Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

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

OMB No. 1545-0047

2024

Name of filer	EIN or SSN
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574

Name and title of officer or person subject to tax

VERNON J HENRICKS, PRESIDENT, CEO, & SECRETARY

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 . . . ☑	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b**	37,108,744
2a	**Form 990-EZ** check here . . ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here . . ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here . . ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**	
5a	**Form 8868** check here . . . ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here . . ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . . . ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . . . ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here . . . ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here . . ☐	**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 2024 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 FORVIS MAZARS, LLP to enter my PIN 1 5 5 7 4 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 Vernon J Henricks ✓ Date 11/12/2025 ✓

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. 4 3 6 8 6 5 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 MICHAEL ENGLE Date 11/12/2025

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

PUBLIC DISCLOSURE COPY

Form 990 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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

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

D Employer identification number: 48-1215574

E Telephone number: (785) 587-8995

G Gross receipts $ 37,242,259

F Name and address of principal officer: VERNON J HENRICKS
SAME AS C ABOVE

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	148
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(9,002)
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	34,985,822	29,959,829
9	Program service revenue (Part VIII, line 2g)	138,577	167,116
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,246,248	7,068,483
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(16,229)	(86,684)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,354,418	37,108,744

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,045,012	21,188,293
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)	730,853	1,047,316
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 226,400		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,744,577	3,957,496
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,520,442	26,193,105
19	Revenue less expenses. Subtract line 18 from line 12	19,833,976	10,915,639

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	162,602,995	182,689,164
21	Total liabilities (Part X, line 26)	12,403,685	15,983,614
22	Net assets or fund balances. Subtract line 21 from line 20	150,199,310	166,705,550

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, PRESIDENT, CEO, & SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL ENGLE	MICHAEL ENGLE			P00482834

Firm's name FORVIS MAZARS, LLP — Firm's EIN 44-0160260

Firm's address 1201 WALNUT STREET SUITE 1700, KANSAS CITY, MO 64106-2246 — Phone no. (816) 221-6300

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

Form **8868**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574
Number, street, and room or suite no. If a P.O. box, see instructions.	
PO BOX 1127	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
MANHATTAN, KS 66505-1127	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of MARLA BRANDON, PO BOX 1127, MANHATTAN, KS 66505-1127

Telephone No. (785) 587-8995 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____.
If this is for the whole group, check this box . . . . . ☐
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . ☐

1 I request an automatic 6-month extension of time until 11/17, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☑ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO 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 MEETING NEEDS THROUGH GRANTS, AWARDS, AND SCHOLARSHIPS.

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 $ 25,039,347 including grants of $ 21,188,293) (Revenue $ 167,116)

IN 2024, WE AWARDED MANHATTAN-AREA NONPROFIT ORGANIZATIONS A TOTAL OF $24.9 MILLION (INCLUSIVE OF GRANTS ISSUED FROM CUSTODIAL LIABILITY FUNDS) THROUGH OUR GRANT PROGRAMS AND SUPPORTING ORGANIZATIONS. IN ADDITION TO MANHATTAN, KANSAS, WE SERVED TWENTY OTHER COMMUNITIES AS PART OF OUR REGIONAL AFFILIATED PROGRAM, COORDINATING MATCH DAY EVENTS IN FIFTEEN 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 25,039,347

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	116		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . 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.	1a	12		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	12		
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			✔
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
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			✔
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			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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			✔

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		✔
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	✔	
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	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
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	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b		✔
	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	✔	
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.

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) VERNON J HENRICKS	40.0									
PRESIDENT, CEO, & SECRETARY	5.0			✔				209,000	0	6,270
(2) MARLA BRANDON	40.0									
VICE PRESIDENT OF FINANCE	5.0			✔				118,734	0	3,540
(3) DAVID ROGERS	1.0									
TREASURER	0.0	✔		✔				0	0	0
(4) EILEEN HINKIN	1.0									
SECRETARY	0.0	✔		✔				0	0	0
(5) ELIZABETH SMOLLER	1.0									
CHAIR ELECT	0.0	✔		✔				0	0	0
(6) JACKIE HARTMAN BORCK	1.0									
PAST CHAIR END 03/24	0.0	✔		✔				0	0	0
(7) MATT CROCKER	1.0									
CHAIR	1.0	✔		✔				0	0	0
(8) ADDIE BUNNELL	1.0									
DIRECTOR	0.0	✔						0	0	0
(9) DALE BRADLEY	1.0									
DIRECTOR	0.0	✔						0	0	0
(10) ERIC HIGGINS	1.0									
DIRECTOR	1.0	✔						0	0	0
(11) JEFF MORRIS	1.0									
DIRECTOR END 03/24	0.0	✔						0	0	0
(12) KIM MCATEE	1.0									
DIRECTOR	1.0	✔						0	0	0
(13) LINDA COOK	1.0									
DIRECTOR	0.0	✔						0	0	0
(14) LOWELL KOHLMEIER	1.0									
DIRECTOR	0.0	✔						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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			
(15) MARY CARTER	1.0									
DIRECTOR	0.0	✔						0	0	0
(16) PHIL HOWE	1.0									
DIRECTOR END 04/24	2.0	✔						0	0	0
(17) TRACY ANDERSON	1.0									
DIRECTOR	0.0	✔						0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								327,734	0	9,810
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								327,734	0	9,810

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 2

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

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 Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	206,219				
	d	Related organizations	1d	2,766,260				
	e	Government grants (contributions)	1e	1,791,075				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,196,275				
	g	Noncash contributions included in lines 1a–1f	1g	$ 3,581,782				
	h	**Total.** Add lines 1a–1f			29,959,829			
Program Service Revenue				Business Code				
	2a	AGENCY FUND ADMINISTRATION		813211	167,116	167,116		
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			167,116			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,810,949			3,810,949
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	3,257,534				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	3,257,534	0			
	d	Net gain or (loss)			3,257,534			3,257,534
	8a	Gross income from fundraising events (not including $ 206,219 of contributions reported on line 1c). See Part IV, line 18	8a	36,639				
	b	Less: direct expenses	8b	133,515				
	c	Net income or (loss) from fundraising events			(96,876)			(96,876)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	OTHER INCOME		900099	19,194			19,194
	b	INVESTMENTS IN PARTNERSHIPS		901101	(9,002)		(9,002)	
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			10,192			
	12	**Total revenue.** See instructions			37,108,744	167,116	(9,002)	6,990,801

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,068,098	20,068,098		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,120,195	1,120,195		
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	337,454	101,237	202,472	33,745
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	600,733	158,737	329,407	112,589
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,240	3,165	7,793	282
9 Other employee benefits	29,546	12,037	17,509	
10 Payroll taxes	68,343	19,164	38,560	10,619
11 Fees for services (nonemployees):				
a Management				
b Legal	7,658	6,215	1,443	
c Accounting	35,813	11,310	24,503	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	186,478	186,478		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,856,421	1,818,403	38,018	0
12 Advertising and promotion	335,845	230,207	57,711	47,927
13 Office expenses	984,403	938,837	36,938	8,628
14 Information technology	69,080	1,000	68,080	
15 Royalties				
16 Occupancy	362,025	290,194	63,207	8,624
17 Travel	23,851	12,071	9,440	2,340
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,230	822	15,016	1,392
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,489		11,489	
23 Insurance	38,158	33,476	4,682	
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 11g expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	29,045	27,701	1,090	254
25 **Total functional expenses.** Add lines 1 through 24e	26,193,105	25,039,347	927,358	226,400
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		134,316	1	412,192
	2	Savings and temporary cash investments		1,894,142	2	2,140,349
	3	Pledges and grants receivable, net		2,421,588	3	4,929,134
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,947	9	4,245
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 697,735			
	b	Less: accumulated depreciation	10b 51,250	18,648	10c	646,485
	11	Investments—publicly traded securities		155,831,564	11	171,450,508
	12	Investments—other securities. See Part IV, line 11		1,240,000	12	1,752,541
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,060,790	15	1,353,710
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		162,602,995	16	182,689,164
Liabilities	17	Accounts payable and accrued expenses		(23,214)	17	14,843
	18	Grants payable		2,520,274	18	4,977,661
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		9,738,459	21	10,818,546
	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		0	22	0
	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		168,166	25	172,564
	26	**Total liabilities.** Add lines 17 through 25		12,403,685	26	15,983,614
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		4,312,409	27	4,952,458
	28	Net assets with donor restrictions		145,886,901	28	161,753,092
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		150,199,310	32	166,705,550
	33	Total liabilities and net assets/fund balances		162,602,995	33	182,689,164

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,108,744
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,193,105
3	Revenue less expenses. Subtract line 2 from line 1	3	10,915,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	150,199,310
5	Net unrealized gains (losses) on investments	5	5,267,940
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	304,172
9	Other changes in net assets or fund balances (explain on Schedule O)	9	18,489
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	166,705,550

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
GREATER MANHATTAN COMMUNITY FOUNDATION	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,210,067	21,085,418	20,774,039	34,985,822	29,959,829	120,015,175
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	13,210,067	21,085,418	20,774,039	34,985,822	29,959,829	120,015,175
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)						7,376,830
6 **Public support.** Subtract line 5 from line 4						112,638,345

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13,210,067	21,085,418	20,774,039	34,985,822	29,959,829	120,015,175
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,767,371	1,224,185	2,068,859	3,217,491	3,810,949	12,088,855
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	9,000	520	56,000	19,194	84,714
11 **Total support.** Add lines 7 through 10						132,188,744

12 Gross receipts from related activities, etc. (see instructions) **12** 786,322

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	85.21 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	15	80.15 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

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

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

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.)

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 1 - UNUSUAL GRANTS BY YEAR	2021 - $40,884,023

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	

Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1) OTHER INCOME	0	9,000	520	56,000	19,194	84,714
Total	0	9,000	520	56,000	19,194	84,714

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
GREATER 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
GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
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
1		$ 2,454,500	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
2		$ 1,637,301	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 1,595,280	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
4		$ 1,393,118	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 1,178,818	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 1,055,539	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
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
7		$ 1,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		$ 993,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		$ 671,251	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
48-1215574

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK	$ 2,454,500	10/07/2024

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	REAL ESTATE	$ 626,800	12/11/2024

(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: GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number: 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 information once. See instructions.) $ ____________
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER 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	182	0
2	Aggregate value of contributions to (during year)	6,850,021	0
3	Aggregate value of grants from (during year)	8,280,224	0
4	Aggregate value at end of year	71,332,084	0

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? ☑ Yes ☐ No

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

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $
(ii) Assets included in Form 990, Part X $

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

a Revenue included on Form 990, Part VIII, line 1 $
b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	240,243,585	204,966,691	174,715,589	90,735,407	74,587,113
b Contributions	3,215,380	3,470,051	33,648,267	66,663,968	19,042,268
c Net investment earnings, gains, and losses	29,522,378	35,235,199	78,261,774	36,062,928	12,178,776
d Grants or scholarships	4,212,642	3,146,198	24,989,225	17,978,552	14,549,608
e Other expenditures for facilities and programs	0	0	55,911,676	0	0
f Administrative expenses	366,205	282,158	758,038	768,162	523,142
g End of year balance	268,402,496	240,243,585	204,966,691	174,715,589	90,735,407

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

- a Board designated or quasi-endowment 6.63 %
- b Permanent endowment 93.37 %
- c Term endowment 0.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	626,800			626,800
b Buildings				
c Leasehold improvements				
d Equipment		70,935	51,250	19,685
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				646,485

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. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	172,564
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	172,564

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

SEE STATEMENT

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	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 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.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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.
SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
48-1215574

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,752,541
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			1,752,541
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			1,752,541

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . . .

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ **Yes**	☑ **No**
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ **Yes**	☑ **No**
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ **Yes**	☑ **No**
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ **Yes**	☐ **No**
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ **Yes**	☐ **No**
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ **Yes**	☑ **No**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER 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 nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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 COMMUNITY FOUNDATION AWARDS (event type)	(b) Event #2 FGM/GA GOLF TOURNAMENT (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	52,072	47,886	142,900	242,858
	2 Less: Contributions	38,522	40,161	127,536	206,219
	3 Gross income (line 1 minus line 2)	13,550	7,725	15,364	36,639
Direct Expenses	4 Cash prizes	0	2,650	0	2,650
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	850	16,767	10,171	27,788
	7 Food and beverages	30,389	0	8,756	39,145
	8 Entertainment	44,113	0	4,693	48,806
	9 Other direct expenses	4,128	1,140	9,858	15,126
	10 Direct expense summary. Add lines 4 through 9 in column (d)				133,515
	11 Net income summary. Subtract line 10 from line 3, column (d)				(96,876)

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name _____

Address _____

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

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

c If "Yes," enter 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.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER 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
(1) (SEE STATEMENT)	76-0732761	501(C)(3)	16,000				EDUCATION
(2) AGINGWELL, INC. PO BOX 411, JUNCTION CITY, KS 66441	27-0782250	501(C)(3)	5,937				HUMAN SERVICES
(3) ALMA AREA FOUNDATION PO BOX 192, ALMA, KS 66401	48-1147950	501(C)(3)	13,054				HUMAN SERVICES
(4) (SEE STATEMENT)	13-3039601	501(C)(3)	7,000				HUMAN SERVICES
(5) AMBERWELL HIAWATHA FOUNDATION 500 UTAH, HIAWATHA, KS 66434	48-1223766	501(C)(3)	25,363				HUMAN SERVICES
(6) AMELIA EARHART BIRTHPLACE MUSEUM 223 N TERRACE STREET, ATCHISON, KS 66002	73-0632928	501(C)(3)	12,500				ARTS & HUMANITIES
(7) (SEE STATEMENT)	48-6112047	501(C)(3)	10,000				PUBLIC SERVICES
(8) AMERICAN NATIONAL RED CROSS PO BOX 37243, WASHINGTON, DC 20013	53-0196605	501(C)(3)	9,000				HUMAN SERVICES
(9) AMERICAN SWEDISH INSTITUTE 2600 PARK AVENUE, MINNEAPOLIS, MN 55407	41-0711603	501(C)(3)	25,000				PUBLIC SERVICES
(10) ANNUNCIATION CHURCH 213 E 5TH STREET, FRANKFORT, KS 66427	48-0594095	501(C)(3)	17,800				CHURCH
(11) ATCHISON AREA ECONOMIC CORPORATION 307 NORTH 2N STREET, ATCHISON, KS 66002	48-0941252	501(C)(3)	6,960				PUBLIC SERVICES
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 304

3 Enter total number of other organizations listed in the line 1 table 0

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SCHOLARSHIPS	544	1,120,195			
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ATCHISON AREA UNITED WAY PO BOX 403, ATCHISON, KS 66002	48-6107689	501(C)(3)	25,953				PUBLIC SERVICES
(13) ATCHISON COUNTY COMMUNITY SCHOOLS EDUCATION FOUNDATION (ACCSEF) 306 MAIN ST., EFFINGHAM, KS 66023	83-3339153	501(C)(3)	21,500				EDUCATION
(14) ATCHISON COUNTY HISTORICAL SOCIETY 200 S 10TH STREET, ATCHISON, KS 66002	48-6134391	501(C)(3)	7,000				ARTS & HUMANITIES
(15) ATCHISON COUNTY KANSAS GENEALOGICAL SOCIETY 200 S 10TH STREET, ATCHISON, KS 66002	48-1108675	501(C)(3)	6,000				ARTS & HUMANITIES
(16) ATCHISON UNITED METHODIST CHURCH 501 KANSAS AVE., ATCHISON, KS 66002	48-0571544	501(C)(3)	25,986				CHURCH
(17) AUDUBON OF KANSAS PO BOX 1106, MANHATTAN, KS 66505	48-0849282	501(C)(3)	40,200				CONSERVATION
(18) BALLARD FOOD BANK 1400 LEARY AVENUE NW, SEATTLE, WA 98107	91-1428805	501(C)(3)	50,000				HUMAN SERVICES
(19) BANNER CREEK SCIENCE CENTER 421 NEW YORK AVE, HOLTON, KS 66436	20-4213077	501(C)(3)	14,756				EDUCATION
(20) BE ABLE INC. 431 S 5TH STREET, MANHATTAN, KS 66502	83-3999669	501(C)(3)	92,791				HUMAN SERVICES
(21) BECK-BOOKMAN LIBRARY 420 W. 4TH STREET, HOLTON, KS 66436	45-4081980	501(C)(3)	33,650				ARTS & HUMANITIES
(22) BIG LAKES FOUNDATION, INC. 1416 HAYES DRIVE, MANHATTAN, KS 66502	48-1134341	501(C)(3)	326,000				HUMAN SERVICES
(23) BLACK ENTREPRENEURS OF THE FLINT HILLS ASSOCIATION 120 NORTH 4TH ST, SUITE K, MANHATTAN, KS 66502	85-2988527	501(C)(3)	20,100				PUBLIC SERVICES
(24) BLUE RAPIDS HISTORICAL SOCIETY 36 PUBLIC SQUARE, BLUE RAPIDS, KS 66411	16-1722800	501(C)(3)	14,164				ARTS & HUMANITIES
(25) BLUE RAPIDS PUBLIC LIBRARY 14 PUBLIC SQUARE, BLUE RAPIDS, KS 66411	N/A	501(C)(1)	5,230				ARTS & HUMANITIES
(26) BOY SCOUTS OF AMERICA 10210 HOLMES RD, KANSAS CITY, MO 64131	48-0545921	501(C)(3)	80,604				YOUTH
(27) BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294, MANHATTAN, KS 66505	23-7358134	501(C)(3)	392,412				YOUTH
(28) BROWN COUNTY DEVELOPMENTAL SERVICES, INC. 400 S 12TH STREET, HIAWATHA, KS 66434	48-0758105	501(C)(3)	28,845				HUMAN SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) BROWN COUNTY FAIR ASSOCIATION 601 OREGON STREET, SUITE 106, HIAWATHA, KS 66434	48-6117373	501(C)(3)	7,400				PUBLIC SERVICES
(30) BROWN COUNTY HISTORICAL SOCIETY 611 UTAH STREET, HIAWATHA, KS 66434	48-0886284	501(C)(3)	17,000				ARTS & HUMANITIES
(31) BROWN COUNTY HUMANE SOCIETY 2393 MALLARD ROAD, HIAWATHA, KS 66434	74-2820034	501(C)(3)	67,936				ANIMALS
(32) CARING COMMUNITY FOUNDATION PO BOX 54, ONAGA, KS 66521	47-4465692	501(C)(3)	7,000				PUBLIC SERVICES
(33) CATHOLIC CHARITIES OF NORTHERN KANSAS PO BOX 1366, SALINA, KS 67402	48-0676263	501(C)(3)	50,949				HUMAN SERVICES
(34) CENTER FOR GREAT APES PO BOX 488, WAUCHULA, FL 33873	65-0444725	501(C)(3)	9,500				ANIMALS
(35) CENTER FOR PEOPLE 3901 NORTH 27TH STREET, LINCOLN, NE 68521-4177	06-1669552	501(C)(3)	40,000				HUMAN SERVICES
(36) CENTER FOR SWEDENBORGIAN STUDIES 1798 SCENIC AVENUE, BERKELEY, CA 94709	N/A	501(C)(3)	15,000				EDUCATION
(37) CENTRAL KANSAS COMMUNITY FOUNDATION 301 N. MAIN, SUITE 200, NEWTON, KS 67114	48-1221368	501(C)(3)	15,000				EDUCATION
(38) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	152,500				HUMAN SERVICES
(39) CHURCH OF THE COVENANT 811 WASHINGTON STREET, JUNCTION CITY, KS 66441	23-7035942	501(C)(3)	14,270				CHURCH
(40) CITY OF ATCHISON 515 KANSAS AVE, ATCHISON, KS 66002	N/A	501(C)(1)	12,000				PUBLIC SERVICES
(41) CITY OF BLUE RAPIDS #4 PUBLIC SQUARE, BLUE RAPIDS, KS 66411	N/A	501(C)(1)	6,980				PUBLIC SERVICES
(42) CITY OF EVEREST P.O. BOX 264, EVEREST WWTP (KS002717, KS 66424	48-6025553	501(C)(1)	5,890				PUBLIC SERVICES
(43) CITY OF FRANKFORT 109 N. KANSAS AVE., FRANKFORT, KS 66427	48-6023348	501(C)(1)	11,772				PUBLIC SERVICES
(44) CITY OF HOLTON 430 PENNSYLVANIA AVE., HOLTON, KS 66436	N/A	501(C)(1)	19,694				PUBLIC SERVICES
(45) CITY OF HORTON, KANSAS 205 E 8TH ST., HORTON, KS 66439	48-6025865	501(C)(1)	12,177				PUBLIC SERVICES
(46) CITY OF MANHATTAN, KANSAS 1101 POYNTZ AVENUE, MANHATTAN, KS 66502	48-6023836	501(C)(1)	19,466				PUBLIC SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) CITY OF MAYETTA 119 E MAIN ST, MAYETTA, KS 66509	N/A	501(C)(1)	8,000				PUBLIC SERVICES
(48) CITY OF SABETHA 805 MAIN STREET, SABETHA, KS 66534	N/A	501(C)(1)	113,501				PUBLIC SERVICES
(49) CITY OF WAMEGO PO BOX 86, WAMEGO, KS 66547	48-6024658	501(C)(1)	61,813				PUBLIC SERVICES
(50) CITY OF WHITING 216 WHITING ST, WHITING, KS 66552	N/A	501(C)(1)	9,800				PUBLIC SERVICES
(51) CLAY CENTER COMMUNITY IMPROVEMENT FOUNDATION 432 COURT STREET, CLAY CENTER, KS 67432	48-1080043	501(C)(3)	9,500				PUBLIC SERVICES
(52) CLAY CENTER COVENANT CHURCH 1330 15TH STREET, CLAY CENTER, KS 67432	48-6164667	501(C)(3)	6,000				CHURCH
(53) CLAY CENTER PUBLIC UTILITIES COMMISSION PO BOX 37, CLAY CENTER, KS 67432	N/A	501(C)(1)	190,000				PUBLIC SERVICES
(54) CLAY COUNTY 712 FIFTH STREET, CLAY CENTER, KS 67432	N/A	501(C)(1)	100,000				PUBLIC SERVICES
(55) CLAY COUNTY 4-H DEVELOPMENT 213 S 12TH STREET, CLAY CENTER, KS 67432	48-0963381	501(C)(3)	7,500				YOUTH
(56) CLAY COUNTY ANIMAL RESCUE & EDUCATION CENTER, INC. 109 S 4TH STREET, CLAY CENTER, KS 67432	46-3167839	501(C)(3)	20,000				ANIMALS
(57) CLAY COUNTY ARTS COUNCIL 1422 5TH ST, CLAY CENTER, KS 67432	48-0949989	501(C)(3)	9,400				ARTS & HUMANITIES
(58) CLAY COUNTY EDUCATIONAL ENDOWMENT ASSN. INC. PO BOX 514, CLAY CENTER, KS 67432	48-1202509	501(C)(3)	11,080				EDUCATION
(59) CLAY COUNTY HISTORICAL SOCIETY & MUSEUM 518 LINCOLN AVENUE, CLAY CENTER, KS 67432	23-7377697	501(C)(3)	31,000				ARTS & HUMANITIES
(60) CLAY COUNTY HOSPITAL FOUNDATION 617 LIBERTY STREET, CLAY CENTER, KS 67432	48-1035296	501(C)(3)	49,870				HUMAN SERVICES
(61) CLIMATE GENERATION 2801 21ST AVE SOUTH, SUITE 127, MINNEAPOLIS, MN 55407	02-0712905	501(C)(3)	15,000				CONSERVATION
(62) CLIMATE SOLUTIONS 1402 THIRD AVENUE, #1200, SEATTLE, WA 98101	91-1123302	501(C)(3)	20,000				CONSERVATION
(63) CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION PO BOX 1002, CONCORDIA, KS 66901	23-7164676	501(C)(3)	48,514				EDUCATION
(64) CMH FOUNDATION PO BOX 430, MARYSVILLE, KS 66508	32-0297285	501(C)(3)	15,226				HUMAN SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(65) COLLEGE AVENUE UNITED METHODIST CHURCH 1609 COLLEGE AVENUE, MANHATTAN, KS 66503	48-6107249	501(C)(3)	24,000				CHURCH
(66) COMBINED SCHOLARSHIP FUND OF GREATER FORT RILEY PO BOX 2082, FORT RILEY, KS 66442	81-3214558	501(C)(3)	22,500				EDUCATION
(67) COMMON GROUND MINISTRIES, INC. PO BOX 487, CLAY CENTER, KS 67432	48-1152117	501(C)(3)	37,050				HUMAN SERVICES
(68) COMMON TABLE 1310 WESTLOOP PLACE, SUITE A #253, MANHATTAN, KS 66502	86-2964079	501(C)(3)	38,850				HUMAN SERVICES
(69) COMMUNITY CARE MINISTRIES 407 ASH STREET, WAMEGO, KS 66547	75-2974854	501(C)(3)	63,000				CHURCH
(70) COMPAS, INC. 450 SYNDICATE ST. NORTH, ST PAUL, MN 55104	41-1228092	501(C)(3)	10,000				PUBLIC SERVICES
(71) CORNERSTONE FAMILY COUNSELING 1408 POYNTZ AVE, MANHATTAN, KS 66502	45-4024609	501(C)(3)	13,500				HUMAN SERVICES
(72) CREATIVE ENTERPRISE ZONE 2171 UNIVERSITY AVE W, SUITE 100, SAINT PAUL, MN 55114	47-3199574	501(C)(3)	10,000				ARTS & HUMANITIES
(73) CRISIS CENTER, INC. PO BOX 1526, MANHATTAN, KS 66505	48-0892579	501(C)(3)	107,726				HUMAN SERVICES
(74) DONIPHAN COUNTY PET RESCUE 548 FRIENDSHIP ROAD, BENDENA, KS 66008	84-5080514	501(C)(3)	6,300				ANIMALS
(75) DOVER COMMUNITY CENTER PO BOX 244, DOVER, KS 66420	20-1290260	501(C)(3)	14,165				PUBLIC SERVICES
(76) ECUMENICAL CAMPUS MINISTRY 904 SUNSET AVENUE, MANHATTAN, KS 66502	48-1085357	501(C)(3)	5,996				CHURCH
(77) EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO 105 ANDERSON HALL, MANHATTAN, KS 66506	36-6158409	501(C)(3)	10,000				EDUCATION
(78) EFFINGHAM UNION CHURCH PO BOX 303, EFFINGHAM, KS 66023	48-6190072	501(C)(3)	19,000				CHURCH
(79) EMI 7025 CAMPUS DR, COLORADO SPRINGS, CO 80920	74-2213629	501(C)(3)	6,000				PUBLIC SERVICES
(80) EMMANUEL CHRISTIAN SEMINARY 1 WALKER DRIVE, JOHNSON CITY, TN 37601	62-0535755	501(C)(3)	72,550				EDUCATION
(81) EMMAUS UNIVERSITY OF HAITI 1014 MAIN STREET, SABETHA, KS 66534	46-3779216	501(C)(3)	90,275				EDUCATION
(82) ENDURING HEARTS 1205 JOHNSON FERRY ROAD, MARIETTA, GA 30068	46-2665745	501(C)(3)	8,000				HUMAN SERVICES
(83) ETERNAL HOPE WORSHIP CENTER 410 EAST IOWA, HIAWATHA, KS 66434	46-5140628	501(C)(3)	14,426				CHURCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(84) EVANGELICAL UNITED CHURCH OF CHRIST PO BOX 524, MARYSVILLE, KS 66508	48-6197271	501(C)(3)	12,000				CHURCH
(85) FAMILIES FIRST OF MARSHALL COUNTY 101 3RD ST., HOME, KS 66438	46-1281396	501(C)(3)	17,647				HUMAN SERVICES
(86) FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD, KANSAS CITY, MO 64129	44-0610626	501(C)(3)	12,600				YOUTH
(87) FIRST BAPTIST CHURCH 2121 BLUE HILLS ROAD, MANHATTAN, KS 66502	48-0831570	501(C)(3)	12,000				CHURCH
(88) FIRST CHRISTIAN CHURCH PO BOX 626, ATCHISON, KS 66002	48-0556710	501(C)(3)	15,000				CHURCH
(89) FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST 700 POYNTZ, MANHATTAN, KS 66502	48-0949129	501(C)(3)	5,874				CHURCH
(90) FIRST JUDICIAL DISTRICT CASA ASSOCIATION 100 SOUTH 5TH STREET, LEAVENWORTH, KS 66048	48-1136125	501(C)(3)	10,000				YOUTH
(91) FIRST LUTHERAN CHRISTIAN PRESCHOOL PO BOX 65, SABETHA, KS 66534	23-7041880	501(C)(3)	13,652				EDUCATION
(92) FIRST PRESBYTERIAN CHURCH - CLAY CENTER 602 CLARKE STREET, CLAY CENTER, KS 67432	48-0548265	501(C)(3)	21,000				CHURCH
(93) FIRST PRESBYTERIAN CHURCH - JC 113 W 5TH STREET, JUNCTION CITY, KS 66441	48-0997662	501(C)(3)	34,760				CHURCH
(94) FIRST PRESBYTERIAN CHURCH OF ATCHISON 302 N 5TH ST, ATCHISON, KS 66002	48-6111295	501(C)(3)	16,757				CHURCH
(95) FLINT HILLS BALLOON FESTIVAL INC 4623 S DWIGHT DRIVE, MANHATTAN, KS 66502	99-4718319	501(C)(3)	85,000				ARTS & HUMANITIES
(96) FLINT HILLS BREADBASKET 2326 SKYVIEW LANE, MANHATTAN, KS 66502	48-0952757	501(C)(3)	327,400				HUMAN SERVICES
(97) FLINT HILLS CHRISTIAN SCHOOL 3905 GREEN VALLEY ROAD, MANHATTAN, KS 66502	48-1159406	501(C)(3)	156,500				CHURCH
(98) FLINT HILLS COMMUNITY CLINIC 401 HOUSTON STREET, SUITE C, MANHATTAN, KS 66502	20-2306015	501(C)(3)	60,128				HUMAN SERVICES
(99) FLINT HILLS DISCOVERY CENTER FOUNDATION 315 S. 3RD STREET, SUITE 302, MANHATTAN, KS 66502	45-3529510	501(C)(3)	34,154				ARTS & HUMANITIES
(100) FLINT HILLS PRAISEFEST 314 TUTTLE CREEK BLVD, SUITE D, MANHATTAN, KS 66502	47-2054974	501(C)(3)	7,500				ARTS & HUMANITIES

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(101) FLINT HILLS REGIONAL LEADERSHIP PROGRAM 1310A WESTLOOP PL #101, MANHATTAN, KS 66502	48-1128289	501(C)(3)	26,500				EDUCATION
(102) FLINT HILLS VOLUNTEER CENTER 100 MANHATTAN TOWN CENTER, SUITE 160, MANHATTAN, KS 66502	48-0993907	501(C)(3)	16,946				PUBLIC SERVICES
(103) FRANKFORT COMMUNITY CARE HOME, INC. 510 N WALNUT, FRANKFORT, KS 66427	48-0781246	501(C)(3)	27,000				PUBLIC SERVICES
(104) FRANKFORT SCHOOLS 604 N. KS AVE, FRANKFORT, KS 66427	48-0720999	501(C)(3)	68,759				EDUCATION
(105) FRESH ENERGY 408 SAINT PETER STREET, SUITE 220, SAINT PAUL, MN 55102	41-1735501	501(C)(3)	10,000				CONSERVATION
(106) FRESH START EMERGENCY SHELTER, INC. 136 W 3RD, JUNCTION CITY, KS 66441	48-1100599	501(C)(3)	25,625				HUMAN SERVICES
(107) FRIENDS OF HENNEPIN COUNTY LIBRARY 300 NICOLLET MALL, MINNEAPOLIS, MN 55401	36-3579536	501(C)(3)	30,000				ARTS & HUMANITIES
(108) FRIENDS OF THE CLAY CENTER LIBRARY 706 6TH ST., CLAY CENTER, KS 67432	48-0949405	501(C)(3)	17,000				ARTS & HUMANITIES
(109) FRIENDS OF THE FRANKFORT CITY LIBRARY 2166 RIDGE ROAD, FRANKFORT, KS 66427	84-3889181	501(C)(3)	9,750				ARTS & HUMANITIES
(110) FRIENDS OF THE KAW PO BOX 1612, LAWRENCE, KS 66044	74-2878023	501(C)(3)	5,420				CONSERVATION
(111) FRIENDS OF THE MARY COTTON LIBRARY PO BOX 143, SABETHA, KS 66534	71-0955912	501(C)(3)	7,000				ARTS & HUMANITIES
(112) GEARY COMMUNITY HEALTHCARE FOUNDATION PO BOX 3015, JUNCTION CITY, KS 66441	48-1045423	501(C)(3)	39,250				PUBLIC SERVICES
(113) GEARY COMMUNITY SCHOOLS FOUNDATION 123 N EISENHOWER DRIVE, JUNCTION CITY, KS 66441	76-0706803	501(C)(3)	26,086				EDUCATION
(114) GEARY COUNTY 4-H FOUNDATION 119 E 9TH STREET, JUNCTION CITY, KS 66441	30-0047355	501(C)(3)	23,480				YOUTH
(115) GEARY COUNTY FISH & GAME ASSOCIATION PO BOX 631, JUNCTION CITY, KS 66441	48-0774587	501(C)(3)	11,500				CONSERVATION
(116) GEARY COUNTY FOOD PANTRY 136 W 3RD STREET, JUNCTION CITY, KS 66441	48-1072313	501(C)(3)	25,000				HUMAN SERVICES
(117) GENERAL CONVENTION OF THE NEW JERUSALEM IN THE UNITED STATES OF 50 QUINCY ST, CAMBRIDGE, MA 02138	04-6002669	501(C)(3)	19,938				CHURCH

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(118) GIRLS ON THE RUN OF THE FLINT HILLS 1880 KIMBALL AVE #8, MANHATTAN, KS 66502	46-3669188	501(C)(3)	17,750				YOUTH
(119) GLACIAL HILLS RESOURCE CONSERVATION & DEVELOPMENT REGION INC. 334 2ND ST., WETMORE, KS 66550	48-1103964	501(C)(3)	6,936				CONSERVATION
(120) GOOD SHEPHERD FOUNDATION 3801 VANESTA DRIVE, MANHATTAN, KS 66503	48-1182638	501(C)(3)	30,500				HUMAN SERVICES
(121) GOOD SHEPHERD HOMECARE & HOSPICE, INC. 3801 VANESTA DRIVE, MANHATTAN, KS 66503	48-0877419	501(C)(3)	87,050				HUMAN SERVICES
(122) HARRY CHAPIN FOOD BANK 3940 PROSPECT AVE., NAPLES, FL 34104	59-2332120	501(C)(3)	20,000				HUMAN SERVICES
(123) HIGHLAND CHRISTIAN CHURCH 102 E MAIN, HIGHLAND, KS 66035	48-0625519	501(C)(3)	21,052				CHURCH
(124) HOBY KANSAS PO BOX 47653, WICHITA, KS 67201	94-2861273	501(C)(3)	10,000				EDUCATION
(125) HOLTON COMMUNITY THEATRE P.O. BOX 334, HOLTON, KS 66436	82-2963613	501(C)(3)	22,000				ARTS & HUMANITIES
(126) HOLTON HIGH SCHOOL 901 NEW YORK AVENUE, HOLTON, KS 66436	48-0724589	501(C)(3)	10,500				EDUCATION
(127) HOLTON VFW POST 1367 926 W 6TH ST., HOLTON, KS 66436	48-0534611	501(C)(3)	28,690				PUBLIC SERVICES
(128) HOMESTEAD MINISTRY 615 GILLESPIE DRIVE, MANHATTAN, KS 66502	81-4182095	501(C)(3)	27,032				HUMAN SERVICES
(129) HONOR FLIGHT, WAMEGO HIGH SCHOOL 801 N LINCOLN, WAMEGO, KS 66547	82-2811744	501(C)(3)	42,085				PUBLIC SERVICES
(130) HOUSE CAFE INC. 230 RILEY AVENUE, OGDEN, KS 66517	81-4885225	501(C)(3)	20,600				YOUTH
(131) I.C.A.R.E. INTERGENERATIONAL CENTER PO BOX 28, JUNCTION CITY, KS 66441	30-0515656	501(C)(3)	6,000				PUBLIC SERVICES
(132) IMMACULATE HEART FOUNDATION 33183 NW HWY 31, WILLIAMSBURG, KS 66095	27-0206557	501(C)(3)	160,000				PUBLIC SERVICES
(133) INCLUSION CONNECTION 2073 EAST SANTA FE, OLATHE, KS 66062	46-2754831	501(C)(3)	10,000				PUBLIC SERVICES
(134) INTERNATIONAL DYSLEXIA ASSOCIATION 14070 PROTON DRIVE, SUITE 100, DALLAS, TX 75244	75-1252351	501(C)(3)	10,000				HUMAN SERVICES
(135) INTERVARSITY CHRISTIAN FELLOWSHIP 6126 BROOKES WAY, MANHATTAN, KS 66502	36-2171714	501(C)(3)	5,600				CHURCH

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(136) J H ISRAEL 402 OFFICE PARK DRIVE, SUITE 215, MOUNTAIN BROOK, AL 35223	77-0567139	501(C)(3)	825,000				EDUCATION
(137) JACKSON COUNTY MINISTERIAL ALLIANCE INCORPORATED (JCMA) 404 JUNIPER DR, HOLTON, KS 66436	30-0584777	501(C)(3)	22,000				HUMAN SERVICES
(138) JAG-K PO BOX 4199, TOPEKA, KS 66604	46-5533413	501(C)(3)	7,500				PUBLIC SERVICES
(139) JUNCTION CITY ARTS COUNCIL 131 W. 7TH STREET, JUNCTION CITY, KS 66441	23-7396111	501(C)(3)	21,500				ARTS & HUMANITIES
(140) JUNCTION CITY LITTLE THEATRE PO BOX 305, JUNCTION CITY, KS 66441	20-1256082	501(C)(3)	54,140				ARTS & HUMANITIES
(141) JUNCTION CITY YMCA 1703 MCFARLAND ROAD, JUNCTION CITY, KS 66441	48-0677789	501(C)(3)	103,000				YOUTH
(142) JUNGLE THEATER 2951 LYNDALE AVE S, MINNEAPOLIS, MN 55408	41-1677757	501(C)(3)	15,000				ARTS & HUMANITIES
(143) KADEN'S KLOSET INC. PO BOX 156, TROY, KS 66087	82-0701468	501(C)(3)	6,000				HUMAN SERVICES
(144) KANSAS BIG BROTHERS BIG SISTERS, INC. 519 PIERRE STREET, MANHATTAN, KS 66502	23-7056717	501(C)(3)	63,602				YOUTH
(145) KANSAS FARM BUREAU FOUNDATION 2627 KFB PLAZA, MANHATTAN, KS 66502	48-1196853	501(C)(3)	66,923				EDUCATION
(146) KANSAS FARM BUREAU LEGAL FOUNDATION 2627 KFB PLAZA, MANHATTAN, KS 66502	48-1243473	501(C)(3)	66,923				EDUCATION
(147) KANSAS RURAL COMMUNITIES FOUNDATION PO BOX 396, WAMEGO, KS 66547	20-3579294	501(C)(3)	71,205				PUBLIC SERVICES
(148) KANSAS STATE UNIVERSITY 222 W 5TH ST., BELLE PLAINE, KS 67013-0700	48-0771751	501(C)(3)	184,609				EDUCATION
(149) KANSAS STATE UNIVERSITY FOUNDATION PO BOX 9200, SHAWNEE MISSION, KS 66201	48-0667209	501(C)(3)	913,300				EDUCATION
(150) KOESTER HOUSE MUSEUM FOUNDATION, INC. 1103 ELM STREET, MARYSVILLE, KS 66508	26-3177567	501(C)(3)	35,614				ARTS & HUMANITIES
(151) KONZA PRAIRIE COMM HEALTH CENTER 222 NORTH 6TH ST, MANHATTAN, KS 66502	48-1150706	501(C)(3)	35,000				HUMAN SERVICES
(152) KONZA UNITED WAY PO BOX 922, MANHATTAN, KS 66505	48-0847598	501(C)(3)	28,500				PUBLIC SERVICES
(153) K-STATE ALUMNI ASSOCIATION BOX 9200, SHAWNEE MISSION, KS 66201	48-0495058	501(C)(3)	7,500				EDUCATION

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(154) KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR., MANHATTAN, KS 66503	74-2830002	501(C)(3)	59,347				YOUTH
(155) LANGSTON FOUNDATION 104 17TH AVE S, SEATTLE, WA 98144	81-2515412	501(C)(3)	10,000				PUBLIC SERVICES
(156) LAWYER'S ENCOURAGING ACADEMIC PERFOMANCE (LEAP) 2300 MAIN STREET, SUITE 100, INDEPENDENCE, MO 64050	43-1694030	501(C)(3)	6,000				EDUCATION
(157) LEADINGAGE KANSAS FOUNDATION 217 SE 8TH AVENUE, TOPEKA, KS 66603	48-1056006	501(C)(3)	7,500				HUMAN SERVICES
(158) LEBO BAPTIST CHURCH 420 N MAPLE, LEBO, KS 66856	48-0964757	501(C)(3)	12,000				CHURCH
(159) LEGACY REGIONAL COMMUNITY FOUNDATION PO BOX 713, WINFIELD, KS 67156	48-1187957	501(C)(3)	5,102				EDUCATION
(160) LEO MCMINIMY POST 181 1970 YONDER ROAD, FRANKFORT, KS 66427	48-6134760	501(C)(3)	13,500				PUBLIC SERVICES
(161) LIFE CHOICE MINISTRIES 1445 ANDERSON AVENUE, MANHATTAN, KS 66502	48-1032414	501(C)(3)	37,715				CHURCH
(162) LIFELINE CHILDREN'S SERVICES 2041 SW MCALISTER, TOPEKA, KS 66604	63-0896878	501(C)(3)	10,000				HUMAN SERVICES
(163) LIGHTHOUSE BAPTIST CHURCH PO BOX 109, ST. GEORGE, KS 66535	26-3070213	501(C)(3)	12,000				CHURCH
(164) LIGHTHOUSE FOR CHRIST INC. PO BOX 231, CLAY CENTER, KS 67432	48-1054420	501(C)(3)	14,100				HUMAN SERVICES
(165) LINCOLN FRIENDSHIP HOME P.O.BOX 85358, LINCOLN, NE 68501	47-0619855	501(C)(3)	20,000				HUMAN SERVICES
(166) LITERACY SOURCE 3200 NE 125TH ST, SEATTLE, WA 98125	91-2101208	501(C)(3)	30,000				ARTS & HUMANITIES
(167) LITTLE HANDS, INC. 200 E. LODGE ROAD, HIAWATHA, KS 66434	26-4051457	501(C)(3)	60,000				EDUCATION
(168) MANHATTAN AREA HABITAT FOR HUMANITY 514 PILLSBURY DR, MANHATTAN, KS 66502	31-1417869	501(C)(3)	42,888				HUMAN SERVICES
(169) MANHATTAN AREA TECHNICAL COLLEGE PO BOX 1123, MANHATTAN, KS 66505	83-0393371	501(C)(3)	778,775				EDUCATION
(170) MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE, MANHATTAN, KS 66502	48-1131531	501(C)(3)	101,508				ARTS & HUMANITIES
(171) MANHATTAN CATHOLIC SCHOOLS 306 S. JULIETTE STREET, MANHATTAN, KS 66502	48-0987449	501(C)(3)	52,183				EDUCATION
(172) MANHATTAN COMMUNITY HEALTH FOUNDATION PO BOX 13, MANHATTAN, KS 66505	48-1152279	501(C)(3)	15,246				HUMAN SERVICES

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(173) MANHATTAN EMERGENCY SHELTER, INC. 416 S. 4TH STREET, MANHATTAN, KS 66502	48-0983686	501(C)(3)	386,765				HUMAN SERVICES
(174) MANHATTAN JUNIOR GOLF ASSOCIATION 4441 STAGG HILL RD, MANHATTAN, KS 66502	87-0969964	501(C)(3)	10,000				YOUTH
(175) MANHATTAN MARLINS, INC. PO BOX 1003, MANHATTAN, KS 66502	48-1129372	501(C)(3)	10,500				YOUTH
(176) MANHATTAN OPTIMIST FOUNDATION, INC. PO BOX 623, MANHATTAN, KS 66505	48-0891581	501(C)(3)	20,000				PUBLIC SERVICES
(177) MANHATTAN SCHOOL DISTRICT-USD 383 901 POYNTZ AVE, MANHATTAN, KS 66502	48-0697688	501(C)(3)	67,425				EDUCATION
(178) MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION PO BOX 191, MANHATTAN, KS 66505	48-1074309	501(C)(3)	281,826				EDUCATION
(179) MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509, MARYSVILLE, KS 66508	30-0345725	501(C)(3)	28,801				ARTS & HUMANITIES
(180) MARSHALL COUNTY COMMUNITY BAND 1215 GRANITE ROAD, MARYSVILLE, KS 66508	42-1631583	501(C)(3)	6,000				ARTS & HUMANITIES
(181) MARSHALL COUNTY CONNECTION INC. 1129 JUNIPER ROAD, MARYSVILLE, KS 66508	20-4771498	501(C)(3)	51,000				PUBLIC SERVICES
(182) MARSHALL COUNTY FAIR ASSOCIATION PO BOX 65, BLUE RAPIDS, KS 66411	14-1945202	501(C)(3)	19,500				PUBLIC SERVICES
(183) MARSHALL COUNTY HABITAT FOR HUMANITY 2006 CENTER ST., MARYSVILLE, KS 66508	48-1150849	501(C)(3)	15,000				HUMAN SERVICES
(184) MARSHALL COUNTY HELPING HANDS PO BOX 441, MARYSVILLE, KS 66508	32-0460402	501(C)(3)	17,000				HUMAN SERVICES
(185) MARYSVILLE AREA COMMUNITY THEATRE PO BOX 1, MARYSVILLE, KS 66508	48-1033266	501(C)(3)	10,000				ARTS & HUMANITIES
(186) MARYSVILLE MAIN STREET PO BOX 16, MARYSVILLE, KS 66508	48-1236849	501(C)(3)	18,800				PUBLIC SERVICES
(187) MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY PO BOX 66, MARYSVILLE, KS 66508	46-3466400	501(C)(3)	22,213				CONSERVATION
(188) MATT TALBOT KITCHEN AND OUTREACH P.O.BOX 80935, LINCOLN, NE 68501-0935	36-3945814	501(C)(3)	20,000				HUMAN SERVICES
(189) MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD, MANHATTAN, KS 66502	48-1212997	501(C)(3)	78,089				HUMAN SERVICES

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(190) MEDS & FOOD FOR KIDS 8050 WATSON ROAD, SUITE 355, ST. LOUIS, MO 63119	20-1257910	501(C)(3)	50,000				HUMAN SERVICES
(191) MHK YOUNG LIFE 1105 HYLTON HEIGHTS RD, MANHATTAN, KS 66502	84-6041371	501(C)(3)	10,700				YOUTH
(192) MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP 506 S. 4TH STREET, MANHATTAN, KS 66502	48-1158074	501(C)(3)	53,175				EDUCATION
(193) MIGIZI COMMUNICATIONS, INC 1845 E. LAKE ST., MINNEAPOLIS, MN 55407	41-1379114	501(C)(3)	10,000				PUBLIC SERVICES
(194) MISSION VALLEY HIGH SCHOOL 12913 MISSION VALLEY ROAD, ESKRIDGE, KS 66423	48-0721719	501(C)(3)	12,951				EDUCATION
(195) MORNING STAR INC CRO 467 EAST POYNTZ AVENUE, MANHATTAN, KS 66502	71-0872013	501(C)(3)	25,355				HUMAN SERVICES
(196) MORRILL PUBLIC LIBRARY 431 OREGON STREET, HIAWATHA, KS 66434	N/A	501(C)(1)	65,152				ARTS & HUMANITIES
(197) MOUNT MITCHELL PRAIRIE GUARDS INC. PO BOX 136, WAMEGO, KS 66547	27-1948414	501(C)(3)	47,000				CONSERVATION
(198) MT ZION COMMUNITY CHURCH 10725 MT ZION RD, ST. GEORGE, KS 66535	48-1225284	501(C)(3)	25,000				CHURCH
(199) MT ZION UNITED METHODIST CHURCH 1220 W MAIN ST, MT ZION, IL 62549	37-1147285	501(C)(3)	10,000				CHURCH
(200) MT. CALVARY LUTHERAN CHURCH - MARYSVILLE 1710 JENKINS STREET, MARYSVILLE, KS 66508	48-6120484	501(C)(3)	11,000				CHURCH
(201) MT. VERNON CEMETERY ASSN., INC PO BOX 33, ATCHISON, KS 66002	N/A	501(C)(1)	13,000				CONSERVATION
(202) MUSEUM OF ART AND LIGHT INC 316 PIERRE STREET, MANHATTAN, KS 66502	87-0905518	501(C)(3)	246,000				ARTS & HUMANITIES
(203) MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION 3007 ANDERSON AVENUE, MANHATTAN, KS 66503	82-4679842	501(C)(3)	2,269,694				ARTS & HUMANITIES
(204) MY SISTERS HOUSE INC. PO BOX 283, SABETHA, KS 66534	26-3871994	501(C)(3)	33,850				HUMAN SERVICES
(205) NO STONE UNTURNED FOUNDATION INC. 4761 TUTTLE CREEK BLVD., MANHATTAN, KS 66502	26-3631970	501(C)(3)	366,340				HUMAN SERVICES
(206) NORTH CENTRAL KANSAS AREA AGENCY ON AGING 401 HOUSTON STREET, MANHATTAN, KS 66502	48-0814616	501(C)(3)	6,000				HUMAN SERVICES

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(207) NORTHRIDGE CHURCH 316 LINCOLN, SABETHA, KS 66534	48-0577645	501(C)(3)	144,400				CHURCH
(208) NORTHRIDGE FAMILY DEVELOPMENT CENTER 316 LINCOLN ST, SABETHA, KS 66534	20-8286323	501(C)(3)	62,000				EDUCATION
(209) NORTHWEST FILM FORUM 1515 12TH AVENUE, SEATTLE, WA 98122	91-1702331	501(C)(3)	40,000				ARTS & HUMANITIES
(210) NORTHWEST MARITIME CENTER 431 WATER ST., PORT TOWNSEND, WA 98368	91-1931643	501(C)(3)	15,000				EDUCATION
(211) OUR STREETS MINNEAPOLIS 701 N 3RD ST, SUITE 001A, MINNEAPOLIS, MN 55401	27-1539442	501(C)(3)	10,000				PUBLIC SERVICES
(212) OZ MUSEUM/COLUMBIAN THEATRE FOUNDATION 521 LINCOLN, WAMEGO, KS 66547	48-1090380	501(C)(3)	22,575				ARTS & HUMANITIES
(213) PAWNEE MENTAL HEALTH FOUNDATION PO BOX 747, MANHATTAN, KS 66505	48-0919469	501(C)(3)	8,000				HUMAN SERVICES
(214) PAWNEE MENTAL HEALTH SERVICES, INC. 2001 CLAFLIN ROAD, MANHATTAN, KS 66502	48-0846557	501(C)(3)	24,896				HUMAN SERVICES
(215) PEACE LUTHERAN CHURCH 2500 KIMBALL AVENUE, MANHATTAN, KS 66502	48-0876726	501(C)(3)	14,986				CHURCH
(216) PHOENIX PERFORMING ARTS BOOSTER CLUB 1403 N 3RD STREET, ATCHISON, KS 66002	88-3554144	501(C)(3)	7,600				YOUTH
(217) PIONEER BIBLE TRANSLATORS SIL BOX 255, DALLAS, TX 75236	23-7433923	501(C)(3)	82,254				ARTS & HUMANITIES
(218) PNW PARENT EDUCATION 7044 17TH AVE NW, SEATTLE, WA 98117	84-3068701	501(C)(3)	10,000				EDUCATION
(219) PONY EXPRESS COUNCIL, BOY SCOUTS OF AMERICA 1704 BUCKINGHAM, ST. JOSEPH, MO 64506	44-0546279	501(C)(3)	9,264				YOUTH
(220) PONY EXPRESS MUSEUM OF MARYSVILLE 106 S 8TH STREET, MARYSVILLE, KS 66508	48-6139910	501(C)(3)	6,000				ARTS & HUMANITIES
(221) PONY EXPRESS PARTNERSHIP FOR CHILDREN, INC. (PEPC, INC.) 405 N 4TH STREET, MARYSVILLE, KS 66508	46-4490976	501(C)(3)	16,500				YOUTH
(222) PRAIRIE HILLS USD 113 1619 OLD US 75, SABETHA, KS 66534	48-1150689	501(C)(3)	184,235				EDUCATION
(223) PRAIRIEWOOD CONNECT FOUNDATION 1083 WILDCAT CREEK RD., MANHATTAN, KS 66503	82-0797237	501(C)(3)	305,000				ARTS & HUMANITIES
(224) PROSPECT HILL CEMETERY ASSOCIATION 600 EAST AVENUE, BLUE RAPIDS, KS 66411	48-0643894	501(C)(3)	7,000				CONSERVATION

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(225) PURPLE POWER ANIMAL WELFARE SOCIETY INC. PO BOX 953, MANHATTAN, KS 66505	46-2496718	501(C)(3)	15,035				ANIMALS
(226) QUEERSPACE COLLECTIVE PO BOX 11455, MINNEAPOLIS, MN 55411	86-3249777	501(C)(3)	12,500				HUMAN SERVICES
(227) RED HAWK TRAP CLUB 115 W COMMERCIAL STREET, FAIRVIEW, KS 66425	82-3577194	501(C)(3)	15,000				YOUTH
(228) REDEEMER LUTHERAN CHURCH 1000 PIONEER RD, DELTA, CO 81416-2613	84-0595904	501(C)(3)	151,000				CHURCH
(229) REINVENT HORTON COMMUNITY DEVELOPMENT ASSOC INC. 1166 344TH RD, HORTON, KS 66439	47-4193942	501(C)(3)	10,000				PUBLIC SERVICES
(230) RICE BOWL 951 SOUTH PINE STREET, SUITE 252, SPARTANBURG, SC 29302	57-0818664	501(C)(3)	6,000				PUBLIC SERVICES
(231) RILEY COUNTY COUNCIL OF SOCIAL SERVICE AGENCIES PO BOX 1624, MANHATTAN, KS 66505	48-0844399	501(C)(3)	9,500				HUMAN SERVICES
(232) RILEY COUNTY FIREFIGHTERS ASSOCIATION 115 NORTH 4TH, MANHATTAN, KS 66502	81-3817435	501(C)(3)	26,000				PUBLIC SERVICES
(233) RILEY COUNTY GENEALOGICAL SOCIETY 2005 CLAFLIN ROAD, MANHATTAN, KS 66502	48-0908430	501(C)(3)	10,000				ARTS & HUMANITIES
(234) RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH ROAD, MANHATTAN, KS 66502	48-0775967	501(C)(3)	6,966				HUMAN SERVICES
(235) RSVP OF NORTHEAST KANSAS 813 BROADWAY, MARYSVILLE, KS 66508	48-1225044	501(C)(3)	10,000				PUBLIC SERVICES
(236) RUBY SLIPPER GOAT RESCUE 1583 280TH STREET, HIAWATHA, KS 66434	81-3074970	501(C)(3)	7,250				ANIMALS
(237) SABETHA COMMUNITY HEALTH FOUNDATION PO BOX 14, SABETHA, KS 66534	48-0957477	501(C)(3)	100,000				HUMAN SERVICES
(238) SABETHA COMMUNITY HOSPITAL PO BOX 229, SABETHA, KS 66534	48-1236156	501(C)(3)	7,750				HUMAN SERVICES
(239) SABETHA HISTORY CENTER FOUNDATION PO BOX 262, SABETHA, KS 66534	93-4693752	501(C)(3)	780,000				EDUCATION
(240) SALVATION ARMY, KANSAS & WESTERN MISSOURI DIVISION 3637 BROADWAY BLVD, KANSAS CITY, MO 64111	44-0545998	501(C)(3)	6,500				HUMAN SERVICES
(241) SCHEHERAZADE MUSIC FESTIVAL 1501 GOLDSTEIN CIR, MANHATTAN, KS 66506	93-2710705	501(C)(3)	15,653				ARTS & HUMANITIES
(242) SCHREINER UNIVERSITY 2100 MEMORIAL BLVD., KERRVILLE, TX 78028	74-1193459	501(C)(3)	25,000				EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(243) SEATTLE ARTS & LECTURES 340 15TH AVE E, SUITE 301, SEATTLE, WA 98112	91-1384964	501(C)(3)	80,000				ARTS & HUMANITIES
(244) SEATTLE CHILDREN'S HOSPITAL PO BOX 5371, SEATTLE, WA 98145	91-1156519	501(C)(3)	50,000				HUMAN SERVICES
(245) SEATTLE FOUNDATION 1601 5TH AVE, SEATTLE, WA 98101	91-6013536	501(C)(3)	50,000				PUBLIC SERVICES
(246) SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N, BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	10,000				HUMAN SERVICES
(247) SEDALIA COMMUNITY CHURCH 6040 N 52ND ST, MANHATTAN, KS 66503	48-0870187	501(C)(3)	17,000				CHURCH
(248) SERVICEMEMBER AGRICULTURAL VOCATION EDUCATION (SAVE) 9680 N 52ND ST, RILEY, KS 66531	81-0734441	501(C)(3)	12,000				HUMAN SERVICES
(249) SHEPHERD'S CROSSING, INC. PO BOX 1919, MANHATTAN, KS 66505	48-1243420	501(C)(3)	44,643				HUMAN SERVIES
(250) SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W, ST. PAUL, MN 55103	41-1690483	501(C)(3)	15,000				ARTS & HUMANITIES
(251) SS PETER & PAUL CATHOLIC CHURCH 730 COURT STREET, CLAY CENTER, KS 67432	26-0841891	501(C)(3)	15,000				CHURCH
(252) ST FRANCIS XAVIER 218 N WASHINGTON ST, JUNCTON CITY, KS 66441	74-2829909	501(C)(3)	48,000				CHURCH
(253) ST. BENEDICT CATHOLIC CHURCH (BENDENA, KS) PO BOX 53, HIGHLAND, KS 66035	N/A	501(C)(3)	44,000				CHURCH
(254) ST. GREGORY'S SCHOOL 207 N. 14TH STREET, SUITE B, MARYSVILLE, KS 66508	48-0579761	501(C)(3)	89,225				EDUCATION
(255) ST. ISIDORE CATHOLIC PARISH 711 DENISON AVE., MANHATTAN, KS 66502	26-0863611	501(C)(3)	9,965				EDUCATION
(256) ST. JOHN LUTHERAN SCHOOL PO BOX 368, ALMA, KS 66401	48-0554347	501(C)(3)	38,855				EDUCATION
(257) ST. JUDE CHILDRENS RESEARCH HOSPITAL, INC. 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	13,803				HUMAN SERVICES
(258) ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD SOUTH, NAPLES, FL 34112	65-1110501	501(C)(3)	20,000				HUMAN SERVICES
(259) ST. PAUL LUTHERAN CHURCH 816 9TH STREET, CLAY CENTER, KS 67432	48-0554441	501(C)(3)	36,305				CHURCH
(260) ST. THOMAS MORE CATHOLIC CHURCH 2900 KIMBALL AVENUE, MANHATTAN, KS 66502	26-0863629	501(C)(3)	8,200				CHURCH
(261) STORMONT VAIL FOUNDATION 1500 SW 10TH AVE, TOPEKA, KS 66604	48-0980926	501(C)(3)	108,482				HUMAN SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(262) SUNFLOWER CHILDREN'S COLLECTIVE 323 POYNTZ AVE, MANHATTAN, KS 66502	48-1061447	501(C)(3)	75,626				YOUTH
(263) SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION 2333 OAK STREET, MANHATTAN, KS 66502	48-1096978	501(C)(3)	56,567				CONSERVATION
(264) TEXAS COLLEGE PO BOX 540010, OMAHA, NE 68154	74-2785637	501(C)(3)	10,000				HUMAN SERVICES
(265) THE FORGE CHURCH 701 ELLING DR, MANHATTAN, KS 66502	83-2491164	501(C)(3)	12,000				CHURCH
(266) THE GARDEN CHURCH, SAN PEDRO, CA PO BOX 5257, SAN PEDRO, CA 90733-5257	N/A	501(C)(3)	9,000				CHURCH
(267) THE LOPPET FOUNDATION INC 1301 THEODORE WIRTH PARKWAY, MINNEAPOLIS, MN 55422	41-1753882	501(C)(3)	15,000				PUBLIC SERVICES
(268) THE MATHILE INSTITUTION FOR THE ADVANCEMENT OF HUMAN NUTRITION 6450 SAND LAKE RD, DAYTON, OH 45414	31-1809317	501(C)(3)	40,400				HUMAN SERVICES
(269) THE SOCIETY OF THE FIRST INFANTRY DIVISION PO BOX 2307, FORT RILEY, KS 66442	23-1406959	501(C)(3)	23,101				PUBLIC SERVICES
(270) THE UNITED PRESBYTERIAN CHURCH OF BLUE RAPIDS, KANSAS 66411 416 EAST 4TH STREET, BLUE RAPIDS, KS 66411	48-6126771	501(C)(3)	6,000				EDUCATION
(271) THE WHITE CANE FOUNDATION 2741 KATY CIRCLE, LINCOLN, NE 68506	83-3478011	501(C)(3)	40,000				EDUCATION
(272) THREE RIVERS INC 504 MILLER DRIVE, WAMEGO, KS 66547	48-1014909	501(C)(3)	100,000				HUMAN SERVICES
(273) THRIVE! 612 POYNTZ AVENUE, MANHATTAN, KS 66502	47-1476527	501(C)(3)	24,607				HUMAN SERVICES
(274) TROY CHRISTIAN CHURCH PO BOX 156, TROY, KS 66087	48-0970531	501(C)(3)	25,000				CHURCH
(275) TRUE COLORS FLINT HILLS 1816 LARAMIE, MANHATTAN, KS 66502	87-3475672	501(C)(3)	43,500				HUMAN SERVICES
(276) TRUSTEES OF THE SOCIETY OF THE NEW JERUSALEM CHURCH INC 1118 N BROOM ST, WILMINGTON, DE 19806	51-0082205	501(C)(3)	10,000				CHURCH
(277) UFM COMMUNITY LEARNING CENTER 1221 THURSTON, MANHATTAN, KS 66502	23-7305200	501(C)(3)	8,875				EDUCATION
(278) UNITARIAN UNIVERSALIST FELLOWSHIP, INC. OF MANHATTAN 481 ZEANDALE ROAD, MANHATTAN, KS 66502	48-6109996	501(C)(3)	16,757				CHURCH
(279) UNITED BRETHREN MT ZION CHURCH COMMUNITY CENTER, INC. 8175 LAKE ELBO ROAD, ST. GEORGE, KS 66535	88-1715197	501(C)(3)	18,000				CHURCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(280) UNITED METHODIST CHURCH - CLAY CENTER PO BOX 118, CLAY CENTER, KS 67432	48-0547690	501(C)(3)	20,199				CHURCH
(281) UNITED STROKE ALLIANCE 8000 N. UNIVERSITY STREET, PEORIA, IL 61615	64-0954851	501(C)(3)	5,305				HUMAN SERVICES
(282) UNITED WAY OF JUNCTION CITY-GEARY COUNTY KANSAS PO BOX 567, JUNCTION CITY, KS 66441	48-0679506	501(C)(3)	16,000				PUBLIC SERVICES
(283) UNIVERSITY OF KANSAS 1450 JAYHAWK BLVD, LAWRENCE, KS 66045	20-0317170	501(C)(3)	100,440				EDUCATION
(284) US ISRAEL EDUCATION ASSOCIATION 402 OFFICE PARK, SUITE 215, MOUNTAIN BRK, AL 35223	45-4713417	501(C)(3)	50,000				EDUCATION
(285) USD #379 807 DEXTER, CLAY CENTER, KS 67432	48-0698439	501(C)(3)	36,200				EDUCATION
(286) USD 320 1008 8TH ST., WAMEGO, KS 66547	48-0699341	501(C)(3)	24,964				EDUCATION
(287) USD 384 BLUE VALLEY/RANDOLPH SCHOOL DISTRICT PO BOX 98, RANDOLPH, KS 66554	48-0724861	501(C)(3)	15,000				EDUCATION
(288) VALLEY FALLS HISTORICAL SOCIETY PO BOX 183, VALLEY FALLS, KS 66088	48-0734640	501(C)(3)	12,000				ARTS & HUMANITIES
(289) VALLEY HEIGHTS HIGH SCHOOL 2274 6TH ROAD, BLUE RAPIDS, KS 66411	48-0724652	501(C)(3)	6,000				EDUCATION
(290) VENTURES 2100 24TH AVENUE SOUTH, SUITE #380, SEATTLE, WA 98144	91-1704028	501(C)(3)	46,000				HUMAN SERVICES
(291) VILLAGE ORGANIC CHURCH NETWORK INC 1621 OSAGE STREET, MANHATTAN, KS 66502	47-3074357	501(C)(3)	20,000				CHURCH
(292) WABAUNSEE COUNTY FAIR ASSOCIATION 30715 FAIRFIELD ROAD, ALMA, KS 66401	48-6119405	501(C)(3)	58,217				PUBLIC SERVICES
(293) WABAUNSEE COUNTY HISTORICAL SOCIETY PO BOX 387, ALMA, KS 66401	48-0777045	501(C)(3)	24,000				ARTS & HUMANITIES
(294) WABAUNSEE PINES GOLF ASSOCIATION 370 LAKESHORE DR., ALMA, KS 66401	48-1157215	501(C)(3)	26,800				CONSERVATION
(295) WAKEFIELD MUSEUM ASSOCIATION PO BOX 193, WAKEFIELD, KS 67487	23-7331118	501(C)(3)	9,000				ARTS & HUMANITIES
(296) WAMEGO HOSPITAL FOUNDATION 711 GLENN DRIVE, WAMEGO, KS 66547	72-1526400	501(C)(3)	63,600				HUMAN SERVICES
(297) WAMEGO PUBLIC LIBRARY 431 LINCOLN, WAMEGO, KS 66547	48-6101246	501(C)(3)	11,500				ARTS & HUMANITIES
(298) WAREHAM HALL RENOVATION FUND 401 POYNTZ AVENUE, MANHATTAN, KS 66502	88-1181038	501(C)(3)	325,000				ARTS & HUMANITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(299) WARRIOR'S RANCH, INC 13085 BURLEY HILL ROAD, JUNCTION CITY, KS 66441	81-4405827	501(C)(3)	13,000				PUBLIC SERVICES
(300) WILDCAT NIL FOUNDATION 239 W. ASH STREET, JUNCTION CITY, KS 66441	88-4011833	501(C)(3)	2,557,667				EDUCATION
(301) WOODS CHAPEL UNITED METHODISTCHURCH 4725 NE LAKEWOOD WAY, LEE'S SUMMIT, MO 64064	43-1149705	501(C)(3)	11,000				CHURCH
(302) WOUNDED WARRIORS UNITED INC. 3303 VALLEYWOOD DRIVE, MANHATTAN, KS 66502	45-4027350	501(C)(3)	6,100				HUMAN SERVICES
(303) YOUNG LIFE 420 N CASCADE AVENUE, COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	10,000				YOUTH
(304) ZION LUTHERAN CHURCH 1521 PRAIRIE RD., EVEREST, KS 66424	48-6114057	501(C)(3)	19,315				CHURCH

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ALL GRANT RECOMMENDATIONS ARE REVIEWED TO ENSURE THE GRANT IS FOR CHARITABLE PURPOSES AND NO GOODS OR SERVICES WILL BE RECEIVED. GRANTEES ARE CHECKED AGAINST THE IRS PUBLIC CHARITY LIST AND WATCH LIST. GRANT DISBURSEMENTS SPECIFY GRANT PURPOSE AND REQUIRE THAT THE GRANTEE CONFIRM THAT THEY WILL BE USED FOR THAT PURPOSE. SIGNIFICANT RESTRICTED PURPOSE GRANTS ARE MONITORED THROUGHOUT PERIODIC PROGRESS REPORTS, SITE VISITS AND FINAL GRANT REPORTS WHICH REQUIRE A REPORT OF EXPENDITURES AND SUMMARY OF ACCOMPLISHMENTS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ACCHS ALUMNI ASSOCIATION SCHOLARSHIP FOUNDATION 417 MAIN ST., EFFINGHAM, KS 66023
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALZHEIMER'S ASSOCIATION 8001 CONSER, SUITE 240, OVERLAND PARK, KS 66204
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN LEGION GEORGE BEDFORD POST 169 503 CHESTNUT STREET, BLUE RAPIDS, KS 66411

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number
48-1215574

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	VERNON J HENRICKS PRESIDENT, CEO, & SECRETARY	(i)	209,000	0	0	6,270	0	215,270	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
GREATER 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				
10	Securities—Closely held stock	✔	2	2,504,982	MARKET VALUE
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	✔	2	1,076,800	APPRAISAL
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 (_____)				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	4		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			✔
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			✔
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	THE NUMBER LISTED IN COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS OR CONCERNS THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. A COPY OF THE 990 IS THEN PRESENTED TO THE BOARD FOR REVIEW AND ACCEPTANCE. A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST ON AN ANNUAL BASIS. COMMITTEE MEMBERS DISCUSS ISSUES TO DETERMINE IF THERE ARE ANY CONFLICTS AND WHO SHALL ABSTAIN FROM DISCUSSION AND VOTING. DIRECTORS AND OFFICERS WHO HAVE CONFLICTS ABSTAIN FROM DISCUSSION AND VOTING AND ANY ABSTENTIONS AND THE REASON WILL BE PROPERLY RECORDED IN THE MINUTES.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 AND THE ORGANIZATION'S ANNUAL AUDIT ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN VALUE ANNUITIES	22,572
INVESTMENTS IN PARTNERSHIPS	9,002
CHANGE IN INSURANCE VALUES	- 13,085
TOTAL	**18,489**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER 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
(1) PROPERTY FUND I LLC (35-2604452) PO BOX 1127, MANHATTAN, KS 66505-1127	HOLD AND ADMINISTER GIFTS OF REAL PROPERTY	KS	0	626,800	GREATER MANHATTAN COMMUNITY FOUNDATION
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) GOLDSTEIN FOUNDATION (27-0439529) 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12 TYPE I	GREATER MANHATTAN COMMUNITY FOUNDATION	✔	
(2) HOWE FAMILY FOUNDATION (46-3980783) PO BOX 1127, MANHATTAN, KS 66505-1127	GRANTMAKING	KS	501(C)(3)	12 TYPE I	GREATER MANHATTAN COMMUNITY FOUNDATION	✔	
(3) BUTLER FAMILY COMMUNITY FOUNDATION (47-1631034) 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12 TYPE I	GREATER MANHATTAN COMMUNITY FOUNDATION	✔	
(4) KONZA CHARITABLE FOUNDATION (85-2310759) 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12 TYPE I	GREATER MANHATTAN COMMUNITY FOUNDATION	✔	
(5) GREATER FLINT HILLS COMMUNITY FOUNDATION (87-3485646) PO BOX 1127, MANHATTAN, KS 66505-1127	GRANTMAKING	KS	501(C)(3)	12 TYPE I	GREATER MANHATTAN COMMUNITY FOUNDATION	✔	
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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	594,442	CASH
(2)	GOLDSTEIN FOUNDATION	C	993,000	CASH
(3)	BUTLER FAMILY COMMUNITY FOUNDATION	C	1,178,818	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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

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

OMB No. 1545-0047

2024

Name of filer	EIN or SSN
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574

Name and title of officer or person subject to tax

VERNON J HENRICKS, PRESIDENT, CEO, & SECRETARY

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	☐	b	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	**Form 990-EZ** check here	☐	b	**Total revenue**, if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here	☐	b	**Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here	☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b
5a	**Form 8868** check here	☐	b	**Balance due** (Form 8868, line 3c)	5b
6a	**Form 990-T** check here	☑	b	**Total tax** (Form 990-T, Part III, line 4)	6b 0
7a	**Form 4720** check here	☐	b	**Total tax** (Form 4720, Part III, line 1)	7b
8a	**Form 5227** check here	☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b
9a	**Form 5330** check here	☐	b	**Tax due** (Form 5330, Part II, line 19)	9b
10a	**Form 8038-CP** check here	☐	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 2024 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 FORVIS MAZARS, LLP (**ERO firm name**) to enter my PIN 1 5 5 7 4 as my signature

Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 _____ Date 11/12/2025

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. 4 3 6 8 6 5 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 MICHAEL ENGLE Date 11/12/2025

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

PUBLIC DISCLOSURE COPY

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning _____, 2024, and ending _____, 20 _____

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
GREATER MANHATTAN COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.
PO BOX 1127

City or town, state or province, country, and ZIP or foreign postal code
MANHATTAN, KS 66505-1127

C Book value of all assets at end of year 182,689,164

D Employer identification number
48-1215574

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☑ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (785) 587-8995

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	0
4	Charitable contributions (see instructions for limitation rules)	4	0
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	0
9	**Trusts.** Section 199A deduction. See instructions	9	0
10	**Total deductions.** Add lines 8 and 9	10	0
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 0			4	0

Form **8868**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574
Number, street, and room or suite no. If a P.O. box, see instructions.	
PO BOX 1127	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
MANHATTAN, KS 66505-1127	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of MARLA BRANDON, PO BOX 1127, MANHATTAN, KS 66505-1127

Telephone No. (785) 587-8995 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____.
If this is for the whole group, check this box . . . . . ☐
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . ☐

1 I request an automatic 6-month extension of time until 11/17, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☑ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Form **8868** (Rev. 1-2025)

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	0		
c	Tax deposited with Form 8868	6c	0		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
7	**Total payments.** Add lines 6a through 6j			7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	0
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** 0 **Refunded**			11	0

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✔
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✔
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
901101	$ 5,147
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | PRESIDENT, CEO, & SECRETARY (Title)

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL ENGLE	Preparer's signature: MICHAEL ENGLE	Date	Check ☐ if self-employed; PTIN: P00482834
Firm's name: FORVIS MAZARS, LLP			Firm's EIN: 44-0160260
Firm's address: 1201 WALNUT STREET SUITE 1700, KANSAS CITY, MO 64106-2246			Phone no.: (816) 221-6300

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
GREATER MANHATTAN COMMUNITY FOUNDATION

B Employer identification number
48-1215574

C Unrelated business activity code (see instructions) 901101

D Sequence: 1 of 2

E Describe the unrelated trade or business INVESTMENTS IN PARTNERSHIPS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0				
b Less returns and allowances 0 c Balance	1c	0		
2 Cost of goods sold (Part III, line 8)	2	0		
3 Gross profit. Subtract line 2 from line 1c	3	0		0
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	37		37
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5	16		16
6 Rent income (Part IV)	6	0	0	0
7 Unrelated debt-financed income (Part V)	7	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10 Exploited exempt activity income (Part VIII)	10	0	0	0
11 Advertising income (Part IX)	11	0	0	0
12 Other income (see instructions; attach statement)	12	0		0
13 **Total.** Combine lines 3 through 12	13	53	0	53

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1 Compensation of officers, directors, and trustees (Part X)			1	0
2 Salaries and wages			2	0
3 Repairs and maintenance			3	0
4 Bad debts			4	0
5 Interest (attach statement). See instructions			5	0
6 Taxes and licenses			6	0
7 Depreciation (attach Form 4562). See instructions	7	0		
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9 Depletion			9	0
10 Contributions to deferred compensation plans			10	0
11 Employee benefit programs			11	0
12 Excess exempt expenses (Part VIII)			12	0
13 Excess readership costs (Part IX)			13	0
14 Other deductions (attach statement)			14	1,000
15 **Total deductions.** Add lines 1 through 14			15	1,000
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	(947)
17 Deduction for net operating loss. See instructions			17	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	(947)

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
GREATER MANHATTAN COMMUNITY FOUNDATION

B Employer identification number
48-1215574

C Unrelated business activity code (see instructions) 520000

D Sequence: 2 of 2

E Describe the unrelated trade or business INVESTMENTS IN PARTNERSHIPS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0				
b Less returns and allowances 0 c Balance	1c	0		
2 Cost of goods sold (Part III, line 8)	2	0		
3 Gross profit. Subtract line 2 from line 1c	3	0		0
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5	(9,055)		(9,055)
6 Rent income (Part IV)	6	0	0	0
7 Unrelated debt-financed income (Part V)	7	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10 Exploited exempt activity income (Part VIII)	10	0	0	0
11 Advertising income (Part IX)	11	0	0	0
12 Other income (see instructions; attach statement)	12	0		0
13 **Total.** Combine lines 3 through 12	13	(9,055)	0	(9,055)

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1 Compensation of officers, directors, and trustees (Part X)			1	0
2 Salaries and wages			2	0
3 Repairs and maintenance			3	0
4 Bad debts			4	0
5 Interest (attach statement). See instructions			5	0
6 Taxes and licenses			6	0
7 Depreciation (attach Form 4562). See instructions	7	0		
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9 Depletion			9	0
10 Contributions to deferred compensation plans			10	0
11 Employee benefit programs			11	0
12 Excess exempt expenses (Part VIII)			12	0
13 Excess readership costs (Part IX)			13	0
14 Other deductions (attach statement)			14	2,250
15 **Total deductions.** Add lines 1 through 14			15	2,250
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	(11,305)
17 Deduction for net operating loss. See instructions			17	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	(11,305)

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

(SEE STATEMENT)

Form 990T **Additional Information**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	MARLA BRANDON, PO BOX 1127, MANHATTAN, KS 66505-1127

Schedule A - Part I, Line 5 — Income (loss) from Partnership and S Corporations

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INVESTMENTS IN PARTNERSHIPS			
(1) ENERGY TRANSFER LP	16		16
Total	**16**	**0**	**16**
INSIGHT PARTNERS OPPORTUNITIES FUND II (COINVESTORS) LP			
(1) INSIGHT PARTNERS OPPORTUNITIES FUND II (COINVESTORS) LP	(9,055)		(9,055)
Total	**(9,055)**	**0**	**(9,055)**

Schedule A - Part II, Line 14 — Other Deductions

Description	Amount
INVESTMENTS IN PARTNERSHIPS	
(1) TAX PREPARATION FEES	1,000
INSIGHT PARTNERS OPPORTUNITIES FUND II (COINVESTORS) LP	
(1) TAX PREPARATION FEES	2,250

Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
INVESTMENTS IN PARTNERSHIPS					
2023	5,146				5,146
2024	947				947
Totals	**6,093**	**0**	**0**	**0**	**6,093**
INSIGHT PARTNERS OPPORTUNITIES FUND II (COINVESTORS) LP					
2024	11,305				11,305
Totals	**11,305**	**0**	**0**	**0**	**11,305**

Form 990-T | Supplemental Information

Return Reference	Amount	Explanation
INSIGHT PARTNERS OPPORTUNITIES FUND II (COINVESTORS) LP		
FORM 990-T, SCHEDULE A, PART XI, LINE C - UNRELATED BUS. ACT. CODE	0	THE BUSINESS ACTIVITY CODE USED IN THE PREVIOUS TAX YEAR WAS 901101 . THE BUSINESS CODE BEING USED THIS YEAR IS 520000. THE CODE IS BEING CHANGED DUE TO THE OWNERSHIP PERCENTAGE IN THE PARTNERSHIP BEING OVER 20%.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return	Identifying number
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	0
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

751 GAIN RECAPTURE	VARIOUS	VARIOUS	37			37

11	Loss, if any, from line 7	11	(0)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	0
13	Gain, if any, from line 31	13	0
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	37
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1a before completing.*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage. See instructions	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	0
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	0
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	0	0

Greater Manhattan Community Foundation

EIN 48-1215574

IRC Section 751

The taxpayer has reported ordinary income upon the disposition of units in the following partnerships as provided by the General Partner. The amounts were determined in accordance with Internal Revenue Code Section 751. Detailed information is available in the office of the General Partner upon request.

Energy Transfer LP

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to *www.irs.gov/Form8865* for instructions and the latest information.
Information furnished for the foreign partnership's tax year beginning , 2024, and ending , 20

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return	Filer's identification number
GREATER MANHATTAN COMMUNITY FOUNDATION	48-1215574

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see ***Categories of Filers*** in the instructions and check applicable box(es)):
1 ☐ 2 ☑ 3 ☑ 4 ☐

B Filer's tax year beginning **January 01**, 20 **24**, and ending **December 31**, 20 **24**

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name | EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions . . . . . ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

INSIGHT PARTNERS OPPORTUNITIES FUND II (CO-INVESTORS) LP, 1114 AVENUE OF THE AMERICAS, 36TH FLOOR, NEW YORK, New York, 10036

2(a) EIN (if any) **98-1650564**

2(b) Reference ID number (see instructions)

3 Country under whose laws organized **Cayman Islands**

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instructions)
01/26/2022	CJ	523900	INVESTMENTS	US DOLLAR	1

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☑ Form 1065
Service Center where Form 1065 is filed:
EFILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions . . . . . ☐ **Yes** ☑ **No**
If "Yes," enter the total amount of the disallowed deductions . . . . . $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . . . ☐ **Yes** ☑ **No**

7 Were any special allocations made by the foreign partnership? . . . . . ☐ **Yes** ☑ **No**

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions . . . . .

9 How is this partnership classified under the law of the country in which it's organized? . .

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b . . . . . ☐ **Yes** ☑ **No**

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? . . . . . ☐ **Yes** ☐ **No**

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. . . . . ☐ **Yes** ☑ **No**

12a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions . . ☐ **Yes** ☑ **No**

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) . . . . . .

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI . . . . . .

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI . . . . . .

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership . . . . . .

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?. . . . . ☐ **Yes** ☑ **No**

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A — Constructive Ownership of Partnership Interest.

Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☑ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 — Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 — Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? . . . . . ☐ **Yes** ☐ **No**

Schedule A-3 — Affiliation Schedule.

List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
SEE STATEMENT				

Schedule B Income Statement—Trade or Business Income

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a			
	b	Less returns and allowances	1b		1c	
	2	Cost of goods sold			2	
	3	Gross profit. Subtract line 2 from line 1c			3	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7	Other income (loss) (attach statement)			7	
	8	**Total income (loss).** Combine lines 3 through 7			8	
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9	
	10	Guaranteed payments to partners			10	
	11	Repairs and maintenance			11	
	12	Bad debts			12	
	13	Rent			13	
	14	Taxes and licenses			14	
	15	Interest (see instructions)			15	
	16a	Depreciation (if required, attach Form 4562)	16a			
	b	Less depreciation reported elsewhere on return	16b		16c	
	17	Depletion (**Don't** deduct oil and gas depletion.)			17	
	18	Retirement plans, etc.			18	
	19	Employee benefit programs			19	
	20	Other deductions (attach statement)			20	
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21	
	22	**Ordinary business income (loss)** from trade or business activities. Subtract line 21 from line 8			22	
Tax and Payment	23	Reserved for future use			23	
	24	Reserved for future use			24	
	25	Reserved for future use			25	
	26	Reserved for future use			26	
	27	Reserved for future use			27	
	28	Reserved for future use			28	
	29	Reserved for future use			29	
	30	Reserved for future use			30	

Schedule K Partners' Distributive Share Items

						Total amount
Income (Loss)	1	Ordinary business income (loss) (Schedule B, line 22)			1	
	2	Net rental real estate income (loss) (attach Form 8825)			2	
	3a	Other gross rental income (loss)	3a			
	b	Expenses from other rental activities (attach statement)	3b			
	c	Other net rental income (loss). Subtract line 3b from line 3a			3c	
	4	Guaranteed payments: **a** Services **4a**		**b** Capital **4b**		
	c	Total. Add line 4a and line 4b			4c	
	5	Interest income			5	
	6	Dividends and dividend equivalents: **a** Ordinary dividends			6a	
		b Qualified dividends	6b			
		c Dividend equivalents	6c			
	7	Royalties			7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))			8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))			9a	
	b	Collectibles (28%) gain (loss)	9b			
	c	Unrecaptured section 1250 gain (attach statement)	9c			
	10	Net section 1231 gain (loss) (attach Form 4797)			10	
	11	Other income (loss) (see instructions) **(1)** Type		**(2)** Amount	11(2)	
Deductions	12	Section 179 deduction (attach Form 4562)			12	
	13a	Contributions			13a	
	b	Investment interest expense			13b	
	c	Section 59(e)(2) expenditures: **(1)** Type		**(2)** Amount	13c(2)	
	d	Other deductions (see instructions) **(1)** Type		**(2)** Amount	13d(2)	

Schedule K		Partners' Distributive Share Items *(continued)*		Total amount
Self-Employment	14a	Net earnings (loss) from self-employment	14a	
	b	Gross farming or fishing income	14b	
	c	Gross nonfarm income	14c	
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d	Other rental real estate credits (see instructions) Type	15d	
	e	Other rental credits (see instructions) Type	15e	
	f	Other credits (see instructions) Type	15f	
International	16	Attach Schedule K-2 (Form 8865), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties—gross income	17d	
	e	Oil, gas, and geothermal properties—deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	
	19a	Distributions of cash and marketable securities	19a	
	b	Distributions of other property	19b	
	20a	Investment income	20a	
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement)		
	21	Total foreign taxes paid or accrued	21	

Schedule L **Balance Sheets per Books.** (Not required if Item H11, page 1, is answered "Yes.")

Assets		Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				

Schedule L **Balance Sheets per Books.** (Not required if Item H11, page 1, is answered "Yes.") *(continued)*

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
13	Other assets (attach statement)				
14	**Total** assets				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	**Total** liabilities and capital				

Schedule M **Balance Sheets for Interest Allocation**

		(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets		
2	Total foreign assets:		
a	Passive category		
b	General category		
c	Other (attach statement)		

Schedule M-1 **Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** (Not required if Item H11, page 1, is answered "Yes.")

1	Net income (loss) per books		6	Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this tax year (itemize): $		a	Tax-exempt interest $	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this tax year (itemize):	
4	Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation $	
a	Depreciation $				
b	Travel and entertainment $		8	Add lines 6 and 7	
5	Add lines 1 through 4		9	Income (loss). Subtract line 8 from line 5	

Schedule M-2 **Analysis of Partners' Capital Accounts.** (Not required if Item H11, page 1, is answered "Yes.")

1	Balance at beginning of tax year		6	Distributions: **a** Cash	
2	Capital contributed:			**b** Property	
	a Cash		7	Other decreases (itemize): $	
	b Property				
3	Net income (loss) per books				
4	Other increases (itemize): $		8	Add lines 6 and 7	
5	Add lines 1 through 4		9	Balance at end of tax year. Subtract line 8 from line 5	

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	**(a)** U.S. person filing this return	**(b)** Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	**(c)** Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	**(d)** Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for technical, managerial, engineering, construction, or like services				
14	Commissions paid				
15	Rents, royalties, and license fees paid				
16	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the maximum loan balance during the tax year). See instructions				
21	Amounts loaned (enter the maximum loan balance during the tax year). See instructions				

SCHEDULE G (Form 8865)
(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

Statement of Application of the Gain Deferral Method Under Section 721(c)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to *www.irs.gov/Form8865* for instructions and the latest information.**

OMB No. 1545-1668

Name of person filing Form 8865		Filer's identification number
GREATER MANHATTAN COMMUNITY FOUNDATION		48-1215574
Name of partnership	☐ Successor partnership	EIN (if any) / Reference ID number (see instructions)
INSIGHT PARTNERS OPPORTUNITIES FUND II (CO-INVESTORS) LP		98-1650564
Name of U.S. transferor (see instructions)	☐ Successor U.S. transferor	Filing year: (see instructions) ☐ Tax year of gain deferral contribution ☐ Annual reporting
GREATER MANHATTAN COMMUNITY FOUNDATION		

Part I Section 721(c) Property (see instructions)

1. Tax year of contribution	2. Description of property	3. Recovery period	4. Section 197(f)(9) property	5. Effectively connected income property	6. On the date of contribution (a) Fair market value	(b) Basis	(c) Built-in gain	7. Events (a) Acceleration (including partial acceleration event)	(b) Termination	(c) Successor	(d) Tax disposition of a portion of partnership interest	(e) Section 367 transfer
1			☐	☐				☐	☐	☐	☐	☐
2			☐	☐				☐	☐	☐	☐	☐
3			☐	☐				☐	☐	☐	☐	☐
4			☐	☐				☐	☐	☐	☐	☐
4a	From Part I additional statement(s), if any		☐	☐				☐	☐	☐	☐	☐

Do the tiered partnership rules of Regulations section 1.721(c)-3(d) apply to this partnership? See instructions . . . . . ☐ **Yes** ☐ **No**

Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition (see instructions)

Part I, line number	(a) Remaining built-in gain at beginning of tax year	(b) Remaining built-in gain at end of tax year	(c) Remedial income allocated to U.S. transferor	(d) Gain recognized due to acceleration event	(e) Gain recognized due to section 367 transfer
1					
2					
3					
4					
Total*					

* Total must include any amounts included on an attached statement. See instructions.

Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part I, line number	1. Income (a) U.S. transferor	1. Income (b) Related domestic partners	1. Income (c) Related foreign partners	2. Gain (a) U.S. transferor	2. Gain (b) Related domestic partners	2. Gain (c) Related foreign partners	3. Deduction (a) U.S. transferor	3. Deduction (b) Related domestic partners	3. Deduction (c) Related foreign partners	4. Loss (a) U.S. transferor	4. Loss (b) Related domestic partners	4. Loss (c) Related foreign partners
1	%	%	%	%	%	%	%	%	%	%	%	%
2	%	%	%	%	%	%	%	%	%	%	%	%
3	%	%	%	%	%	%	%	%	%	%	%	%
4	%	%	%	%	%	%	%	%	%	%	%	%

Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property (see instructions)

Part I, line number	1. Income (a) Book	1. Income (b) Tax	2. Gain (a) Book	2. Gain (b) Tax	3. Deduction (a) Book	3. Deduction (b) Tax	4. Loss (a) Book	4. Loss (b) Tax
1								
2								
3								
4								

Part V Additional Information (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H.

			Yes	No
1	During the tax year, did an acceleration event or partial acceleration event (as described in Regulations section 1.721(c)-4 or Regulations section 1.721(c)-5(d)) occur with respect to one or more section 721(c) properties?	1		
2	During the tax year, did a termination event (as described in Regulations section 1.721(c)-5(b)) occur with respect to one or more section 721(c) properties?	2		
3	During the tax year, did a successor event (as described in Regulations section 1.721(c)-5(c)) occur with respect to one or more section 721(c) properties?	3		
4	During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Regulations section 1.721(c)-5(f))?	4		
5	During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Regulations section 1.721(c)-5(e))?	5		
6a	Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II–IV above, and complete line 6b	6a		
b	Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed?	6b		
7a	Was a copy of the waiver of treaty benefits (as described in Regulations section 1.721(c)-6(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b	7a		
b	With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Regulations section 1.721-6(b)(3)(vi)	7b		

Part VI Supplemental Information (see instructions)

SCHEDULE H (Form 8865)
(November 2018)
Department of the Treasury
Internal Revenue Service

Acceleration Events and Exceptions Reporting Relating to Gain Deferral Method Under Section 721(c)

► Attach to Form 8865. See the Instructions for Form 8865.
► Go to *www.irs.gov/Form8865* for instructions and the latest information.

OMB No. 1545-1668

Name of person filing Form 8865		Filer's identifying number
GREATER MANHATTAN COMMUNITY FOUNDATION		48-1215574
Name of partnership INSIGHT PARTNERS OPPORTUNITIES FUND II (CO-INVESTORS) LP	☐ Successor partnership	EIN (if any) 98-1650564
Reference ID number (see instructions)		
Name of U.S. transferor (see instructions) GREATER MANHATTAN COMMUNITY FOUNDATION	☐ Successor U.S. transferor	Filing year: (see instructions) ☐ Tax year of gain deferral contribution ☐ Annual reporting

Part I Acceleration Event (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event	(d) Gain recognized	(e) Partnership's adjustment to section 721(c) property tax basis	(f) Partial acceleration event
					☐
					☐
					☐

Part II Termination Event (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event

Part III Successor Event (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event	(d) Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of successor partnership, lower-tier partnership, upper-tier partnership, or U.S. corporation (as applicable)

Part IV Taxable Disposition of a Portion of an Interest in Partnership Event (see instructions)

(a) Description of event	(b) Date of event	(c) Percentage of partnership interest disposed	(d) Percentage of partnership interest retained	(e) Aggregate remaining built-in gain attributed to partnership interest retained

Part V Section 367 Transfer Event (see instructions)

(a) Schedule G, Part I, line number	(b) Description of event	(c) Date of event	(d) Gain recognized	(e) Name, address, and U.S. TIN (if any) of foreign transferee corporation (as applicable)

Part VI Supplemental Information (see instructions)

SCHEDULE O (Form 8865)
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.
▶ Go to *www.irs.gov/Form8865* for instructions and the latest information.

OMB No. 1545-1668

Name of transferor		Filer's identifying number
GREATER MANHATTAN COMMUNITY FOUNDATION		48-1215574
Name of foreign partnership	**EIN (if any)**	**Reference ID number (see instructions)**
INSIGHT PARTNERS OPPORTUNITIES FUND II (CO-INVESTORS) LP	98-1650564	

1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions . . . . . ☐ Yes ☑ No

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ Yes ☐ No

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? . . . . . ☐ Yes ☑ No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/2024		1,525,000				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			1,525,000				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer 35.7 % (b) After the transfer 35.34 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . . ▶ ☐ Yes ☑ No

Schedule A-3 Affiliation Schedule (continued)

Name	Address	EIN	Total ordinary income or loss	Check if foreign partnership
BEANTOWN NEWCO LIMITED	2ND FLOOR SIRE WALTER RALEIGH, HOUSE 48-50, ST HELIER, ESPLANADE, Jersey, JE2 3QB	98-1539797		X
INSIGHT CHASE HOLDINGS LLC	1114 AVENUE OF THE AMERICAS, 36TH FLOOR, NEW YORK, NY, 10036	93-3403109		
HONEYCOMB IVP CO-INVEST, L.P.	1114 AVENUE OF THE AMERICAS, 36TH FLOOR, NEW YORK, NY, 10036	99-3618611		