FOR A SPRING AND SUMMER THEATRICAL PRODUCTION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIETY OF THE FIRST INFANTRY DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: REQUESTED GRANT FOR OUR

ORGANIZATION. GRANT SUPPORTS: THE MISSION OF THE SOCIETY OF THE 1ST

INFANTRY DIVISION IS TO PERPETUATE THE MEMORY OF THE 1ST INFANTRY

DIVISION, US ARMY AND TO HONOR THE SERVICE AND SACRIFICE OF ITS SOLDIERS

AND UNITS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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	6	1,288,911.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

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 three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2021

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.

WE USE AN INDEPENDENT INVESTMENT FUND MANAGER TO PROCESS THE RECEIPT
AND SALE OF ANY INCOMING CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES.

SCHEDULE O
(Form 990)

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 the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
48-1215574

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEETING NEEDS THROUGH GRANTS, AWARDS, AND SCHOLARSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

OUR PRACTICE IS A COMPLETE AND UNREDACTED COPY OF IRS FORM 990 IS PROVIDED
TO EACH BOARD MEMBER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
AFTER THE BOARD OF DIRECTORS HAS REVIEWED THE DRAFT, OUR BOARD PRESIDENT
AND CEO IS THEN AUTHORIZED TO SIGN AND FILE THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

OUR BOARD MEMBERS SHOULD ABSTAIN FROM DISCUSSION AND VOTING IN SITUATIONS
WHERE THEY HAVE A DIRECT FINANCIAL INTEREST IN THE OUTCOME. COMMITTEE
MEMBERS ARE EXPECTED TO DISCUSS ISSUES TO DETERMINE IF THERE IS ANY
CONFLICT AND IF THEY SHOULD ABSTAIN FROM DISCUSSION AND VOTING. ANY
ABSTENTIONS AND THE REASON WILL BE PROPERLY RECORDED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

OUR EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE IS REVIEWED BY THE
COMPENSATION COMMITTEE OF THE EXECUTIVE BOARD USING COMPARATIVE INFORMATION
FROM COMMUNITY FOUNDATIONS IN SIMILAR COMMUNITIES.

FORM 990, PART VI, SECTION C, LINE 19:

OUR GOVERNING DOCUMENTS MAY BE VIEWED IN PERSON OR COPIES ARE AVAILABLE
UPON REQUEST FROM THE ORGANIZATION OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

FEE FOR SERVICE - OTHER - WDR:

PROGRAM SERVICE EXPENSES 1,875,946.

MANAGEMENT AND GENERAL EXPENSES 1,290.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,877,236.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,877,236.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF GRANTS ISSUED IN PRIOR YEAR 12,139.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

SCHEDULE R
(Form 990)

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

2021

**Open to Public
Inspection**

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
48-1215574

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
PROPERTY FUND I, LLC PO BOX 1127 MANHATTAN, KS 66505-1127	HOLD AND ADMINISTER GIFTS OF REAL PROPERTY	KANSAS			GREATER MANHATTAN COMMUNITY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GOLDSTEIN FOUNDATION - 27-0439529 555 POYNTZ AVE, SUITE 269 MANHATTAN, KS 66505-1127	SUPPORTING	KANSAS	501(C)(3)	LINE 12B, II	N/A		X
HOWE FAMILY FOUNDATION - 46-3980783 555 POYNTZ AVE, SUITE 269 MANHATTAN, KS 66502	SUPPORTING	KANSAS	501(C)(3)	LINE 12B, II	N/A		X
BUTLER FAMILY COMMUNITY FOUNDATION - 47-1631034, 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	SUPPORTING	KANSAS	501(C)(3)	LINE 12B, II	N/A		X
JACK GOLDSTEIN CHARITABLE TRUST - 48-0889646 555 POYNTZ AVE. MANHATTAN, KS 66502	SUPPORTING	KANSAS	501(C)(3)	LINE 12D, III-O	N/A		X

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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.

[illegible]

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.

[illegible]

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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) HOWE FAMILY FOUNDATION	C	559,450.	CASH
(2) GOLDSTEIN FOUNDATION	C	1,003,017.	CASH
(3) BUTLER FAMILY COMMUNITY FOUNDATION	C	115,124.	CASH
(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.

[illegible]

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