

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your Forvis Mazars advisor if you have questions about these rules.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

2023Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

GREATER MANHATTAN COMMUNITY FOUNDATION

48-1215574

Name and title of officer or person subject to tax

VERNON J HENRICKS, PRESIDENT & CEO

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	37,354,418
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

2023 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
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as my signature

Enter five numbers, but
do not enter all zeros

on the tax year 2023 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 2023 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

11/14/2023**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	3	7	2	2	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 2023 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 ENGLEDate 11/12/2024**ERO Must Retain This Form — See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31722T

Form **8879-TE** (2023)

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, 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) Room/suite PO BOX 1127 City or town, state or province, country, and ZIP or foreign postal code MANHATTAN, KS 66505-1127 F Name and address of principal officer: VERNON J HENRICKS SAME AS C ABOVE 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	D Employer identification number 48-1215574 E Telephone number (785) 587-8995 G Gross receipts \$ 38,435,369
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 2023 (Part V, line 2a) 5 17
	6 Total number of volunteers (estimate if necessary) 6 147
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a (5,147)
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 20,729,371 34,985,822
	9 Program service revenue (Part VIII, line 2g) 691,267 138,577
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) (985,688) 2,246,248
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 71,817 (16,229)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,506,767 37,354,418
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14,388,034 15,045,012
	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) 574,063 730,853
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) 201,494
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 3,146,708 1,744,577
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18,108,805 17,520,442
19 Revenue less expenses. Subtract line 18 from line 12 2,397,962 19,833,976	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 125,733,456 162,602,995
	21 Total liabilities (Part X, line 26) 8,662,389 12,403,685
	22 Net assets or fund balances. Subtract line 21 from line 20 117,071,067 150,199,310

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 VERNON J HENRICKS, PRESIDENT & CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL ENGLE	Preparer's signature MICHAEL ENGLE	Date 11/15/2024	Check ☐ if self-employed	PTIN P00482834
	Firm's name FORVIS MAZARS, LLP	Firm's EIN 44-0160260			
	Firm's address 1201 WALNUT 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

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

OMB No. 1545-0047

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

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. GREATER MANHATTAN COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 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**

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		

• 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 **11/15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 **23** 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	\$
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	\$
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	\$

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.

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

[illegible]

Signature

Date _____

5/12/2024 10:45:18 AM

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

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 \$ 16,620,518 including grants of \$ 15,045,012) (Revenue \$ 138,577)

IN 2023, WE AWARDED MANHATTAN-AREA NONPROFIT ORGANIZATIONS A TOTAL OF \$16.6 MILLION (INCLUSIVE OF GRANTS ISSUED FROM CUSTODIAL LIABILITY FUNDS) THROUGH OUR GRANT PROGRAMS AND SUPPORTING ORGANIZATIONS. IN ADDITION TO MANHATTAN, KANSAS, WE SERVED EIGHTEEN OTHER COMMUNITIES AS PART OF OUR REGIONAL AFFILIATED PROGRAM, COORDINATING MATCH DAY EVENTS IN FOURTEEN 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 16,620,518

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 67	
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	3
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 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 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.
MARLA BRANDON, PO BOX 1127, MANHATTAN, KS 66505-1127, (785) 587-8995

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 PRESIDENT & CEO	40.0 5.0			✓				179,000	0	5,370
(2) MARLA BRANDON VICE PRESIDENT OF FINANCE	40.0 5.0			✓				96,774	0	9,653
(3) DAVID ROGERS TREASURER	1.0 0.0	✓		✓				0	0	0
(4) EILEEN HINKIN SECRETARY	1.0 0.0	✓		✓				0	0	0
(5) JACKIE HARTMAN BORCK PAST CHAIR	1.0 0.0	✓		✓				0	0	0
(6) KIM MCATEE CHAIR	1.0 1.0	✓		✓				0	0	0
(7) MATT CROCKER CHAIR ELECT	1.0 1.0	✓		✓				0	0	0
(8) DALE BRADLEY DIRECTOR	1.0 0.0	✓						0	0	0
(9) ELIZABETH SMOLLER DIRECTOR	1.0 0.0	✓						0	0	0
(10) ERIC HIGGINS DIRECTOR	1.0 0.0	✓						0	0	0
(11) JEFF MORRIS DIRECTOR	1.0 0.0	✓						0	0	0
(12) LINDA COOK DIRECTOR	1.0 0.0	✓						0	0	0
(13) ML LATIMORE DIRECTOR	1.0 0.0	✓						0	0	0
(14) PHIL HOWE DIRECTOR	1.0 2.0	✓						0	0	0

Form **990** (2023)

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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								275,774	0	15,023
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								275,774	0	15,023

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

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

Section B. Independent Contractors

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

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

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

				(A) 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	91,236			
	d	Related organizations	1d	2,533,691			
	e	Government grants (contributions)	1e	1,366			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,359,529			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 12,410,071			
	h	Total. Add lines 1a-1f		34,985,822			
	2a	AGENCY FUND ADMINISTRATION	Business Code	813211	138,577	138,577	
b							
c							
d							
e							
f	All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f		138,577				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,217,491			3,217,491
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)		971,243			
	d	Net gain or (loss)		(971,243)			(971,243)
	8a	Gross income from fundraising events (not including \$ 91,236 of contributions reported on line 1c). See Part IV, line 18		42,626			
	b	Less: direct expenses		109,708			
	c	Net income or (loss) from fundraising events		(67,082)			(67,082)
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	56,000		56,000
	b	INVESTMENTS IN PARTNERSHIPS		901101	(5,147)	(5,147)	
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		50,853			
	12	Total revenue. See instructions		37,354,418	138,577	(5,147)	2,235,166

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	14,193,669	14,193,669		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	851,343	851,343		
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	290,797	87,240	174,478	29,079
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	377,351	113,205	226,411	37,735
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,957	1,187	2,374	396
9 Other employee benefits	10,183	3,055	6,110	1,018
10 Payroll taxes	48,565	14,570	29,139	4,856
11 Fees for services (nonemployees):				
a Management				
b Legal	12,092	8,289	3,803	
c Accounting	24,534		24,534	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	179,335	179,335		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	914,717	865,705	1,074	47,938
12 Advertising and promotion	157,439	110,485	46,954	
13 Office expenses	73,530	31,756	35,807	5,967
14 Information technology	70,620	21,186	42,373	7,061
15 Royalties				
16 Occupancy	94,352	46,982	40,602	6,768
17 Travel	14,214		14,214	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	158,755	62,272	35,807	60,676
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,056		11,056	
23 Insurance	33,933	30,239	3,694	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	17,520,442	16,620,518	698,430	201,494
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	353,573	1	134,316
	2 Savings and temporary cash investments	2,079,863	2	1,894,142
	3 Pledges and grants receivable, net	0	3	2,421,588
	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	1,656	9	1,947
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,409		
	b Less: accumulated depreciation	10b 39,761	452,984	10c 18,648
	11 Investments—publicly traded securities	121,939,764	11	155,831,564
	12 Investments—other securities. See Part IV, line 11	0	12	1,240,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	905,616	15	1,060,790
16 Total assets. Add lines 1 through 15 (must equal line 33)	125,733,456	16	162,602,995	
Liabilities	17 Accounts payable and accrued expenses	34,352	17	(23,214)
	18 Grants payable	55,700	18	2,520,274
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	8,395,025	21	9,738,459
	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	177,312	25	168,166
	26 Total liabilities. Add lines 17 through 25	8,662,389	26	12,403,685
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	13,455,476	27	4,312,409
	28 Net assets with donor restrictions	103,615,591	28	145,886,901
	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	117,071,067	32	150,199,310
33 Total liabilities and net assets/fund balances	125,733,456	33	162,602,995	

Form **990** (2023)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,354,418
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,520,442
3	Revenue less expenses. Subtract line 2 from line 1	3	19,833,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,071,067
5	Net unrealized gains (losses) on investments	5	12,974,615
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	319,652
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	150,199,310

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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? 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? 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? 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?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

**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

2023

**Open to Public
Inspection**

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

Employer identification number

48-1215574

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vii)**. (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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,770,729	13,210,067	21,233,428	20,729,371	34,985,822	97,929,417
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	7,770,729	13,210,067	21,233,428	20,729,371	34,985,822	97,929,417
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)						11,830,797
6 Public support. Subtract line 5 from line 4						86,098,620

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7,770,729	13,210,067	21,233,428	20,729,371	34,985,822	97,929,417
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,154,278	1,767,371	1,224,676	2,072,197	3,217,491	9,436,013
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	600	400	50,853	51,853
11 Total support. Add lines 7 through 10						107,417,283
12 Gross receipts from related activities, etc. (see instructions)					12	1,812,145
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 2023 (line 6, column (f), divided by line 11, column (f))	14	80.15 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.66 %
16a 33¹/₃% support test—2023. 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 33¹/₃% support test—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

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 2019 - \$17,500,000

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME	0	0	600	400	50,853	51,853
	Total	0	0	600	400	50,853	51,853

Schedule B
(Form 990)

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

2023

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 $\frac{1}{3}$ % 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		\$ 10,163,839	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		\$ 4,005,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 2,170,110	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		\$ 1,019,809	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 1,000,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 945,700	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

48-1215574

Part II

(a) No.
from
Part I

STOCK

1

\$ 9,985,754

08/20/2023

(a) No.
from
Part I

STOCK

3

\$ 2,131,250

08/20/2023

(a) No.
from
Part I

\$

(a) No.
from
Part I

\$

(a) No.
from
Part I

\$

(a) No.
from
Part I

\$

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

SCHEDULE D
(Form 990)

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

2023

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	173	0
2 Aggregate value of contributions to (during year)	9,163,551	0
3 Aggregate value of grants from (during year)	6,446,515	0
4 Aggregate value at end of year	71,189,030	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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	260,878,367	174,715,589	90,735,407	74,587,113	64,792,890
b Contributions	37,881,061	33,648,267	66,663,968	19,042,268	3,232,197
c Net investment earnings, gains, and losses	41,485,806	78,261,774	36,062,928	12,178,776	8,204,124
d Grants or scholarships	19,639,186	24,989,225	17,978,552	14,549,608	1,398,380
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	631,705	758,038	768,162	523,142	243,718
g End of year balance	319,974,343	260,878,367	174,715,589	90,735,407	74,587,113

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

a Board designated or quasi-endowment 4.48 %

b Permanent endowment 95.52 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		58,409	39,761	18,648
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,648

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	168,166
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	168,166

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.

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

2023

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		1,240,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			1,240,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,240,000

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

Schedule F (Form 990) 2023

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	32,239	47,968	53,655	133,862
	2 Less: Contributions	20,114	30,749	40,373	91,236
	3 Gross income (line 1 minus line 2)	12,125	17,219	13,282	42,626
Direct Expenses	4 Cash prizes	0	2,400	750	3,150
	5 Noncash prizes	0	550	0	550
	6 Rent/facility costs	10,748	14,219	10,312	35,279
	7 Food and beverages	6,525	0	7,242	13,767
	8 Entertainment	40,160	0	0	40,160
	9 Other direct expenses	3,243	1,300	12,259	16,802
	10 Direct expense summary. Add lines 4 through 9 in column (d)				109,708
	11 Net income summary. Subtract line 10 from line 3, column (d)				(67,082)

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 \$ _____

[illegible]☐ 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)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**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) AGINGWELL, INC. PO BOX 187, JUNCTION CITY, KS 66441	27-0782250	501(C)(3)	16,054				HEALTH
(2) ALBANY HISTORICAL SOCIETY INC PO BOX 62, SABETHA, KS 66534	23-7222246	501(C)(3)	40,000				ARTS, CULTURE & HUMANITIES
(3) AMBERWELL HIAWATHA FOUNDATION 500 UTAH, HIAWATHA, KS 66434	48-1223766	501(C)(3)	24,945				HEALTH
(4) AMERICAN SWEDISH INSTITUTE 2600 PARK AVENUE, MINNEAPOLIS, MN 55407	41-0711603	501(C)(3)	60,000				ARTS, CULTURE & HUMANITIES
(5) ANNUNCIATION PARISH 213 E 5TH ST., FRANKFORT, KS 66427	48-0594095	501(C)(3)	6,000				RELIGION-RELATED
(6) ATCHISON AREA ECONOMIC CORPORATION 307 NORTH 2N STREET, ATCHISON, KS 66002	48-0941252	501(C)(3)	15,900				PUBLIC
(7) ATCHISON AREA UNITED WAY PO BOX 403, ATCHISON, KS 66002	48-6107689	501(C)(3)	19,300				HUMAN SERVICES
(8) (SEE STATEMENT)	83-3339153	501(C)(3)	50,000				EDUCATION
(9) ATCHISON COUNTY HISTORICAL SOCIETY 200 S 10TH STREET, ATCHISON, KS 66002	48-6134391	501(C)(3)	16,000				ARTS, CULTURE & HUMANITIES
(10) (SEE STATEMENT)	48-1108675	501(C)(3)	6,000				ARTS, CULTURE & HUMANITIES
(11) ATCHISON UNITED METHODIST CHURCH 501 KANSAS AVE., ATCHISON, KS 66002	48-0571544	501(C)(3)	25,611				RELIGION-RELATED
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 224

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

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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	345	851,343			
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.
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(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) AXTELL ECONOMIC DEV CORP, INC. 2537 EAGLE ROAD, SUMMERFIELD, KS 66541	81-3827342	501(C)(3)	10,000				PUBLIC
(13) BALLARD FOOD BANK 1400 LEARY AVENUE NW, SEATTLE, WA 98107	91-1428805	501(C)(3)	50,000				HUMAN SERVICES
(14) BANNER CREEK SCIENCE CENTER 421 NEW YORK AVE, HOLTON, KS 66436	20-4213077	501(C)(3)	7,138				EDUCATION
(15) BE ABLE INC. 431 S 5TH STREET, MANHATTAN, KS 66502	83-3999669	501(C)(3)	86,500				HUMAN SERVICES
(16) BELLUS ACADEMY 1130 WESTLOOP PLACE, MANHATTAN, KS 66502	27-3692439	501(C)(3)	55,026				EDUCATION
(17) BIG BROTHERS BIG SISTERS 519 PIERRE STREET, MANHATTAN, KS 66502	23-7056717	501(C)(3)	52,749				HUMAN SERVICES
(18) BIG LAKES FOUNDATION, INC. 1416 HAYES DRIVE, MANHATTAN, KS 66502	48-1134341	501(C)(3)	262,500				HUMAN SERVICES
(19) BLACK ENTREPRENEURS OF THE FLINT HILLS ASSOCIATION 120 NORTH 4TH ST., SUITE K, MANHATTAN, KS 66502	85-2988527	501(C)(3)	20,000				PROGAM FUNDING
(20) BLUE RAPIDS HISTORICAL SOCIETY 36 PUBLIC SQUARE, BLUE RAPIDS, KS 66411	16-1722800	501(C)(3)	20,300				ARTS, CULTURE & HUMANITIES
(21) BOY SCOUTS OF AMERICA-CORONADO AREA COUNCIL 644 S OHIO, SALINA, KS 67402	48-0545921	501(C)(3)	36,557				HUMAN SERVICES
(22) BOYS AND GIRLS CLUB OF MANHATTAN PO BOX 1294, MANHATTAN, KS 66505	23-7358134	501(C)(3)	140,542				HUMAN SERVICES
(23) BROWN COUNTY GENEALOGICAL SOCIETY, INC. 704 DELAWARE STREET, HIAWATHA, KS 66434	48-1216776	501(C)(3)	7,000				ARTS, CULTURE & HUMANITIES
(24) BROWN COUNTY HISTORICAL SOCIETY 611 UTAH STREET, HIAWATHA, KS 66434	48-0886284	501(C)(3)	22,000				ARTS, CULTURE & HUMANITIES
(25) CARING NEIGHBORS 17235 PHEASANT RUN ROAD, WAMEGO, KS 66547	38-4124431	501(C)(3)	21,229				HUMAN SERVICES
(26) CATHOLIC CHARITIES OF NORTHERN KANSAS PO BOX 1366, SALINA, KS 67402	48-0676263	501(C)(3)	6,909				HUMAN SERVICES
(27) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	160,000				HEALTH
(28) CHURCH OF THE COVENANT 811 WASHINGTON STREET, JUNCTION CITY, KS 66441	23-7035942	501(C)(3)	16,625				RELIGION-RELATED

(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) CITY OF JUNCTION CITY PO BOX 287, JUNCTION CITY, KS 66441	48-6019171	501(C)(1)	15,000				PROGAM FUNDING
(30) CITY OF MARYSVILLE 209 N 8TH STREET, MARYSVILLE, KS 66508	48-6022693	501(C)(1)	15,292				PROGAM FUNDING
(31) CITY OF WAMEGO PO BOX 86, WAMEGO, KS 66547	48-6024658	501(C)(1)	53,025				PROGAM FUNDING
(32) CLAY COUNTY ARTS COUNCIL C/O UNION STATE BANK, CLAY CENTER, KS 67432	48-0949989	501(C)(3)	8,900				ARTS, CULTURE & HUMANITIES
(33) CLAY COUNTY EDUCATIONAL ENDOWMENT ASSN. INC. PO BOX 514, CLAY CENTER, KS 67432	48-1202509	501(C)(3)	8,500				EDUCATION
(34) CLAY COUNTY HISTORICAL SOCIETY & MUSEUM 518 LINCOLN AVENUE, CLAY CENTER, KS 67432	23-7377697	501(C)(3)	31,000				ARTS, CULTURE & HUMANITIES
(35) CLAY COUNTY HOSPITAL FOUNDATION 617 LIBERTY STREET, CLAY CENTER, KS 67432	48-1035296	501(C)(3)	17,450				HEALTH
(36) CLEMSON UNIVERSITY OFFICE OF STUDENT FINANCIAL SERVICE, 105 SIKES HALL, CLEMSON, SC 29634	57-0426335	501(C)(3)	11,550				EDUCATION
(37) CLIMATE GENERATION 2801 21ST AVE SOUTH, SUITE 127, MINNEAPOLIS, MN 55407	02-0712905	501(C)(3)	10,000				SOCIETAL BENEFIT
(38) CLIMATE SOLUTIONS 1402 THIRD AVENUE, #1200, SEATTLE, WA 98101	91-1123302	501(C)(3)	20,000				SOCIETAL BENEFIT
(39) CLOUD COUNTY COMMUNITY COLLEGE FOUNDATION PO BOX 1002, CONCORDIA, KS 66901	23-7164676	501(C)(3)	45,168				EDUCATION
(40) CMH FOUNDATION PO BOX 430, MARYSVILLE, KS 66508	32-0297285	501(C)(3)	14,257				HEALTH
(41) COLLABORATIVE SUPPORT SERVICES PO BOX 61676, HONOLULU, HI 96839	83-0599239	501(C)(3)	15,000				HUMAN SERVICES
(42) COLLEGE AVENUE UNITED METHODIST CHURCH 1609 COLLEGE AVENUE, MANHATTAN, KS 66503	48-6107249	501(C)(3)	6,000				RELIGION-RELATED
(43) COMMON GROUND MINISTRIES, INC. PO BOX 487, CLAY CENTER, KS 67432	48-1152117	501(C)(3)	10,000				RELIGION-RELATED
(44) CORNERSTONE FAMILY COUNSELING 1408 POYNTZ AVE, MANHATTAN, KS 66502	45-4024609	501(C)(3)	15,000				HEALTH
(45) CREATIVE ENTERPRISE ZONE 2171 UNIVERSITY AVE W., SUITE 100, SAINT PAUL, MN 55114	47-3199574	501(C)(3)	10,000				ARTS, CULTURE & HUMANITIES
(46) CRISIS CENTER, INC. PO BOX 1526, MANHATTAN, KS 66505	48-0892579	501(C)(3)	71,828				HUMAN SERVICES
(47) DOCTORS WITHOUT BORDERS 40 RECTOR STREET, 16TH FLOOR, NEW YORK, NY 10006	13-3433452	501(C)(3)	10,000				HEALTH

(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
(48) DONIPHAN COUNTY PET RESCUE 548 FRIENDSHIP ROAD, BENDENA, KS 66008	84-5080514	501(C)(3)	6,000				ARTS, CULTURE & HUMANITIES
(49) DOUGLAS COUNTY COMMUNITY FOUNDATION 900 MASSACHUSETTS AVE, STE. 406, LAWRENCE, KS 66044	48-1209687	501(C)(3)	5,100				PROGAM FUNDING
(50) ECUMENICAL CAMPUS MINISTRY 904 SUNSET AVENUE, MANHATTAN, KS 66502	48-1085357	501(C)(3)	10,803				RELIGION-RELATED
(51) EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO ALPHA GAMMA RHO AT KANSAS STATE UNI, COLUMBUS, GA 31902	36-6158409	501(C)(3)	100,000				EDUCATION
(52) EMI 7025 CAMPUS DR, COLORADO SPRINGS, CO 80920	74-2213629	501(C)(3)	12,000				RELIGION-RELATED
(53) ENDURING HEARTS 1205 JOHNSON FERRY ROAD, MARIETTA, GA 30068	46-2665745	501(C)(3)	5,500				HUMAN SERVICES
(54) FIRST CHRISTIAN CHURCH - DIGHTON 210 S. LANE ST., DIGHTON, KS 67839	35-0868116	501(C)(3)	5,500				RELIGION-RELATED
(55) FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST 700 POYNTZ, MANHATTAN, KS 66502	48-0949129	501(C)(3)	31,566				RELIGION-RELATED
(56) FIRST JUDICIAL DISTRICT CASA ASSOCIATION 100 SOUTH 5TH STREET, LEAVENWORTH, KS 66048	48-1136125	501(C)(3)	10,000				HUMAN SERVICES
(57) FIRST LUTHERAN CHRISTIAN PRESCHOOL PO BOX 65, SABETHA, KS 66534	23-7041880	501(C)(3)	6,300				RELIGION-RELATED
(58) FIRST PRESBYTERIAN CHURCH 801 LEAVENWORTH ST., MANHATTAN, KS 66502	48-0543739	501(C)(3)	35,372				RELIGION-RELATED
(59) FIRST PRESBYTERIAN CHURCH 113 W. 5TH ST, JUNCTION CITY, KS 66441	48-0997662	501(C)(3)	41,147				RELIGION-RELATED
(60) FIRST PRESBYTERIAN CHURCH - CLAY CENTER 602 CLARKE STREET, CLAY CENTER, KS 67432	48-0548265	501(C)(3)	6,000				RELIGION-RELATED
(61) FIRST PRESBYTERIAN CHURCH OF ATCHISON 302 N 5TH ST, ATCHISON, KS 66002	48-6111295	501(C)(3)	25,469				RELIGION-RELATED
(62) FLINT HILLS ATA TRANSPORTATION 5815 MARLATT AVENUE, MANHATTAN, KS 66503	48-0828214	501(C)(3)	40,000				HUMAN SERVICES
(63) FLINT HILLS COMMUNITY CLINIC 401 HOUSTON STREET, SUITE C, MANHATTAN, KS 66502	20-2306015	501(C)(3)	102,588				HEALTH

(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
(64) FLINT HILLS DISCOVERY CENTER FOUNDATION 315 S. 3RD STREET, SUITE 302, MANHATTAN, KS 66502	45-3529510	501(C)(3)	17,560				ARTS, CULTURE & HUMANITIES
(65) FLINT HILLS PRAISEFEST 314 TUTTLE CREEK BLVD., SUITE D, MANHATTAN, KS 66502	47-2054974	501(C)(3)	7,500				ARTS, CULTURE & HUMANITIES
(66) FLINT HILLS REGIONAL LEADERSHIP PROGRAM 1310A WESTLOOP PL #101, MANHATTAN, KS 66502	48-1128289	501(C)(3)	15,000				EDUCATION
(67) FLINT HILLS TECHNICAL COLLEGE 3301 W 18TH AVE, EMPORIA, KS 66801	48-1156696	501(C)(3)	6,139				EDUCATION
(68) FLINT HILLS VOLUNTEER CENTER 322 HOUSTON STREET, SUITE 104, MANHATTAN, KS 66502	48-0993907	501(C)(3)	19,000				HUMAN SERVICES
(69) FORT HAYS STATE UNIVERSITY 600 PARK STREET, STUDENT FISCAL SER, HAYS, KS 67601	48-6108086	501(C)(3)	5,775				EDUCATION
(70) FRANKFORT COMMUNITY CARE HOME, INC. 510 N WALNUT, FRANKFORT, KS 66427	48-0781246	501(C)(3)	16,810				HUMAN SERVICES
(71) FRANKFORT SCHOOLS 604 N. KS AVE, FRANKFORT, KS 66427	48-0720999	501(C)(3)	11,000				EDUCATION
(72) FRESH ENERGY 408 SAINT PETER STREET, SUITE 220, SAINT PAUL, MN 55102	41-1735501	501(C)(3)	10,000				SOCIETAL BENEFIT
(73) FRESH START EMERGENCY SHELTER, INC. 136 W 3RD, JUNCTION CITY, KS 66441	48-1100599	501(C)(3)	15,000				HUMAN SERVICES
(74) FRIENDS OF HENNEPIN COUNTY LIBRARY 300 NICOLLET MALL, MINNEAPOLIS, MN 55401	36-3579536	501(C)(3)	25,000				ARTS, CULTURE & HUMANITIES
(75) FRIENDS OF SUNSET ZOO 2333 OAK STREET, MANHATTAN, KS 66502	48-0855669	501(C)(3)	8,500				ARTS, CULTURE & HUMANITIES
(76) FRIENDS OF THE MARY COTTON LIBRARY PO BOX 143, SABETHA, KS 66534	71-0955912	501(C)(3)	63,000				ARTS, CULTURE & HUMANITIES
(77) GEARY COMMUNITY SCHOOLS FOUNDATION 123 N EISENHOWER DRIVE, JUNCTION CITY, KS 66441	76-0706803	501(C)(3)	22,775				HEALTH
(78) GIRLS ON THE RUN OF THE FLINT HILLS 1880 KIMBALL AVE #8, MANHATTAN, KS 66502	46-3669188	501(C)(3)	37,000				HUMAN SERVICES
(79) GOOD SHEPHERD FOUNDATION 3801 VANESTA DRIVE, MANHATTAN, KS 66503	48-1182638	501(C)(3)	10,000				HEALTH

(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
(80) GOOD SHEPHERD HOMECARE & HOSPICE, INC. 3801 VANESTA DRIVE, MANHATTAN, KS 66503	48-0877419	501(C)(3)	78,808				HEALTH
(81) GRAINS OF HOPE FOUNDATION 658 220TH STREET, FAIRVIEW, KS 66425	20-4510578	501(C)(3)	5,492				HUMAN SERVICES
(82) HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL, HONOLULU, HI 96813	99-0261283	501(C)(3)	15,000				HUMAN SERVICES
(83) HIAWATHA BASEBALL AND SOFTBALL CLUB 115 KICKAPOO ST, HIAWATHA, KS 66434	87-2735241	501(C)(3)	21,344				PROGAM FUNDING
(84) HIAWATHA CEMETERY DISTRICT ASSOCIATION PO BOX 86, HIAWATHA, KS 66434	48-0260820	501(C)(3)	10,000				ARTS, CULTURE & HUMANITIES
(85) HIAWATHA USD 415 EDUCATIONAL FOUNDATION PO BOX 398, HIAWATHA, KS 66434	48-1218529	501(C)(3)	33,653				EDUCATION
(86) HOLTON COMMUNITY HOSPITAL FOUNDATION 1110 COLUMBINE DR., HOLTON, KS 66436	81-0829782	501(C)(3)	8,200				HEALTH
(87) HOLTON COMMUNITY THEATRE P.O. BOX 334, HOLTON, KS 66436	82-2963613	501(C)(3)	7,000				ARTS, CULTURE & HUMANITIES
(88) HOLTON HIGH SCHOOL 901 NEW YORK AVENUE, HOLTON, KS 66436	48-0724589	501(C)(3)	10,000				EDUCATION
(89) HOMESTEAD MINISTRY 615 GILLESPIE DRIVE, MANHATTAN, KS 66502	81-4182095	501(C)(3)	20,000				RELIGION-RELATED
(90) HONOR FLIGHT, WAMEGO HIGH SCHOOL 801 N LINCOLN, WAMEGO, KS 66547	82-2811744	501(C)(3)	40,000				HUMAN SERVICES
(91) HOUSING AND CREDIT COUNSELING, INC. 1195 SW BUCHANAN STREET, TOPEKA, KS 66604	48-0822466	501(C)(3)	7,573				HUMAN SERVICES
(92) I.C.A.R.E. INTERGENERATIONAL CENTER 701 W. 10TH STREET, JUNCTION CITY, KS 66441	30-0515656	501(C)(3)	5,280				HUMAN SERVICES
(93) IMMACULATE HEART FOUNDATION 33183 NW HWY 31, WILLIAMSBURG, KS 66095	27-0206557	501(C)(3)	105,000				RELIGION-RELATED
(94) IMPACT SABETHA INC 324 S 16TH ST, SABETHA, KS 66534	88-4225191	501(C)(3)	30,000				PROGAM FUNDING
(95) IOWA STATE UNIVERSITY, OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL, AMES, IA 50011	42-1143702	501(C)(3)	5,390				EDUCATION
(96) JACKSON COUNTY MINISTERIAL ALLIANCE INCORPORATED (JCMA) 404 JUNIPER DR, HOLTON, KS 66436	30-0584777	501(C)(3)	10,000				RELIGION-RELATED

(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
(97) JAG-K PO BOX 4199, TOPEKA, KS 66604	46-5533413	501(C)(3)	7,500				PROGAM FUNDING
(98) JUNCTION CITY COMMUNITY BASEBALL CLUB INC. PO BOX 828, JUNCTION CITY, KS 66441	46-1145597	501(C)(3)	8,750				HUMAN SERVICES
(99) JUNCTION CITY OPERA HOUSE 135 W 7TH, JUNCTION CITY, KS 66441	20-1256082	501(C)(3)	135,000				ARTS, CULTURE & HUMANITIES
(100) JUNGLE THEATER 2951 LYNDALE AVE S, MINNEAPOLIS, MN 55408	41-1677757	501(C)(3)	10,000				ARTS, CULTURE & HUMANITIES
(101) JUNIOR LEAGUE OF WICHITA 6402 E 12TH ST, WICHITA, KS 67206	48-0556729	501(C)(3)	17,200				HUMAN SERVICES
(102) KANSAS ASSOCIATION FOR CONSERVATION AND ENVIRONMENTAL EDUCATION (KACEE) 2610 CLAFLIN, MANHATTAN, KS 66502	48-0850919	501(C)(3)	5,453				EDUCATION
(103) KANSAS BPW LOAN & SCHOLARSHIP FOUNDATION, INC. 2271 BROUGHTON ROAD, CLAY CENTER, KS 67432	48-1041654	501(C)(3)	27,600				EDUCATION
(104) KANSAS FARM BUREAU FOUNDATION 2627 KFB PLAZA, MANHATTAN, KS 66502	48-1196853	501(C)(3)	66,176				EDUCATION
(105) KANSAS FARM BUREAU LEGAL FOUNDATION 2627 KFB PLAZA, MANHATTAN, KS 66502	48-1243473	501(C)(3)	66,176				EDUCATION
(106) KANSAS FFA FOUNDATION, INC. 110 UMBERGER HALL, MANHATTAN, KS 66506	48-0939673	501(C)(3)	10,000				EDUCATION
(107) KANSAS HONOR FLIGHT PO BOX 2371, HUTCHINSON, KS 67504	37-1692389	501(C)(3)	14,563				HUMAN SERVICES
(108) KANSAS SAMPLER FOUNDATION 978 ARAPAHO ROAD, INMAN, KS 67546	48-1114956	501(C)(3)	10,000				ARTS, CULTURE & HUMANITIES
(109) KANSAS STATE UNIVERSITY 102 ANDERSON HALL, MANHATTAN, KS 66506	48-0771751	501(C)(3)	100,113				EDUCATION
(110) KOESTER HOUSE MUSEUM FOUNDATION, INC. 1103 ELM STREET, MARYSVILLE, KS 66508	26-3177567	501(C)(3)	21,486				ARTS, CULTURE & HUMANITIES
(111) KONZA UNITED WAY PO BOX 922, MANHATTAN, KS 66505	48-0847598	501(C)(3)	20,500				HUMAN SERVICES
(112) KSU FOUNDATION 1800 KIMBALL AVENUE, SUITE 200, MANHATTAN, KS 66502	48-0667209	501(C)(3)	648,253				EDUCATION
(113) KSUGCMRF: THE FIRST TEE 5200 COLBERT HILLS DR., MANHATTAN, KS 66503	74-2830002	501(C)(3)	40,155				ARTS, CULTURE & HUMANITIES
(114) LANE COUNTY COMMUNITY FOUNDATION BOX 450, DIGHTON, KS 67839	83-2155617	501(C)(3)	10,200				PROGAM FUNDING
(115) LANGSTON FOUNDATION 104 17TH AVE S, SEATTLE, WA 98144	81-2515412	501(C)(3)	10,000				PROGAM FUNDING

(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
(116) LAWYER'S ENCOURAGING ACADEMIC PERFORMANCE (LEAP) C/O BOYD, KENTER, THOMAS & PARRISH , INDEPENDENCE, MO 64050	43-1694030	501(C)(3)	6,000				ARTS, CULTURE & HUMANITIES
(117) LEADINGAGE KANSAS FOUNDATION 217 SE 8TH AVENUE, TOPEKA, KS 66603	48-1056006	501(C)(3)	7,500				EDUCATION
(118) LEGACY REGIONAL COMMUNITY FOUNDATION PO BOX 713, WINFIELD, KS 67156	48-1187957	501(C)(3)	8,163				EDUCATION
(119) LIFE CHOICE MINISTRIES 1445 ANDERSON AVENUE, MANHATTAN, KS 66502	48-1032414	501(C)(3)	22,183				HUMAN SERVICES
(120) LINDENWOOD UNIVERSITY 209 S KINGSHIGHWAY ST, ST CHARLES, MO 63301	43-0652649	501(C)(3)	5,775				EDUCATION
(121) LITERACY SOURCE 3200 NE 125TH ST, SEATTLE, WA 98125	91-2101208	501(C)(3)	30,000				ARTS, CULTURE & HUMANITIES
(122) LIVING WATER RANCH, INC. DBA FLINT HILLS FOSTER TEEN CAMPS 4122 LIVING WATER ROAD, OLSBURG, KS 66520	48-0820690	501(C)(3)	35,094				HUMAN SERVICES
(123) MANHATTAN AREA HABITAT FOR HUMANITY 514 PILLSBURY DR, MANHATTAN, KS 66502	31-1417869	501(C)(3)	78,708				HUMAN SERVICES
(124) MANHATTAN AREA TECHNICAL COLLEGE PO BOX 1123, MANHATTAN, KS 66505	34-2064656	501(C)(3)	287,856				EDUCATION
(125) MANHATTAN ARTS CENTER 1520 POYNTZ AVENUE, MANHATTAN, KS 66502	48-1131531	501(C)(3)	63,948				ARTS, CULTURE & HUMANITIES
(126) MANHATTAN EMERGENCY SHELTER, INC. 416 S. 4TH STREET, MANHATTAN, KS 66502	48-0983686	501(C)(3)	7,817				HEALTH
(127) MANHATTAN HOUSING AUTHORITY PO BOX 1024, MANHATTAN, KS 66505	48-1231327	501(C)(3)	8,000				HUMAN SERVICES
(128) MANHATTAN MARLINS, INC. PO BOX 1003, MANHATTAN, KS 66502	48-1129372	501(C)(3)	8,500				PROGAM FUNDING
(129) MANHATTAN SCHOOL DISTRICT-USD 383 2031 POYNTZ AVENUE, MANHATTAN, KS 66502	48-0697688	501(C)(3)	164,461				EDUCATION
(130) MANHATTAN SENIORS' SERVICE CENTER 301 N. 4TH ST., MANHATTAN, KS 66502	48-0992061	501(C)(3)	6,100				HUMAN SERVICES
(131) MANHATTAN-OGDEN PUBLIC SCHOOLS FOUNDATION PO BOX 191, MANHATTAN, KS 66505	48-1074309	501(C)(3)	147,817				EDUCATION
(132) MARSHALL COUNTY ARTS COOPERATIVE PO BOX 509, MARYSVILLE, KS 66508	30-0345725	501(C)(3)	19,436				ARTS, CULTURE & 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
(133) MARSHALL COUNTY COMMUNITY BAND 1215 GRANITE ROAD, MARYSVILLE, KS 66508	42-1631583	501(C)(3)	5,500				ARTS, CULTURE & HUMANITIES
(134) MARSHALL COUNTY CONNECTION INC. 1129 JUNIPER ROAD, MARYSVILLE, KS 66508	20-4771498	501(C)(3)	40,000				ARTS, CULTURE & HUMANITIES
(135) MARSHALL COUNTY HELPING HANDS PO BOX 441, MARYSVILLE, KS 66508	32-0460402	501(C)(3)	50,000				HUMAN SERVICES
(136) MARSHALL COUNTY HISTORICAL SOCIETY 1207 BROADWAY, MARYSVILLE, KS 66508	23-7246981	501(C)(3)	71,015				ARTS, CULTURE & HUMANITIES
(137) MARYSVILLE AREA COMMUNITY THEATRE PO BOX 1, MARYSVILLE, KS 66508	48-1033266	501(C)(3)	7,000				ARTS, CULTURE & HUMANITIES
(138) MARYSVILLE UNION PACIFIC DEPOT PRESERVATION SOCIETY PO BOX 66, MARYSVILLE, KS 66508	46-3466400	501(C)(3)	12,000				ARTS, CULTURE & HUMANITIES
(139) MAUI FOOD BANK 760 KOLU STREET, WAILUKU, HI 96793	99-0315110	501(C)(3)	10,000				HUMAN SERVICES
(140) MEADOWLARK HILLS FOUNDATION, INC. 2121 MEADOWLARK ROAD, MANHATTAN, KS 66502	48-1212997	501(C)(3)	111,767				HUMAN SERVICES
(141) MEDS & FOOD FOR KIDS 8050 WATSON ROAD, STE. 355, ST. LOUIS, MO 63119	20-1257910	501(C)(3)	10,000				HEALTH
(142) MHK YOUNG LIFE 2601 ANDERSON AVENUE, STE #3, MANHATTAN, KS 66502	84-6041371	501(C)(3)	17,224				PROGAM FUNDING
(143) MID-WEST EDUCATIONAL CENTER DBA WONDER WORKSHOP 506 S. 4TH STREET, MANHATTAN, KS 66502	48-1158074	501(C)(3)	32,477				EDUCATION
(144) MIGIZI COMMUNICATIONS, INC 1845 E. LAKE ST., MINNEAPOLIS, MN 55407	41-1379114	501(C)(3)	10,000				PROGAM FUNDING
(145) MISSOURI STATE UNIVERSITY FINANCIAL AID OFFICE OF FINANCIAL AID, SPRINGFIELD, MO 65897	43-1234200	501(C)(3)	5,005				EDUCATION
(146) MORNING STAR INC CRO 467 EAST POYNTZ AVENUE, MANHATTAN, KS 66502	71-0872013	501(C)(3)	6,809				HUMAN SERVICES
(147) MOUNT MITCHELL PRAIRIE GUARDS INC. PO BOX 136, WAMEGO, KS 66547	27-1948414	501(C)(3)	40,000				ARTS, CULTURE & HUMANITIES
(148) MT. VERNON CEMETERY ASSN., INC PO BOX 33, ATCHISON, KS 66002	35-0730115	501(C)(3)	13,000				ARTS, CULTURE & HUMANITIES
(149) MUSEUM OF ART AND LIGHT INC PO BOX 1207, MANHATTAN, KS 66505	87-0905518	501(C)(3)	300,000				ARTS, CULTURE & 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
(150) MUSEUM OF AUTOMOTIVE ICONS, INC. DBA MIDWEST DREAM CAR COLLECTION 3007 ANDERSON AVENUE, MANHATTAN, KS 66503	82-4679842	501(C)(3)	2,800,000				ARTS, CULTURE & HUMANITIES
(151) NEMAHA COUNTY COMMUNITY HEALTH SERVICES, INC. 1004 MAIN STREET, SABETHA, KS 66534	48-0979239	501(C)(3)	7,500				EDUCATION
(152) NO STONE UNTURNED FOUNDATION INC. PO BOX 654, MANHATTAN, KS 66505	26-3631970	501(C)(3)	351,472				HEALTH
(153) NORTH CENTRAL KANSAS TECHNICAL COLLEGE 3033 US HIGHWAY 24, BELOIT, KS 67420	48-1073437	501(C)(3)	5,208				EDUCATION
(154) NORTHRIDGE CHURCH 316 LINCOLN, SABETHA, KS 66534	48-0577645	501(C)(3)	726,994				RELIGION-RELATED
(155) NORTHWEST FILM FORUM 1515 12TH AVENUE, SEATTLE, WA 98122	91-1702331	501(C)(3)	30,000				ARTS, CULTURE & HUMANITIES
(156) NORTHWEST MARITIME CENTER 431 WATER ST., PORT TOWNSEND, WA 98368	91-1931643	501(C)(3)	15,000				EDUCATION
(157) OC INTERNATIONAL, INC 5801 N. UNION BLVD, COLORADO SPRINGS, CO 80918	94-1501634	501(C)(3)	6,000				PROGAM FUNDING
(158) OU STUDENT FINANCIAL CENTER 1000 ASP AVE, ROOM 208, NORMAN, OK 73019	73-6091755	501(C)(3)	12,705				EDUCATION
(159) OUR STREETS MINNEAPOLIS 701 N 3RD ST., SUITE 001A, MINNEAPOLIS, MN 55401	27-1539442	501(C)(3)	30,000				ARTS, CULTURE & HUMANITIES
(160) PAWNEE MENTAL HEALTH FOUNDATION PO BOX 747, MANHATTAN, KS 66505	48-0919469	501(C)(3)	10,000				HEALTH
(161) PAWNEE MENTAL HEALTH SERVICES, INC. 2001 CLAFLIN ROAD, MANHATTAN, KS 66502	48-0846557	501(C)(3)	42,646				HEALTH
(162) PIPELINE, INC 1919 W 45TH AVE, KANSAS CITY, KS 66103	26-4399870	501(C)(3)	35,000				SOCIETAL BENEFIT
(163) PNW PARENT EDUCATION 7044 17TH AVE NW, SEATTLE, WA 98117	84-3068701	501(C)(3)	10,000				EDUCATION
(164) PONY EXPRESS COUNCIL, BOY SCOUTS OF AMERICA 1704 BUCKINGHAM, ST. JOSEPH, MO 64506	44-0546279	501(C)(3)	9,763				HUMAN SERVICES
(165) PONY EXPRESS PARTNERSHIP FOR CHILDREN, INC. (PEPC, INC.) 405 N 4TH STREET, MARYSVILLE, KS 66508	46-4490976	501(C)(3)	6,000				HUMAN SERVICES
(166) PRAIRIE HILLS USD 113 1619 OLD US 75, SABETHA, KS 66534	48-1150689	501(C)(3)	88,492				EDUCATION

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(167) PROSPECT HILL CEMETERY ASSOCIATION HUMMOCK POND RD, NANTUCKET, MA 02554	48-0643894	501(C)(3)	7,000				ARTS, CULTURE & HUMANITIES
(168) PURPLE POWER ANIMAL WELFARE SOCIETY INC. PO BOX 953, MANHATTAN, KS 66505	46-2496718	501(C)(3)	9,000				PROGAM FUNDING
(169) REINVENT HORTON COMMUNITY DEVELOPMENT ASSOC INC. 1166 344TH RD, HORTON, KS 66439	47-4193942	501(C)(3)	8,300				SOCIETAL BENEFIT
(170) RILEY COUNTY EXTENSION 110 COURTHOUSE PLAZA, ROOM B220, MANHATTAN, KS 66502	48-0775967	501(C)(3)	31,093				EDUCATION
(171) RONALD MCDONALD HOUSE CHARITIES 825 SW BUCHANAN STREET, TOPEKA, KS 66606	48-1022967	501(C)(3)	10,499				HEALTH
(172) RUBY SLIPPER GOAT RESCUE 1583 280TH STREET, HIAWATHA, KS 66434	81-3074970	501(C)(3)	6,400				ARTS, CULTURE & HUMANITIES
(173) SABETHA COMMUNITY HOSPITAL PO BOX 229, SABETHA, KS 66534	48-1236156	501(C)(3)	50,000				HEALTH
(174) SABETHA COMMUNITY PRESCHOOL 1116 MAIN, SABETHA, KS 66534	48-0791269	501(C)(3)	7,500				HUMAN SERVICES
(175) SAM HOUSTON STATE UNIVERSITY C/O FINANCIAL AID OFFICE, 1903 UNIVERSITY AVENUE, HUNTSVILLE, TX 77341	46-0666551	501(C)(3)	5,390				EDUCATION
(176) SCOTT COMMUNITY FOUNDATION 424 SOUTH MAIN, SCOTT CITY, KS 67871	48-0995697	501(C)(3)	9,500				PROGAM FUNDING
(177) SEATTLE FOUNDATION 1601 5TH AVE , SEATTLE, WA 98101	91-6013536	501(C)(3)	50,000				ARTS, CULTURE & HUMANITIES
(178) SECOND HARVEST HEARTLAND 7101 WINNETKA AVE N, BROOKLYN PARK, MN 55428	23-7417654	501(C)(3)	10,000				HEALTH
(179) SHEPHERD'S CROSSING, INC. PO BOX 1919, MANHATTAN, KS 66505	48-1243420	501(C)(3)	78,000				HUMAN SERVICES
(180) SLEEP IN HEAVENLY PEACE C/O BENEDICTINE COLLEGE, 1020 N 2ND ST, ATCHISON, KS 66002	46-4346568	501(C)(3)	5,368				HUMAN SERVICES
(181) SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W, ST. PAUL, MN 55103	41-1690483	501(C)(3)	10,000				ARTS, CULTURE & HUMANITIES
(182) ST. FRANCIS XAVIER PARISH FOUNDATION 708 CRESTVIEW DRIVE, JUNCTION CITY, KS 66441	74-2829909	501(C)(3)	10,000				RELIGION-RELATED
(183) ST. GREGORY'S CATHOLIC CHURCH 207 N. 14TH STREET, SUITE B, MARYSVILLE, KS 66508	48-0579761	501(C)(3)	30,333				RELIGION-RELATED
(184) ST. JUDE CHILDRENS RESEARCH HOSPITAL, INC. 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	50,000				HEALTH

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(185) ST. PAUL LUTHERAN CHURCH 816 9TH STREET, CLAY CENTER, KS 67432	48-0554441	501(C)(3)	11,500				RELIGION-RELATED
(186) SUNFLOWER CHILDREN'S COLLECTIVE 323 POYNTZ AVE, MANHATTAN, KS 66502	48-1061447	501(C)(3)	88,000				HUMAN SERVICES
(187) SUNSET ZOOLOGICAL PARK AND WILDLIFE CONSERVATION TRUST FOUNDATION 2333 OAK STREET, MANHATTAN, KS 66502	48-1096978	501(C)(3)	32,536				ARTS, CULTURE & HUMANITIES
(188) THE COLUMBIAN THEATRE 521 LINCOLN AVE., WAMEGO, KS 66547	48-1090380	501(C)(3)	25,000				ARTS, CULTURE & HUMANITIES
(189) THE JUNCTION CITY MAIN STREET 129 W 7TH STREET, JUNCTION CITY, KS 66441	86-3680237	501(C)(3)	35,702				ARTS, CULTURE & HUMANITIES
(190) THE LOPPET FOUNDATION INC 1301 THEODORE WIRTH PARKWAY, MINNEAPOLIS, MN 55422	41-1753882	501(C)(3)	10,000				PROGAM FUNDING
(191) THE ROTARY FOUNDATION 1560 SHERMAN AVENUE, EVANSTON, IL 60201	36-3245072	501(C)(3)	6,125				HUMAN SERVICES
(192) THRIVE! 612 POYNTZ AVENUE, MANHATTAN, KS 66502	47-1476527	501(C)(3)	28,578				HUMAN SERVICES
(193) TRUE COLORS FLINT HILLS 1816 LARAMIE, MANHATTAN, KS 66502	87-3475672	501(C)(3)	56,782				HUMAN SERVICES
(194) UFM COMMUNITY LEARNING CENTER 1221 THURSTON, MANHATTAN, KS 66502	23-7305200	501(C)(3)	40,000				EDUCATION
(195) UNITARIAN UNIVERSALIST FELLOWSHIP, INC. OF MANHATTAN 481 ZEANDALE ROAD, MANHATTAN, KS 66502	48-6109996	501(C)(3)	29,962				RELIGION-RELATED
(196) UNITED BRETHREN MT ZION CHURCH COMMUNITY CENTER, INC. 8175 LAKE ELBO ROAD, ST. GEORGE, KS 66535	88-1715197	501(C)(3)	5,033				RELIGION-RELATED
(197) UNITED METHODIST CHURCH - CLAY CENTER PO BOX 118, CLAY CENTER, KS 67432	48-0547690	501(C)(3)	44,500				RELIGION-RELATED
(198) UNITED METHODIST CHURCH - DIGHTON 140 E VINE ST., DIGHTON, KS 67839	48-0612467	501(C)(3)	5,500				RELIGION-RELATED
(199) UNITED STROKE ALLIANCE 8000 N. UNIVERSITY STREET, PEORIA, IL 61615	64-0954851	501(C)(3)	6,735				HEALTH
(200) UNIVERSITY CHRISTIAN CHURCH 1506 BROWNING PLACE, SUITE 101, MANHATTAN, KS 66502	48-0791644	501(C)(3)	25,000				RELIGION-RELATED
(201) UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD, MILLICAN, ORLANDO, FL 32816	59-6211832	501(C)(3)	6,930				EDUCATION
(202) UNIVERSITY OF KANSAS PO BOX 413084, KANSAS CITY, MO 64141	48-6029925	501(C)(3)	5,775				EDUCATION

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(203) UNIVERSITY OF MISSOURI: OFFICE OF CASHIERS 325 JESSE HALL, COLUMBIA, MO 65221	43-6003859	501(C)(3)	6,545				EDUCATION
(204) UNIVERSITY OF SPA & COSMETOLOGY ARTS 2913 W WHITE OAKS DR., SPRINGFIELD, IL 62704	37-1053366	501(C)(3)	14,710				EDUCATION
(205) UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PARKWAY, PENSACOLA, FL 32514	59-6166292	501(C)(3)	5,390				EDUCATION
(206) US ISRAEL EDUCATION ASSOCIATION 402 OFFICE PARK, SUITE 215, MOUNTAIN BRK, AL 35223	45-4713417	501(C)(3)	50,000				EDUCATION
(207) USD #379 807 DEXTER, CLAY CENTER, KS 67432	48-0698439	501(C)(3)	47,742				EDUCATION
(208) USD 364 MARYSVILLE HIGH SCHOOL 1111 WANLUT STREET, MARYSVILLE, KS 66508	48-1113912	501(C)(3)	34,403				EDUCATION
(209) VALLEY HEIGHTS HIGH SCHOOL 2274 6TH ROAD, BLUE RAPIDS, KS 66411	48-0724652	501(C)(3)	10,000				EDUCATION
(210) VALLEY HOPE ASSOCIATION FOUNDATION PO BOX 59, NORTON, KS 67654	48-1236586	501(C)(3)	10,115				HUMAN SERVICES
(211) VILLAGE ORGANIC CHURCH NETWORK INC 1621 OSAGE STREET, MANHATTAN, KS 66502	47-3074357	501(C)(3)	20,000				RELIGION-RELATED
(212) WABAUNSEE COUNTY FAIR ASSOCIATION 30715 FAIRFIELD ROAD, ALMA, KS 66401	48-6119405	501(C)(3)	25,404				ARTS, CULTURE & HUMANITIES
(213) WABAUNSEE COUNTY HISTORICAL SOCIETY PO BOX 387, ALMA, KS 66401	48-0777045	501(C)(3)	62,189				ARTS, CULTURE & HUMANITIES
(214) WAKEFIELD MUSEUM ASSOCIATION PO BOX 193, WAKEFIELD, KS 67487	23-7331118	501(C)(3)	92,013				ARTS, CULTURE & HUMANITIES
(215) WAMEGO AREA SENIOR CITIZENS ASSOCIATION 501 ASH, WAMEGO, KS 66547	48-0965316	501(C)(3)	12,266				HUMAN SERVICES
(216) WAMEGO HIGH SCHOOL 801 LINCOLN AVE, WAMEGO, KS 66547	48-0699341	501(C)(3)	5,043				EDUCATION
(217) WAMEGO PUBLIC LIBRARY 431 LINCOLN, WAMEGO, KS 66547	48-6101246	501(C)(3)	61,419				ARTS, CULTURE & HUMANITIES
(218) WAREHAM HALL RENOVATION FUND PO BOX 725, MANHATTAN, KS 66505	88-1181038	501(C)(3)	281,667				ARTS, CULTURE & HUMANITIES
(219) WASHBURN UNIVERSITY 1700 SOUTH WEST COLLEGE AVE, TOPEKA, KS 66621	48-6030115	501(C)(3)	5,390				EDUCATION
(220) WHEELS OF HOPE INC. 804 N JEFFERSON STREET, JUNCTION CITY, KS 66441	46-4448728	501(C)(3)	10,000				HEALTH
(221) WICHITA STATE UNIVERSITY TECH 4004 N WEBB RD, WICHITA, KS 67226	48-6121167	501(C)(3)	11,209				EDUCATION

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(222) WILDCAT NIL FOUNDATION 239 W. ASH STREET, JUNCTION CITY, KS 66441	88-4011833	501(C)(3)	155,139				PROGAM FUNDING
(223) YOUNG LIFE 420 N CASCADE AVENUE, COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	50,000				HUMAN SERVICES
(224) ZION LUTHERAN CHURCH - EVEREST 1521 PRAIRIE RD., EVEREST, KS 66424	48-6114057	501(C)(3)	6,975				RELIGION-RELATED

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. GRANTEEES 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
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATCHISON COUNTY COMMUNITY SCHOOLS EDUCATION FOUNDATION (ACCSEF) 306 MAIN ST., EFFINGHAM, KS 66023
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATCHISON COUNTY KANSAS GENEALOGICAL SOCIETY 200 S 10TH ST, ATCHISON, KS 66002

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

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

2023

**Open to Public
Inspection**

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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ 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? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 ☒ ☒ ☒
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? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 ☒ ☒
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? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 ☒ ☒
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	179,000	0	0	5,370	0	184,370	0
	PRESIDENT & CEO	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2023

**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	✓	3	12,410,071	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				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	3
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 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	SECURITIES - CLOSELY HELD STOCK - NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990) Department of 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 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2023 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 DISCLOSURE CONFLICTS OF INTEREST ON AN ANNUAL BASIS. COMMITTEE MEMBERS DISCUSS ISSUES TO DETERMINE IF THERE ARE ANY CONFLICTS AND WHO SHALL OBSTAIN FROM DISCUSSION AND VOTING. DIRECTORS AND OFFICERS WHO HAVE CONFLICTS OBSTAIN 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
	INVESTMENTS IN PARTNERSHIPS	5,147
	CHANGE IN INSURANCE VALUES	17,924
	CHANGE IN VALUE ANNUITIES	8,639
	OTHER CHANGES	287,942

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MANHATTAN COMMUNITY FOUNDATION

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

2023

**Open to Public
Inspection**

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	0	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	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) 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	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) 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502	GRANTMAKING	KS	501(C)(3)	12 TYPE I	GREATER MANHATTAN COMMUNITY FOUNDATION	✓	
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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?		(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	
(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	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
HOWE FAMILY FOUNDATION (1)	C	1,019,809	CASH
GOLDSTEIN FOUNDATION (2)	C	560,000	CASH
BUTLER FAMILY COMMUNITY FOUNDATION (3)	C	945,700	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****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

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

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 2023 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 2023 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 2023 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

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	3	7	2	2	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 2023 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 ENGLEDate 11/12/2024**ERO Must Retain This Form — See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31722T

Form **8879-TE** (2023)

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, 2023, 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 a 501(c)(3).

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

A ☐ Check box if address changed.	Print or Type	Name of organization (☐ Check box if name changed and see instructions.) GREATER MANHATTAN COMMUNITY FOUNDATION	D Employer identification number 48-1215574
B Exempt under section ☒ 501(C)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A		Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1127	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code MANHATTAN, KS 66505-1127	F ☐ Check box if an amended return.
		C Book value of all assets at end of year 162,602,995	
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) 1			
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 MARLA BRANDON, PO BOX 1127, MANHATTAN, KS 66505-1127 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
4	Other tax amounts. See instructions	4	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 due from Form 4255	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	4	0	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2023)

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

OMB No. 1545-0047

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

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. GREATER MANHATTAN COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 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**

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		

• 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 **11/15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 **23** 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.

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

[illegible]

Date _____

5/12/2024 10:58:57 AM

Part III Tax and Payments (continued)

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			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 2024 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 2023 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	
	\$	
	\$	
	\$	
	\$	
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	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 <i>MICHAEL ENGLE</i>	Date 11/15/2024	Check ☐ if self-employed	PTIN P00482834
	Firm's name FORVIS MAZARS, LLP			Firm's EIN 44-0160260	
	Firm's address 1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106-2246			Phone no. (816) 221-6300	

Form **990-T** (2023)

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

2023

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 1

E Describe the unrelated trade or business INVESTMENT 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	0	0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	(5,147)	(5,147)
6	Rent income (Part IV)	6	0	0
7	Unrelated debt-financed income (Part V)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0
11	Advertising income (Part IX)	11	0	0
12	Other income (see instructions; attach statement)	12	0	0
13	Total. Combine lines 3 through 12	13	(5,147)	(5,147)

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
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	0
15	Total deductions. Add lines 1 through 14	15	0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	(5,147)
17	Deduction for net operating loss. See instructions	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	(5,147)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2023

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
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	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

Schedule A (Form 990-T) 2023

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)

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INVESTMENT IN PARTNERSHIPS			
(1) INSIGHT PARTNERS OPPORTUNITIES FUND II (CO-INVESTORS) LP	(5,147)		(5,147)
Total	(5,147)	0	(5,147)