### \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning and	ending					
B Ci	heck if oplicable:	C Name of organization		D Employer ic	lentific	ation number		
_	Address change	HOWE FAMILY FOUNDATION						
-	7Name	Doing Business As		$\neg$ 4	6-39	980783		
T	_change ∏Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone r	umber			
1	_ireturn ∏Termin-	PO BOX 1127				587-8995 <u> </u>		
$\vdash$	Jated ]Amende			G Gross receipts	100 F00			
$\vdash$	∟)return ∏Applica-			H(a) Is this a g	roup re	turn		
L	⊥tion pending			for suborc	linates'	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subore	dinates in	cluded? Yes No		
		npt status: <b>X</b> 501(c)(3)	or 5			list. (see instructions)		
		: N/A		H(c) Group exe		-		
JV	orm of c	rganization: X Corporation Trust Association Other	L Ye			State of legal domicile: KS		
		Summary						
-	1 E	riefly describe the organization's mission or most significant activities: TO C	REATE	A POOL O	F C	HARITABLE		
ခွ	' '	FUNDS FOR THE EXCLUSIVE BENEFIT, FUNCTION	NS AI	ID USE OF	THE	GREATER		
nar	2	Check this box if the organization discontinued its operations or dispo	sed of m	ore than 25% of its	net as	sets.		
Ver		lumber of voting members of the governing body (Part VI, line 1a)				5		
Ĝ		lumber of independent voting members of the governing body (Part VI, line 1b)				3		
≪ <b>5</b>		otal number of individuals employed in calendar year 2013 (Part V, line 2a)				0		
Ę		otal number of volunteers (estimate if necessary)				6		
Activities & Governance		otal number of volunteers (estimate in hoosessary)				0.		
¥		let unrelated business taxable income from Form 990-T, line 34				0.		
	10 1	Net unrelated business taxable months from the first open in the second months of the second		Prior Year		Current Year		
	8 (	Contributions and grants (Part VIII, line 1h)	ľ			120,000.		
Ĕ		Program service revenue (Part VIII, line 2g)				0.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-		580.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				120,580.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				60,500.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)				0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				0.		
Sen.		Fotal fundraising expenses (Part IX, column (D), line 25)	0.					
坙		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				59.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				60,559.		
		Revenue less expenses. Subtract line 18 from line 12				60,021.		
es	'	torondo todo superiosor superios		Beginning of Curren	t Year	End of Year		
ets (	20 .	Fotal assets (Part X, line 16)  Fotal liabilities (Part X, line 26)				60,319.		
Ass	21	Total liabilities (Part X, line 26)				0.		
Set	22	Net assets or fund balances. Subtract line 21 from line 20	,.,			60,319.		
Pi	art II	Signature Block						
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedul	es and sta	tements, and to the b	est of m	y knowledge and belief, it is		
true	. correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prep	arer has any knowled	ge.			
Sig	ın	Signature of officer		Date				
He		TERRY ARTHUR, TREASURER						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date	Check [	PTIN		
Pai	d	MICHELLE CROW MICHELLE CROW	_		self-employ			
Pre	parer	Firm's name VARNEY & ASSOCIATES, CPAS, LLC		Firm's	EIN 🛌	30-0038643		
	Only	Firm's address 120 NORTH JULIETTE						
	•	MANHATTAN, KS 66502-6092		Phone	no.78	<u>5-537-2202</u>		
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No		
		ate. I HA For Panerwork Reduction Act Notice see the senarate instruct	ions.			Form <b>990</b> (2013)		

Form	990 (2013) HOWE FAMILY FOUNDATION	46-3980783	Page <b>2</b>
Par	t III   Statement of Program Service Accomplishments	#	
-	Check if Schedule O contains a response or note to any line in this Part III		🔲
_	Briefly describe the organization's mission:		
1	TO CREATE A POOL OF CHARITABLE FUNDS FOR THE EXCLUSIVE	BENEFTT.	
	FUNCTIONS AND USE OF THE GREATER MANHATTAN COMMUNITY F	OUNDATION A	
		OUNDERT LOW, 11	
	501C(3) ORGANIZATION		
			<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on		[ <del>v</del> ]
	the prior Form 990 or 990-EZ?	Yes	LAL NO
	If "Yes," describe these new services on Schedule O.		F===1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	X 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	3.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
	(Code: ) (Expenses \$ 60,500 • including grants of \$ 60,500 • ) (Re	venue \$	)
44	TO CREATE A POOL OF CHARITABLE FUNDS FOR THE EXCLUSIVE	BENEFIT.	
	FUNCTIONS AND USE OF THE GREATER MANHATTAN COMMUNITY F	A MOTTAGINIO	
		OUNDITION / II	
	501C(3) ORGANIZATION		<del></del>
			<del></del>
	(Code:) (Expenses \$) (Re	evenue \$	)
4b	(Code: / (Expenses \$ / Vec		
		<del> </del>	
4c	(Code:) (Expenses \$	evenue \$	)
-10	(Code		
		<del>-</del>	
		<del> </del>	
44	Other program services (Describe in Schedule O.)		
₹u	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4-	Total program service expenses ► 60,500.		
40	10tal program service expenses		

Form **990** (2013)

Form	990 (2013) HOWE FAMILY FOUNDATION 46-3980	<u> 783</u>	Р	age <b>3</b>
Par	t 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)?		7.7	İ
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
	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	5		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	Х	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<del>                                     </del>		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<del>-^</del> -
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		_ <del></del> -
9	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		х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_ <del></del>		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
а		11a		х
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	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	1		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		X
h	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
v	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		Х
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			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	l	Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	<u></u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

46-3980783 Page 4 HOWE FAMILY FOUNDATION Form 990 (2013) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 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 Х 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? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2

37

Х

37

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance   Check if Scheduled o Contains a response on note to any line in this Part V	Form	990 (2013) HOWE FAMILY FOUNDATION 46-3980	<u> 783</u>	Р	age <b>5</b>
La Enter the number reported in Box 3 of Form 1096. Enter 0-If not applicable 1.0 0 1.0 0.0 1.0 0.0 0.0 0.0 0.0 0.0 0		t V Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter the number reported in Box 3 of Form 1096, Enter -0* In not applicable	-	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
Bertier the number of Forms W-2G included in line 1a. Enter 0- if not applicable  Did the organization comply with backing under for reportable payments to vendors and reportable gamining (gambling) withings to pize witheres?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendary year ending with or within the year covered by this return  Did It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b. If It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2c. Note, if the sum of lines 1a and 2a is greater than 500, our may be required to a-fibe (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Ex. If It all the sum of lines 1a and 2a is greater than 500, our may be required to a-fibe (see instructions)  3b. If It Yes, is the stiff that is the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts?  5c. Post instructions for filing requirements for Form TDF 90-92.1, Report of Foreign Bank and Financial Accounts.  5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. Exp. See instructions for filing requirements for Form TDF 90-92.1 Report of Foreign Bank and Financial Accounts.  5c. If Yes, if one is see 5c, did the organization that it was or is a party to a port billed tax shelter transaction?  5c. A. If Yes, if one is see 5c, did the organization that it was or is a party to a port billed tax shelter transaction?  5c. B. X.  6c. If Yes, if one is see 5c, did the organization in fact was or is a party to a port billed tax shelter transaction?  6c. If Yes, if one is see 5c, did the organization include with every solicitation and express the foreign country of the party orga				Yes	No
b Enter the number of Forms W-SC included in line 1a. Enter O-If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) wirnings to prize wirners?  2a Enter the number of employees reported on Form W-S. Transmittal of Wage and Tax Statements, [a					
gambling) winnings to prize winners?  2a Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements, rided for the calendar year ending with or within the year covered by this return.  2		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a Enter the number of employees reported on Form W-5. Transmittal of Wage and Tax Statements, illed for the calendar year and raing with or within the year covered by this return  b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3.2 b) If Yes, * has it filed a Form 990-T for this year? If No, * to line 3b, provide an explanation in Schedule O  3.3 b) If Yes, * has it filed a Form 990-T for this year? If No, * to line 3b, provide an explanation in Schedule O  3.4 At any time during the calendary year, did the organization and 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)?  5.1 If Yes, * to line 5 and 5 b, did the organization than 1 the security of Foreign Bank and Financial Accounts.  5.2 Was 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?  5.2 If Yes, * to line 5 and 5 b, did the organization file Form 8986-T?  6.3 If Yes, * to line 5 and 5 b, did the organization file Form 8986-T?  6.4 If Yes, * to line 5 and 5 b, did the organization file Form 8986-T?  6.5 If Yes, * to line 5 and 5 b, did the organization file Form 8986-T.  7.6 Organization solicity and the year of the second solicity of the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c).  8.6 If Yes, * to line organization include with every solicitation an express statement that auch contributions or grifts were not tax deductible?  7.0 Organizations that may receive deductible contributions under section 170(c).  8.1 If Yes, * indicate the number of Forms 8282 filed during the year  9.1 If Yes, * indicate the number of Forms 8282 filed during the year  1	_		1c	_	
bit at least one is reported on line 2a, dit the organization file all required feetar employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have urrelated business gross income of \$1,000 or more during the year?  bit 1'Yes, his titled a Form \$95' for this year? if "No," to line 35, provide an explanation in Schedule O  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 or other financial account)?  4b If "Yes," enter the name of the foreign country; Interest the security of the secu	2a				٠,
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  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?)  5b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction any contributions that were not tax deductible as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8c Did the organization seleve a symmetria excess of 375 made party as a contribution and party for goods and services provided to the payor?  8c Did the organization seleved asymmetria, excess of 375 made party as a contribution and party for goods and services provided to the payor?  9c Did the organization selevel exchange, or otherwise dispose of trangible personal property for which it was required to file Form 8282?  9c Did the organization selevel exchange, or otherwise dispose of tra	2.4	1 1 0			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account no a foreign country (such as a bank account, securities account no a foreign country (such as a bank account, securities account no account	h		2b		
Sap Did the organization have unrelated business gross income of \$1,000 or more during the year?   3a	D				
b if "Yes," has it filed a Form 990-T for this year? If "No.," to fire 3b, provide an explanation in Schedule O 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! year as a bank account, securities account, or other financial account()?  b if "Yes," enter the name of the foreign country: P See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  if "Yes," to line 5a or 5b, did the organization file Form 8886-17  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 chariable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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?  7 If "Yes," indicate the number of Forms 8282 filed during the year  b If "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  7 If If the organization make any taxable distributions under section 4966?  8 Sponsoring organizations make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions und	32		За		Х
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, so count, or other financial account)?  Be in tructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a X and the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization folder with every solicitation and party to a prohibited tax shelter transaction?  6d If "Yes," to line 5a or 5b, did the organization noticulation and party solicitation and party for goods and services provided to the payor?  7c Id the organization shalt may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8282 filed during the year  9d If the organization shalt in the payor of the washed of the goods or services provided?  1b If "Yes," indicate the number of Forms 8282 filed during the year  1c Id the organization shalt in the payor of the well of the payor payo	Ja h	If "Ves." has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O	3b		
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Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts, is the organization filling Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  Ida	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	1	-
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross recelpts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 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. 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0				<del> </del>	1
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		n 000	(2012)

Form 990 (2013) HOWE FAMILY FOUNDATION 46-3980783 Page
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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		<del></del> ,	
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1 1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		_X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	,		
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	-	
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	<u> </u>
b	Describe in 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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	7
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14		<del>  ^</del>
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?		1	
а	The organization's CEO, Executive Director, or top management official	15a	+	X
b	Other officers or key employees of the organization	15b	<del> </del>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-	!	x
	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	466		
	exempt status with respect to such arrangements?	16b	٠	Щ
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled NONE  NONE  NONE  NONE	availat		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallal	710	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	ad fina	noial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	iu iiiidi	icial	
	statements available to the public during the tax year.	ation. b		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization and the property of the person who possesses the books and records of the organization and the property of the person who possesses the books and records of the organization and the property of the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who possesses the books and records of the organization and the person who person are personally and the person who person are person and the person and the person and the person are person and the person and the person are person and the person are person at the person and the person are person a	auvil.		
	GREATER MANHATTAN COMMUNITY FOUNDATION - 785-587-8995 555 POYNTZ AVE, SUITE 269, MANHATTAN, KS 66502			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated							
Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		<u> L</u>						
	The state of the s								

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

hours per week (list any hours for related organizations below line)  (1) TERRY ARTHUR  TREASURER  (2) WILLIAM RICHTER  VICE PRESIDENT  (3) BILL RILEY  PRESIDENT  (4) H. PHIL HOWE  CHAIRMAN  (5) MARGARET HOWE  DIRECTOR  (6) VERN HENRICKS  (6) VERN HENRICKS  (8) VICEN HENRICKS  (9) VICEN HENRICKS  (1) VICE	Check this box if neither the organiza  (A)  Name and Title	(B) Average			(C Posi	;) tion			( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
Nours for related organizations below line   1.00   X   X   X   X   X   X   X   X   X			box offi	, unle	ss per	son i	is bot	n an	from	1 '	other
X   X   X   X   X   X   X   X   X   X		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
(2) WILLIAM RICHTER (2) WILLIAM RICHTER VICE PRESIDENT (3) BILL RILEY PRESIDENT (4) H. PHIL HOWE CHAIRMAN (5) MARGARET HOWE DIRECTOR (6) VERN HENRICKS  1.00  X X X  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	(1) TERRY ARTHUR	1.00	v		v				0.	0.	0
X   X   0   0   0   0   0   0   0   0	<del></del>	1.00	^	┢	Δ						<u> </u>
(3) BILL RILEY PRESIDENT  (4) H. PHIL HOWE CHAIRMAN  (5) MARGARET HOWE DIRECTOR  (6) VERN HENRICKS  1.00  X  X  0.  0.  0.  0.  0.  0.  0.  0	• •	1.00	x		x				0.	0.	0
PRESIDENT		1.00	-				T				
(4) H. PHIL HOWE     1.00     X     0.     0.     0       CHAIRMAN     X     0.     0.     0       (5) MARGARET HOWE     X     0.     0.     0       DIRECTOR     X     0.     0.     0       (6) VERN HENRICKS     1.00     X     0.     70.647     0			X		х		1		0.	0.	0
(5) MARGARET HOWE	(4) H. PHIL HOWE	1.00	×						0.	0.	0
DIRECTOR		1.00		l							
(6) VERN HENRICKS 1.00 70.647			x					$\lfloor$	0.	0.	0
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Name and title    Contained the contained to the containe	(F)					(D)		(B) (C)									
hours per week (list any hours for related organizations) below line)  10 Sub-total	timate			•					e than	k m	ot che			ne and title	Name a		
the sub-total s	ount c			•	tion		co	th an	ı is bo	ors	ınless	Ďοx.					
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D)
Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations ..... e Government grants (contributions) 1e f All other contributions, gifts, grants, and 120,000. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$\_ 120,000 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue ..... Total. Add lines 2a-2f ... Investment income (including dividends, interest, and 3 475. other similar amounts) 475 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real 6 a Gross rents ..... b Less: rental expenses ....... c Rental income or (loss) ..... d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 105 assets other than inventory b Less: cost or other basis and sales expenses ...... 105. c Gain or (loss) 105. 105. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ......a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 120,580. 105. 0. Total revenue. See instructions.

46-3980783 Page 10 HOWE FAMILY FOUNDATION Form 990 (2013) 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 (**D**) Fundraising (C) Management and general expenses (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 60,500. 60,500 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes ..... 10 Fees for services (non-employees): 11 59 59 Management ..... Legal b Accounting \_\_\_\_\_ C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties ..... Occupancy 16 Travel ..... 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates \_\_\_\_\_ 22 Depreciation, depletion, and amortization ..... Insurance 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ..... C ч

59

0.

e All other expenses

Total functional expenses. Add lines 1 through 24e 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)

60,500

60,559.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 1,162. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 10c Less: accumulated depreciation 10b h 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses ..... 17 18 Grants payable 18 19 Deferred revenue \_\_\_\_\_ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 60,319. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 60,319 0. 33 Total net assets or fund balances 33 60.319. 0 34 Total liabilities and net assets/fund balances ... Form 990 (2013)

Form	990 (2013) HOWE FAMILY FOUNDATION	<u>46-3980</u>	<u>)783                                    </u>	Pag	<u>je 12</u>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	120	5, 5	<u>80.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	60	<u>21.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5		2	98.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6(	),3	<u>19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			····· <sub>1</sub>	
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	Х	<b></b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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		1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<b></b>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	]		·
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (	(2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of t	he organizatio							En		dentificatio		nper
		HOWE FAI	ILY FOUNDAT	ION		. Ala:	\ Coo inst	uetions	46	5-3980'	<u> </u>	
Part I			ty Status (All organiza					uctions.				
The organi	zation is not a	private foundation b	ecause it is: (For lines 1	through 1	1, cneck o	nly one bo	)X.)					
1			, or association of churc		ibea in <b>sec</b>	ction 170(	D)(٦)(A)(I).					
2			(b)(1)(A)(ii). (Attach Sch			4800 1414	# 14:1:1					
3 📙	A hospital or	a cooperative hospit	al service organization d	escribed if	n section '	170(b)(1)(/	A)(III). - 4: 470(	L.V.4.V.A.V:::	\ Entorti	ho hospital'	e nami	_
4 📖			perated in conjunction v	vitn a nosp	oitai descri	ped in <b>se</b> d	ction 170(	шқақтқа	J. Enter t	ne nospitai	> Halli	<b>0</b> ,
	city, and state	):	#1. ¢ II			anakad bu		antal unit	dosoribo	nd in		
5			penefit of a college or un	iversity ow	med or op	erated by	a yoveniii	ientai uni	Gescribe	5 <b>u</b> 111		
		b)(1)(A)(iv). (Comple		المام والأرباء		. 470%\/4	V A V. A					
6 📙	A federal, sta	te, or local governme	ent or governmental unit	described	III section	ו אָמוּטיירו ו	χΑχν). ntolunit o	r from the	goporal r	oublic descr	ihad ir	,
7 📖			eives a substantial part o	or its suppt	ort from a ç	governme	illai uriil o	i iloili ule	general p	Jubilo desci	ibcu ii	•
		o)(1)(A)(vi). (Complet		Complete	Dort II \							
8	A community	trust described in se	ection 170(b)(1)(A)(vi). ( eives: (1) more than 33 1	Complete	cuppert fr	om contril	outione m	omhorchir	foee ar	nd arnes rea	·eints f	from
9	An organizati	on that normally rece	eives: (1) more than 33 1 actions - subject to certa	/3% OI IIS in eventio	support in	no more	than 33 1	/3% of ite	sunnort	from aross	investi	ment
	activities rela	tea to its exempt fun	ixable income (less secti	in exception	ارد در الاحت الدرد	oinaceae a	couired by	the organ	nization a	after June 3	0. 197	5.
				1011 5 1 1 ta/	y iroin bus	on icooco a	cquired b	, incorga	IIZUUOII C	artor durio o	3, 101	••
[		509(a)(2). (Complete	erated exclusively to tes	et for nubli	c safety S	ee sectio	n 509(a)(4	η_				
10 L	An organizati	on organized and op	erated exclusively for th	e henefit c	of to perfo	rm the fur	ctions of.	or to carry	out the	purposes o	f one o	or
11 LX	more publich	on organized and op	tions described in section	on 509(a)(1	) or sectio	n 509(a)(2	). See sec	tion 509(a	a)(3). Che	eck the box	that	
			organization and comple				,	•	N-7-			
	a X Type I			/pe III - Fur			d	Турс	e III - Nor	n-functionall	y integ	rated
e X	By checking:		t the organization is not				by one or	more disc	qualified	persons oth	er tha	n
C LAY	foundation m	anagers and other t	nan one or more publicly	/ supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	ıt it is a Ty	pe I, Type	II, or Type	e III				
•			is box									
g	Since August	17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	ons?			
9	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed i	n (ii) and (i	ii) below,	,	Yes	No
			upported organization?							11g(i)		X
			described in (i) above?									X
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (ii) above	?					11g(iii)	oxdot	X
h	Provide the f	ollowing information	about the supported or	ganization(	(s).							
								,				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Did you	ı notify the	(vi) Is	the on in col.	(vii) Amount	of mor	netary
	anization	\`` <b>,</b>	(described on lines 1-9	in col. (i) lis	sted in your document?			organizatio (i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))					<del></del>	,—-			
			(000 )(000000)	Yes	No	Yes	No	Yes	No			
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MANHA	TTAN CO	48-1215574	- 7	X		X	<u> </u>	X		0	0,5	00.
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	<del></del>			<del> </del>			<u> </u>	T				
	4	1		1		1		1		ا ا	n 5	ሰበ

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for C	)rganizations	Described in	Sections 170(I	o)(1)(A)(iv) and	170(b)(1)(A)(v	i)			
(Complete only if you checked	the box on line 5	5, 7, or 8 of Part I	or if the organization	n failed to qualify t	under Part III. If the	organization			
fails to qualify under the tests	listed below, plea	ase complete Part	III.)						
Section A. Public Support									
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1 Gifts, grants, contributions, and				-					
membership fees received. (Do not									
include any "unusual grants.")									
2 Tax revenues levied for the organ-									
ization's benefit and either paid to									
or expended on its behalf				<u> </u>					
3 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge									
4 Total. Add lines 1 through 3			ļ		ļ				
5 The portion of total contributions									
by each person (other than a									
governmental unit or publicly									
supported organization) included				- 100 mg					
on line 1 that exceeds 2% of the				-					
amount shown on line 11,									
column (f)	** .								
6 Public support. Subtract line 5 from line 4.		<u> </u>			<u></u>				
Section B. Total Support			·		1 1 2010	(O Total			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7 Amounts from line 4									
8 Gross income from interest,									
dividends, payments received on	ı	]							
securities loans, rents, royalties	ı			1					
and income from similar sources		<del> </del>	<del></del>		<del></del>				
9 Net income from unrelated business									
activities, whether or not the				}					
business is regularly carried on		<del> </del>			<del> </del>				
10 Other income. Do not include gain				1					
or loss from the sale of capital									
assets (Explain in Part IV.)		<del></del>	<del></del>	-					
11 Total support. Add lines 7 through 10			<u> </u>	1	12				
12 Gross receipts from related activities,	etc. (see instruct	tions)	aird fourth or fifth t	av vear as a secti					
13 First five years. If the Form 990 is for		ı s first, second, tr	iira, iourui, or iiith t	an year as a secur	UIT 30 T(G)(G)	▶[			
organization, check this box and stor Section C. Computation of Publ	ic Support P	ercentage	<u></u>						
			column (fl)		14				
14 Public support percentage for 2013 (	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)								

12	Gross receipts from related activities, etc. (see instructions)	12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3)	. —
	organization, check this box and stop here		
Se	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a	33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r		▶□
	and stop here. The organization qualifies as a publicly supported organization		▶□
	a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pameets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	rt IV how the organization	▶□
ł	10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test.	n in Part IV how the anization	<b>&gt;</b>
<u>18</u>	Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box	and see instructions	EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualificunder the tests listed below please complete Part II )

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and				1		
	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			-			
Ĭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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				<u> </u>		
8_	Public support (Subtract line 7c from line 6.)		<u> </u>	<u> </u>			<u> </u>
Sec	ction B. Total Support		<del></del>	т		T	T =
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		·		<del> </del>		<del> </del>
	Add lines 10a and 10b	<del></del>	·		-		<del> </del>
11	Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	<u></u>	
14							
_	check this box and stop here		-				
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage			T 1	
15	Public support percentage for 2013 (					15	%
<u>16</u>	Public support percentage from 2012					16	
Se	ction D. Computation of Inve					тт	
17		) <b>13</b> (line 10c, colu	ımn (f) divided by l	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2012 Schedule A,	, Part III, line 17		40 :	18	17 is not
19	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	ne io is more than	oo 1/0%, and line	IT IS HOL
	more than 33 1/3%, check this box a	nd stop here. Th	e organization qua	unes as a publicly	r supported organi.	cation	
(	33 1/3% support tests - 2012. If the	organization did	not check a box o	nune 14 or line 19	oa, anu mie to is m e ae a publicki euro	norted organization	and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop nere. The org	anization qualifies Sa or 10h check	this hov and eee ir	structions	
20	Private foundation. If the organization	on did not check a	LOOK OF TIME 14, 1	a, or 190, check	una nov and ace il	134 4040118	

Schedule A	(Form 990 or 990-EZ) 2013 HOWE FAMILY FOUNDATION	46-3980783 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II	I, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		<u> </u>
_		

# \*\* PUBLIC DISCLOSURE COPY \*\*

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization	Employer Identification number	
	HOWE FAMILY FOUNDATION	46-3980783
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 Note. Only a section 50	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	ıl Rule, See instructions.
General Rule		
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more ( complete Parts I and II.	in money or property) from any one
Special Rules		
509(a)(1) and 1	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the I70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e regulations under sections the greater of (1) \$5,000 or (2) 2%
total contribut	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one c ions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, o of cruelty to children or animals. Complete Parts I, II, and III.	ontributor, during the year, r educational purposes, or
contributions <sup>:</sup> If this box is c purpose. Do n	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one c for use exclusively for religious, charitable, etc., purposes, but these contributions did no hecked, enter here the total contributions that were received during the year for an exclusion to complete any of the parts unless the <b>General Rule</b> applies to this organization becausitable, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000. usively religious, charitable, etc., use it received <i>nonexclusively</i>
but it must answer "No	ion that is not covered by the General Rule and/or the Special Rules does not file Sched " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	ule B (Form 990, 990-EZ, or 990-PF), its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

HOWE	FAMILY	FOUNDA'	rion

46-3980783

Part I (a) No.	Contributors (see instructions). Use duplicate copies of Part I if  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
, .		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Employer identification number

## HOWE FAMILY FOUNDATION

46-3980783

art II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(-)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
arti			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		<b>\</b>	

Employer identification number

	ILY FOUNDATION	idual contributions to section 501/o\/7\ ()	$\frac{46-3980783}{46-3980783}$				
tn	e total ot <i>exclusivel</i> y religious, charitable, en	C., CUITIIDUROIIS OF \$1,000 OF 1633 FOR AND 31	8), or (10) organizations that total more than \$1,000 formpleting Part III, enter ear. (Enter this information once.)				
lo.	se duplicate copies of Part III if addition	al space is needed.	Т				
m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			-				
-							
		(e) Transfer of gift					
	Transferee's <u>name, address, a</u>		Relationship of transferor to transferee				
	Transferee 5 fiame, address, a	IIII T T T					
_							
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No.			(d) Description of how gift is held				
m	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is new				
om rt l	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is need				
m	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is field				
m	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is field				
m	(b) Purpose of gift  Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee				
m		(e) Transfer of gift					
m		(e) Transfer of gift					
mrt1		(e) Transfer of gift					
mrt1	Transferee's name, address, t	(e) Transfer of gift	Relationship of transferor to transferee				
m	Transferee's name, address, t	(e) Transfer of gift	Relationship of transferor to transferee				
mrt1	Transferee's name, address, t	(e) Transfer of gift and ZIP + 4  (c) Use of gift	Relationship of transferor to transferee				
mrt1	Transferee's name, address, t	(e) Transfer of gift	Relationship of transferor to transferee				
mrt1	Transferee's name, address, t	(e) Transfer of gift and ZIP + 4  (c) Use of gift  (e) Transfer of gift	Relationship of transferor to transferee				

### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	HOWE FAMILY FOUNDAT	TON	Othor Cimilar Francis	- L	40-3980703
Par			otner Similar Funds	OF AC	Courts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		and dead for the		\ Eunda and other accounts
	<u> </u>	(a) Do	nor advised funds	(b)	) Funds and other accounts
1	Total number at end of year		100 000		
2	Aggregate contributions to (during year)		120,000.		
3	Aggregate grants from (during year)		60,500.		
4	Aggregate value at end of year		60,319.		<del></del>
5	Did the organization inform all donors and donor advisors in w				
	are the organization's property, subject to the organization's ex				
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				X Yes No
Par				Part IV, li	ine 7.
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or ed	lucation)	Preservation of an his	-	·
	Protection of natural habitat		Preservation of a cert	ified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservat	ion contribution in the form	of a cor	nservation easement on the last
	day of the tax year.			F	
				}	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b					2b
C	Number of conservation easements on a certified historic structure				2c
d	Number of conservation easements included in (c) acquired af				
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, release	ased, exting	uished, or terminated by the	e organi	zation during the tax
	year ▶				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period				
	violations, and enforcement of the conservation easements it is				
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing	g conservation easements of	iuring th	e year -
7	Amount of expenses incurred in monitoring, inspecting, and en	ntorcing con	servation easements during	tne yea	ar > \$
8	Does each conservation easement reported on line 2(d) above				1 1 1
	and section 170(h)(4)(B)(ii)?				······································
9	In Part XIII, describe how the organization reports conservation	n easement	s in its revenue and expense	the era	enitation's associating for
	include, if applicable, the text of the footnote to the organization	on's financia	ii statements that describes	the org	anization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of	Art Histo	orical Treasures, or O	ther S	Similar Assets.
Pa	Complete if the organization answered "Yes" to Form 9				, , , , , , , , , , , , , , , , , , ,
	If the organization elected, as permitted under SFAS 116 (ASC			ment an	d halance sheet works of art
па	historical treasures, or other similar assets held for public exhi	ibition oduc	ntion or research in furthers	ance of	public service provide in Part XIII
	the text of the footnote to its financial statements that describ			ance on p	public scrvice, provide, in rate Alli,
	If the organization elected, as permitted under SFAS 116 (ASC			t and he	alance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, edu	ucation or r	occarch in furtherance of nu	ihlic con	vice provide the following amounts
		ucanon, or n	esearch in furtherance of po	iblic ser	vice, provide the following amounts
	relating to these items:				<b>▶</b> \$
	(i) Revenues included in Form 990, Part VIII, line 1				<b>S</b>
_	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea	eurge or oth	per eimilar assets for financis	al nain '	provide
2	the following amounts required to be reported under SFAS 11			ı, yaıı, þ	0.01144
	Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$
a	Assets included in Form 990, Part X				
b	Assets included in Form 990, Part X	•••••			- ·

Sched	ule D (Form 990) 2013 HOWE FAI	MILY FOUNDA	ATION			46-398			<u>e 2</u>			
Parl	III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or Oth	ner Simi	ilar Asset	<b>S</b> (continu	ued)				
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following that are a	significan	t use of its o	ollection	items				
	(check all that apply):											
а	Public exhibition	d	Loan or ex	change programs								
b	Scholarly research	е	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 o	r receive donations o	of art, historical tre	easures, or other simil	lar assets							
	to be sold to raise funds rather than to be ma						Yes		No			
Par		gements. Comple	te if the organizat	tion answered "Yes" t	o Form 99	0, Part IV, li	ne 9, or					
	reported an amount on Form 990, Par		-									
	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributi	ons or other assets n	ot include	d						
	on Form 990, Part X?						Yes		No			
	If "Yes," explain the arrangement in Part XIII											
U	ii 100, oxpiani are anangement iii iii		· ·				Amount					
_	Beginning balance				1c							
	Additions during the year											
_	Distributions during the year											
	Ending balance											
	Did the organization include an amount on Fe						Yes		No			
	If "Yes," explain the arrangement in Part XIII.											
Par		f the organization an	swered "Yes" to	Form 990, Part IV, line	10.							
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	years b	ack			
	Beginning of year balance	(a) Current your	(b) · · · · · · · · · · ·	(6)	1,							
	• • •	120,000.										
	Contributions	878.							_			
	Net investment earnings, gains, and losses	60,500,										
	Grants or scholarships	60,500,		-	+							
е	Other expenditures for facilities				1							
	and programs				+		<u> </u>					
f	Administrative expenses	59.			+							
g	End of year balance	60,319.	(I) d				L					
2	Provide the estimated percentage of the cur			i (a)) neid as.								
а	Board designated or quasi-endowment		%									
	Permanent endowment >	%										
C	Temporarily restricted endowment	%										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_!#:						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered to	r tne orga	nization	Г	V [				
	by:								<u>No</u> X			
	(i) unrelated organizations						3a(i)		_			
	(ii) related organizations						3a(ii)	-+	X			
b	If "Yes" to 3a(ii), are the related organization				• • • • • • • • • • • • • • • • • • • •		.   3b					
4	Describe in Part XIII the intended uses of the		owment funds.									
Pai	t VI Land, Buildings, and Equipn		N D b D / Page 44-	One Farma COO Dort	V line 10							
	Complete if the organization answere						(a) Bool	kvaluo				
	Description of property	(a) Cost or o		1 ' '	Accumul depreciati		(d) Bool	k value				
		basis (investi	menu Das	sis (other)	aopi Goiati							
	Land		<del></del>			<del>-  -</del>						
	Buildings		<del></del>			<del></del>						
C	Leasehold improvements		<del></del>			<del></del>						
d	Equipment					<del></del>						
	Other								_			
Tota	I. Add lines 1a through 1e. (Column (d) must	egual Form 990, Part	t X, column (B), lir	ne 10(c).)		<u></u>			0.			

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 HOWE FAMILY FOUNDATION		46-3980783 Page
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	enue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, lin		
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 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		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	Į į
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	onese per Peturn
Part XII Reconciliation of Expenses per Audited Financial St		enses per neturn.
Complete if the organization answered "Yes" to Form 990, Part IV, lir		
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	·
a Donated services and use of facilities	1 1	<del></del>
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b		<del></del> -
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line	8.)	5
Part XIII Supplemental Information.	4. Dort IV lines 1b and 2l	h: Part V. line 4: Part Y. line 2: Part XI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 10 and 2	D, Fait V, IIII 4, Fait A, III 6 2, Fait AI,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information	
DADE V IINE 2.		
PART X, LINE 2:		
EXPLANATION: THE FOUNDATION IS EXEMPT FRO	OM FEDERAL IN	COME TAXES UNDER
ANT DANALION: IIID I CONDITION ID 2011111 I III		
SECTION 501(C)(3) OF THE INTERNAL REVENUE	E CODE. ACCO	RDINGLY, NO PROVISION
5HC110H 501(6)(5) 01 1H2 1H51H1		
FOR INCOME TAXES HAS BEEN REFLECTED IN T	HE FOUNDATION	'S FINANCIAL
OIL DATOURNE REASON TO THE PROPERTY OF THE PRO		
STATEMENTS.		
JIMI DADA 10.	-	
THE FOUNDATION BELIEVES THAT IT HAS APPRO	OPRIATE SUPPO	ORT FOR ANY TAX
POSITIONS TAKEN, AND AS SUCH, DOES NOT H	AVE ANY UNCER	TAIN TAX POSITIONS
<del></del>		
THAT ARE MATERIAL TO THE FINANCIAL STATE	MENTS. FOR T	HE YEAR ENDED
DECEMBER 31, 2013, THE FOUNDATION DID NO	r recognize A	NY INTEREST OR
PENALTIES ASSOCIATED WITH TAX MATTERS.		

Schedule D (Fo	rm 99	0) 2013 emental In	HOV formatio	VE I	FAMII	Y F	<u>'OU</u>	NDATION	_				46	-3980	)/83 F	Page 5
THE FOUL	TDA'	CION'S	FEDERA	AL I	EXEMI	<u>?T C</u>	ORG	ANIZATION	RETU	URN	(FO	RM_	990)	FOR	2013	IS
SUBJECT	то	EXAMIN	ATION	BY	THE	IRS	3,_	GENERALLY	FOR	THE	REE	YEA	RS A	FTER	IT I	<u>s</u>
FILED.	NO	TAXING	AUTHO	ORI	ries_	HAV	/E	COMMENCED	INC	<u>amc</u>	TAX	EX	<u>AMIN</u>	ATIOI	NS.	
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► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

Parti

Part

OMB No. 1545-0047 2013

°N ⊠ Employer identification number 46-3980783 Open to Public Inspection (h) Purpose of grant or assistance SRANTS TO CHARITIES ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 60,500 (c) IRC section if applicable 501(C)(3) HOWE FAMILY FOUNDATION criteria used to award the grants or assistance? .............. 48-1215574 General Information on Grants and Assistance (p) EIN FOUNDATION - 555 POYNTZ AVE, SUITE 1 (a) Name and address of organization GREATER MANHATTAN COMMUNITY 269 - MANHATTAN, KS 66502 or government

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 46-3980783 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2013) HOWE FAMILY FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

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332102 10-29-13

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 46-3980783 HOWE FAMILY FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MANHATTAN COMMUNITY FOUNDATION, A 501C(3) ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A DRAFT COPY OF FORM 990 IS PRESENTED TO THE DIRECTORS BY THE TREASURER AND REVIEWED DURING BUSINESS MEETING. THEN IT IS APPROVED FOR FILING BY THE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THOSE WITH A CONFLICT OF INTEREST ABSTAIN FROM VOTING ON THOSE ISSUES FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: DOCUMENTS ARE AVAILABLE FOR VIEWING UPON REQUEST AT THE OFFICE OF THE GREATER MANHATTAN COMMUNITY FOUNDATION DURING NORMAL OPERATING HOURS. COPIES REQUIRE A NOMINAL FEE FORM 990, PART XII, LINE 2C: EXPLANATION: THE AUDIT IS OVERSEEN BY THE GREATER MANHATTAN COMMUNITY FOUNDATION FINANCE COMMITTEE.

SCHEDULE R (Form 990)

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.

2013	Open to Public Inspection

**Employer identification number** 

46-3980783

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

HOWE FAMILY FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule R (Form 990) 2013 (g) Section 512(b)(13) 2 × controlled entity? Direct controlling Yes entity 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. Direct controlling End-of-year assets e status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code section ਰ 501(C)(3) € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) KANSAS SUPPORTED ORGANIZATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. GREATER MANHATTAN COMMUNITY FOUNDATION 48-1215574, 555 POYNTZ AVE, SUITE 269 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity MANHATTAN, KS 66502 Part II Partl

46-3980783

Page 2

Schedule R (Form 990) 2013 HOWE FAMILY FOUNDATION

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.

General or Percentage managing ownership Schedule R (Form 990) 2013 Yes No (i) Section 512(b)(13) controlled entity? 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. Percentage ownership Yes Ξ Code V-UBI amount in box m 20 of Schedule 4. K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 30 Ö (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 09-12-13 Part IV

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	ŝ
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?	ons with one or more re	lated organizations listed	in Parts II-IV?		_	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	>			<b>1</b> a		×
				<b>1</b> p	×	
				5		×
				19		×
						ŀ×
e Loans or loan guarantees by related organization(s)				2		4 :
f Dividends from related organization(s)				<b>=</b>		×
				19		×
				÷		×
				F		×
i Lease of facilities, equipment, or other assets to related organization(s)				-		×
k lease of facilities equipment or other assets from related organization(s)				¥		×
Parformance of services or membership or fundraising solicits	roanization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			重		M
	gameraca (5)			F		×
				9	i	M
				ę.		×
				19		X
Other transfer of cash or property to related organization(s)				+	-	· ×
Other transfer of cash or property from related organization(s)				1s		×
	n who must complete tl	nis 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	involved		
(1) GREATER MANHATTAN COMMUNITY FOUNDATION	В	60,500	CASH		ı	
(2)						
g			,			
(4)						
(5)						
(9)						1
332163 09-12-13	31		Schedul	Schedule R (Form 990) 2013	n 990) 2	Š

Page 4

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Schedule R (Form 990) 2013

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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclus	sion for certain inve	estment partnerships.						
(a)	(q)	9	(p)			Ξ	(2)	3	₹
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	redominant income parmers sec. (related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No	Share of total total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	Percentage ownership
			. ,					_	
						_			
					-				
							,		
			-			:			
								_	

332164 09-12-13

Schedule F	R (Form 990) 2013	HOWE F	'AMILY	FOUNDATION	46-3980783 Page 5
Part VII	R (Form 990) 2013  Supplemental Info	rmation			
	Provide additional infor	mation for resp	onses to que	estions on Schedule R (see instructions).	
	1 TO TIGO GGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	nation for roop	oncoo to que	sociono en concedero il tocc il su decentorio).	
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